

A Conversation with Clemmont E. Vontress: Thoughts on Integrating Traditional Healing and Western Psychology

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Introduction

In this in-depth interview, Clemmont E. Vontress reflects on his forty years of research and writing on West African traditional healing and Western psychology. Specifically, he discusses the role of culture in healing, theories of counseling, research methodology, the similarities and differences between Western psychology and West African traditional healing, and the challenges of trying to integrate these two approaches. He points out that there are some similarities between the two paradigms, which can make dialogue and exchange possible, but that there are also meaningful differences between them, which can make integration difficult. Throughout this interview, he remains both optimistic and realistic about the challenges and possibilities that are facing the cross-cultural counselor and researcher. This interview concludes with a reflection of his time and place in history, and analyzes his many research contributions.

Interview Methodology and Setting

This conversation consists of a series of five interviews, taking place between December 30, 2016 and February 09, 2017. Most of the interviews took place in Vontress' study in Washington, D.C., located in the basement of his home, where he spends most of his time. In his study, there are built-in book shelves, which contain his library collection of more than five thousand books on philosophy, psychology, sociology, history, anthropology, classics, and literature. There is an antique wood desk, and next to it is a modern touch-screen computer, and behind the desk is one of two wireless telephones. Across from the desk are two coffee-colored couches. The nearest is a long couch that can seat four to five people, and the second couch is for a single occupant. Next to the smaller couch is a telephone-and-

fax-machine combination. There is a flat-screen television that sits on an antique entertainment center, which is usually on local or cable news. There is a radio-and-record-player combination, which is usually off. There is a small refrigerator with water and refreshments for visitors, which sits on an unused bar. Where there is open space on the walls, there are West African masks and art, pictures of Vontress' travels from France to Burkina Faso, photographs of relatives, academic accolades, and degrees.

During our interviews, I sat at the desk, and Vontress sat in the long couch. Often television news was on in the background. If I came before 12:30 p.m., I would accompany him to lunch. If I came before 7:30 p.m., I would accompany him to dinner. This is his usual decorum. In many regards, he goes about his business like what he describes of traditional healers in West Africa, where he is the elder who imparts wisdom, in question and answer sessions, and breaks bread with his interlocutor. Of the myriad ways the interview could have been structured, he decided on semi-structured questions, preferring a conversation rather than a scientifically structured survey.

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Research Methods

Bryan: How and when did you become interested in traditional healing in West Africa?

Vontress: My first academic interest was cross-cultural counseling, an outgrowth of the Civil Rights Movement in the United States. It was out of that background and scholarship that I became interested in traditional healing. Back in the late 1980s some African students from Cote d'Ivoire, Burkina Faso, and Senegal were enrolled in my cross-cultural counseling course. Because of conversations with them, I started conducting research on the topic. In so doing, I discovered little to nothing published on traditional healing in West Africa, except in the medical literature, in which physicians recorded and discussed their encounters with traditional healers. One of the students invited me to visit his country to learn more about the healing that most Africans use. I have been researching this

subject for more than forty years. I heard recently that I am the first person in my discipline to pursue this line of research.

Bryan: Could you explain the aim of your research in West Africa? Was it to describe what you observed, or was it to judge the effectiveness of traditional healing, or both?

Vontress: I first wanted to see what went on, and then after I saw, I put it into context and drew meaning from my observations. Seeing comes before understanding what you see. I did not use any scientific evidence to prove if what the traditional healers did worked, other than what I observed and what they told me. Traditional healers in West Africa do not use scientific methodologies because they do not have them, so they use tools that they would use in everyday life. A healer would look at a wound, for instance, or a snake bite, or a bone fracture, and decide from what he sees what to do. On one occasion, I observed a patient that he kept with his family in his compound to follow up his treatment.

Bryan: As a pioneer in this line of research, did you have a methodological framework, or was your research exploratory?

Vontress: Although I took research methods in graduate school, I had never conducted field work in which a researcher from one culture goes to study another culture. A term that can be used to describe what I did would be ethnography, which means the study of an ethnic or tribal group.

I discovered that methods used in one culture do not automatically translate to another culture. When I arrived in West Africa I did not know who I was really interviewing. For example, the interviewees did not speak the official language of the country, French. They only spoke their ethnic languages, which created an unanticipated problem, in terms of finding interpreters who were fluent in both the official language and the ethnic language. So I had to work in three different languages: English, French, and the ethnic language.

Bryan: As an outside researcher, how were you able to get valid and reliable data on traditional healing in West Africa?

Vontress: I have been asked this question by an African scholar, who took the position, politely, of course, that an outsider is at a disadvantage in understanding a culture that he is not a part of (Bojuwoye, 2010). Although I heeded his criticism, I did not take a polemic position one way or the other. As members of the human species, none of us are complete outsiders. We are never completely different from anyone else, no matter what race or culture or geography we happen to be from. We are more alike than we are different from one another. I always went into West Africa with that understanding and perception of other people.

A counselor I know from Nigeria did research similar to mine (Adekson, 2003). She earned her PhD from an American university. In her field study, she interviewed traditional healers from her ethnic group. She was an insider who became an outsider, because of her American education and her living in the United States. I did not see her results, but one might assume that she is in a better position than I am to understand what was going on in her own ethnic group. But there is no way to know with certainty if what she did is more legitimate than what I did.

I responded to the African scholar in an article I later wrote, in which I described the advantages of being an outsider. I explained that an insider is often too close to phenomena to see many of the issues an outsider might be able to see (Vontress, 2010).

Bryan: Since you came from a different culture, a Western culture, how were you as a researcher able to remain value neutral?

Vontress: First, I did preliminary research and read the literature on the topic. After many conversations with my graduate students from West Africa, I explored related literature for about five years, so that when I arrived in West Africa I was not completely ignorant of what I was to learn. Researchers need to prepare for field research.

Secondly, I think you must suspend all your previous cultural judgements about what is proper, what is acceptable, what is reasonable. You must go there with a blank slate, so to speak, as to what you may find or what you should find, as some

researchers may be inclined to do, because we have been taught that approach as part of the scientific method. We are inclined to conduct research with pre-set expectations of what we are going to find. Such an approach may not apply well in cross-cultural research. The research needs to be inductive, where you first make observations, and then from those observations you generate hypotheses and conclusions.

On West African Traditional Healing

Bryan: When you were in West Africa, did you find out what were the main causes for seeking help from traditional healers? Was it for health, behavioral, economic, or familial reasons?

Vontress: It could be for anything, like if the crops didn't turn out well. That would be a reason to go see the healer. If someone in the family got sick, and they never healed—that is, a physical problem—they would go to the healer. It could be anything pertaining to their whole existence.

However, the client would not seek out the healer. When a father notices something wrong in his family with his children, spouse, and other members, he himself first tries to intervene. If he is unable to remedy the situation, he will consult nearby elders, and get their advice, to see what they think, and he will try to solve the problem without taking the son or daughter to the healer. He will try everything that he knows to do, including herbal medicine and other traditional treatment modalities to solve his problem because the problem is his. As head of the family, he feels total responsibility for what goes on in his family.

Bryan: Would the differences between rural and urban, and economic standing affect the type of treatment West Africans seek, whether traditional healing or Western medicine?

Vontress: I am sure that the modalities used are influenced by geographical settings and resulting lifestyles. Ferdinand Tonnies (1887/2002), a German sociologist I studied in school, indicated in his scholarship that environments impact significantly human existence. In his book *Community and Society*, he argues that geography—urban versus rural—affects the way people live,

what they believe in, and what they do in a community. You see in West Africa significant differences between people who live and work in urban areas and those who live in villages, in terms of what they value and believe in. Unlike their village counterparts, urban people are more apt to consult a Western trained physician than a traditional healer.

There was a newspaper article about the first president of Cote d'Ivoire. An educated man who lived in France, he was a part of the French government, and was a physician himself. He said he consulted both Western trained and traditional healers. He consulted Western healers, but just to be sure, he consulted healers from the village, as well, to make sure he got the best treatment.

Bryan: What are some traditional healing treatment modalities?

Vontress: Some of these are peculiar to given ethnic groups, but some are so general they are used throughout West Africa, like the medium and the fortune teller.

One treatment modality would be touching and massaging. For instance, there was a young couple who could not have a child. So they went to a healer, who invited them to have sex in front of him. While they were in intercourse, the healer massaged their bodies to help them procreate. When community people heard that the couple was expecting a child, they gave high praise to the local healer.

Another method healers may use is shock therapy. If a person is out of his mind, the healer may try to shock the individual back to sanity. The individual is dumped in or pulled through a cold stream. Healers may also scare people back to sanity. If the person show signs of mental problems, he might leave the individual alone in a hut and tell him or her to wait there. He would then go to get two or three people to dress in scary costumes, and they would burst into the hut unexpectedly, and the person who is sitting in there waiting, the one with the problem, would start running from the hut screaming for his life. I was told that the person was cured.

Another intervention strategy that is important would be drumming, dancing, singing, and hand clapping. This is all done within community context, so that people who leave that

experience, which may go on for several hours, starting early afternoon going into the late evening, will all be affected positively, not just the person with the problem that brought everybody together.

There is also communication by way of a medium. The medium is somebody who presumably can hear and interpret voices from the dead. That is an important method in many West African communities. One person who presumes to have this ability is invited to the community affair, and with all the music and drumming, eating and dancing, and when everybody is in a good mood, the medium appears, goes into a trance, and then starts communicating with a departed person, who has been dead a long time. Then he or she, usually she, would assume the voice of the dead person who talks through her, communicating advice to the whole community or to the person in the community who has the main problem.

Another widely used method is religious intervention. Islam is prevalent throughout traditional Africa, and so is Christianity, so the religious ministers are apt to take advantage of that belief. They will take a verse from the Bible or the Koran and write it on a piece of paper, or another material, and then pour water or tea over it and let the writing drain into the cup, and then they will let the patient drink the tea. It is probable that it is the ingredients that the ink is made from that is curative rather than anything else.

Fortune tellers presume to predict the future. Some of them can also watch the direction birds fly to indicate what will happen or the way the chips fall that they throw to the ground. If they fall in a certain configuration, that means one thing as opposed to another.

In treating broken bones, I learned from the testimony of a healer that he would make a cast similar to what is made in the United States, except the cast would be made of mud mixed with various herbs or other ingredients. My understanding from talking to him is that the cast would set quickly, and that the broken bone, because of the herbs he puts in the mixture, would heal in two or three days, compared to how long it would take in this country to heal a broken limb.

My understanding is that he uses the same method to treat broken bones that he uses in treating snake bites. That is, he

places something akin to plaster on the area that was bitten, and lets it form around that area, and within a day or so remove it, and the snake bite is usually cured.

Similarities Between West African Traditional Healing and Western Psychology

Bryan: How similar are traditional healing and Western psychological modalities?

Vontress: All groups exist within an environment, so the relationship of each group to its context determines the kind of problems and solutions it has within that supporting system. Since the environment differs from one location to another, problems differ from one place to another. So the methods used to solve problems will also differ. Adjustment depends on how individuals relate to their surroundings.

Bryan: How is animism, the philosophy that underpins traditional healing, similar to Western philosophy?

Vontress: In the West, theory is considered primary. It comes before practice. That is the whole idea of the scientific approach. Science requires a certain level of intellectual conceptualization. Unless you can achieve that level of conceptualization, you really cannot use science constructively. In the West, if researchers are unable to verbalize their theory, their results may be questioned, theory is that important.

In West Africa, there is a philosophy, a way of life, a belief system, but it is not sophisticated such that you can talk about it as you can in the West. The healer can tell you what he does, then you will have to be able to extract from his verbal statements something about his theory, because most healers cannot verbalize it like they can in the West.

As for theory, in general, animism is not a philosophy that is often discussed in the West. It is not openly discussed as a belief system people buy into, even though it is implicit in the Bible and in other religious books that people in the West use and reference. The topic of electrical energy has been discussed by many Western scientists; that is, the idea that each of us has in

our bodies an energy that can affect objects outside ourselves. In West Africa, many traditional healers use this powerful method, secretly to help and hurt people.

For example, if a person does something that you don't like and flees to another country, you may go to a sorcerer to engage him to help you to get even with your enemy. Let's say that the perpetrator left West Africa and went to France, thinking he had escaped all harm. But the sorcerer who has an electrical energy so strong—according to people I have talked to—he can hurt that person who is now living in Europe. What the sorcerer does is like radio energy that we send out to communicate across borders to other countries. Now Western healers may dismiss that, saying that it makes no sense, and yet many of the newspaper accounts and personal stories I have heard indicate that many West Africans believe strongly in that kind of power, because they know someone in their village who has experienced it. Westerners whom I have read make it sound reasonable, when they explain that in the human body you have chemical elements. So why wouldn't the body be a transmitter and a receiver like radios and televisions? It makes as much sense as anything else that science argues and demonstrates. Because of this electrical energy, it is believed that the healer, upon receiving a client at the door of his hut, can diagnose without seeing the person, just by the energy that person transmits.

Bryan: As contemporary psychology uses many theories to inform its practice, do you think that a theory or some theories are more compatible with traditional healing than others?

Vontress: The closest one would be the one I espouse, existentialism; but European existentialists generally do not talk about spiritualism in the sense that West Africans talk about it. The spirit that Westerners talk about is the kind of spirit they experience in church on Sunday morning, and that's not quite the way West Africans view it. When West Africans talk about spirit, they are talking about the spirit of departed ancestors or the spirit of the forest or the animals or the trees. That is the spirit that is a part of nature, and I do not know of many Western philosophers or psychologists who think of spirit that

way, except the Swiss psychiatrist, Ludwig Binswanger (1975), who developed a philosophical model to understand human beings anywhere in the world. His model includes nature, other people, and the self. He maintained that everything that lives, lives in an environment that sustains life. If you take the environment away, then you take life away. After the environment, there are groups of human beings who support the life of children and other human beings. From nature and from society, there comes the individual, who matures from a child to an adult, who will subsequently give life. That is the model I have always used, and I leave out the spiritual in Binswanger's model, because nature and spirit are one and the same—the spiritual is a part of nature. There is a spirit in each human being. There is a spirit in each lower animal. A spirit in everything that grows. The idea is that in every animate and inanimate object there is a spirit. However, a psychologist by the name of Emmy Van Deurzen (2010), in the United Kingdom, when she discovered Binswanger's model, she thought that he was remiss in leaving out the spiritual, so she added it to his schema as another element. She called it the spiritual world. When I became familiar with her addition, I deemed it unnecessary, since in my understanding of Binswanger's theory, the spiritual is a part of nature.

Existentialism is usually thought of as a Western idea, but traditional West African healers think of human existence similar to Binswanger. I am not saying that all European existentialists think of human existence the same as Binswanger, because he was a unique philosopher and psychiatrist. But when I went to West Africa to study traditional healing, I found some of the same ideas that I found in existential psychology and philosophy in Europe.

Differences Between West African Traditional Healing and Western Psychology

Bryan: Are West Africans open to purely psychological diagnoses, or would this be outside their cultural thinking on sickness and health?

Vontress: They do not talk about psychology as we do in the West. One thing I noticed that is very important is that traditional healers' approach to helping is holistic: psychological, physical, spiritual, and social. They go together. In West Africa they are not separated. The healer usually does it all. He might think that your main problem is a spiritual deficiency, for you have not maintained good rapport with your departed ancestors and that is what is causing your illness or causing your crops not to grow. He looks at life in a very holistic way. You cannot divorce one from the other. Yet, in the West we seem to segment human beings into parts for study and treatment. This tendency may be why Post Traumatic Stress Disorder (PTSD) is so difficult to diagnose and treat. Indeed, it is hard to understand the trauma of war. Not everyone is affected the same way by it.

Bryan: Are there other differences between Western and traditional African helping?

Vontress: Another difference is how in the West we develop medicines to treat most medical conditions, with a caveat that there are side-effects. Almost all medicines have written on the side of the box or the insert, warnings about the side effects. That means that Western medicine is destructive and constructive at the same time. I do not see that happening in West Africa. I see less destruction in whatever treatment West African healers administer, and I think it is because their treatment is natural; they go to nature and get the plants out of the forest. It has not been processed like in the West. Yet the Western departments of medicine have not come up with a solution to the side effects of medicine. If they can learn from the traditional healers how to use pure, natural medicine without side effects that would be a significant contribution to the medical profession.

Another difference is that in West Africa, consultation happens in an open setting, where the father brings his entire family. As the head of the family, he talks for the whole group. If one person is out of sorts and not well, then everyone in the family is probably affected in some way. In the American family, there is often the risk of scapegoating the individual with the

perceived problem, while neglecting the rest of the group. For example, a son who is on drugs or alcohol may go in exile for treatment while others in the family carry on as usual as if they are not contributory in any way to the problem of the one in treatment.

Bryan: How are healers trained in West Africa as compared to healers in the West? Is their education the same or different?

Vontress: The main difference is that in the West, teaching and learning rely on books. Yet both traditions emphasize apprenticeships, whether formal or informal, but in the West book knowledge seem to be favored, whereas in traditional West Africa apprenticeship is often the sole method used. In the West we teach one step at a time, but in West Africa it is much more holistic.

In the West we assume that we can isolate the elements of a subject and teach it in our schools. We have segmented knowledge on the human being, so when students go to graduate school they get a segregated program in whatever they want to study, because the university is organized by disciplines, and each discipline is broken down into minute parts, and that is the student's education. Outside a set program, the student will be able to select a small number of electives.

In West Africa, traditional healing is an old practice that has existed for years. Present-day practitioners continue to do what their forebears did. The young person who is perceived to have a special gift might be noticed at age four or five, and if he or she continues to develop in that direction, someone in his family will make sure he apprentices with an experienced healer. The young person may spend up to ten to fifteen years working at the side of a recognized healer, learning about herbs and other methods, including how to go to the forest to pick plants and herbs that can be used to heal. For example, I met a family who had a boy who was about five or six, and the mother told me that her son was a reincarnation of her father, and that her father was a healer, so she was going to apprentice her son to a well-known healer. In this scenario, the child is perceived as being called to be a healer, like in America, where people are said to be called to be a preacher. Being a healer is an honored position

in most villages, because God is supposed to have given you the ability, and you are not supposed to resist what God has given you.

Bryan: How are diagnoses in the West different from diagnoses in traditional West Africa?

Vontress: The diagnoses are much more bureaucratic and scientific in the West than they are in the West African rural community, where the process is much more fluid. First, whoever is providing therapy must be licensed in the West, because to provide therapy without a license is unethical and unlawful. Secondly, clients are asked to take paper and pencil tests, and there may be some other tests like physiological or treadmill-type physical tests, depending on the condition presented. Then we have a diagnostic manual, known as the Diagnostic Statistical Manual (DSM), which is now in its fifth edition. This manual includes a list and description of all the various kinds of psychological illnesses that people could have, anywhere in the world. It first started in the United States, and now it is being used by Western-trained therapists world-wide. So whenever someone goes for consultation, the psychologist describes the presenting condition in the terms of the DSM, and the reason for that is that insurance companies will only pay for certain remedies and certain conditions considered abnormal or pathological, as described in the DSM. That is why the current discussion about healthcare in the United States is so important to many stakeholders.

Diagnosis is related to the theoretical approach being used. Some theories invite diagnoses different from other theories, because theory determines not only condition, but also practice. For example, if therapists use behavioral therapy, they are most interested in behavior. However, not everyone believes in behaviorism. Some believe that it is not the way you act that is symptomatic of a problem; rather, the way you think causes problems. Those therapists focus on the client's thinking. Have you heard the Biblical saying "...as he thinketh in his heart, so he is..." (Proverbs 23:7)? I think the thinking-focused approach goes back further than behaviorism. Therapists who believe in

and use the thinking model remain popular throughout Western societies.

Bryan: How do people pay for services rendered in West Africa and in the West?

Vontress: In traditional West Africa, I observed bartering similar to what I viewed in rural Kentucky where I grew up. One of the healers I interviewed told me that when he treated a member of a family, the head of the family would give him whatever he had to pay him for the services, and that might be a chicken, a pig, a cow, or labor. Since I did not have a pig or chicken to pay the healer for his time that he devoted to me, I gave him cash which he gladly accepted.

In America, we have an elaborate system set up to pay our healers. American healers are usually paid by cash, cheque, or credit card. Often American healers do not collect payments themselves. Instead, many of them engage companies to collect payment for services rendered clients. The United States and other industrialized societies have bureaucratic insurance systems. Healthcare, whether it be psychological, social, or physical, has become an elaborate part of our economy. Likewise, traditional healthcare and supporting ingredients are also important to the West African economy.

Another difference in healthcare is what is included. Most American healthcare plans include both physical and psychological treatment. In general, therapists do not focus on spiritual problems as they often do in West Africa. Traditional healers devote considerable time to problems that are spiritual. Many of them believe that the spiritual concerns are related to physical, psychological, and social problems.

Integration of Western psychology and West African Traditional Healing

Bryan: Can healing modalities of one culture be used on clients from another culture?

Vontress: I think subjectivity is important to the healing process, because what the patient expects of the healer and what the

healer expects of the client are both subjective. If the healer brings a different perception or framework for treatment than what the client brings, then the client may think the healer is incompetent, because the healer did not approach the problem according to the client's expectations. In American counseling, we call that structuring the interview. The counselor lets the client know how he or she intends to help, where the interview is going, why it is going there, and what it is designed to achieve, because otherwise you might lose the client, and the treatment goals would not be attained.

There are many disadvantages in trying to treat a person from another culture, because each culture has a different view of what is normal and acceptable. The two parties might be approaching the problem from different angles or perspectives.

Bryan: Do you think Western psychology is ineffective in treating non-Westerns?

Vontress: Probably. Keep in mind that traditional people think in holistic terms; they see the world in a holistic way. The treatment will have to consider the way the client sees the world. Failure to see the world the way the client sees it is a real problem for cross-cultural counselors. I am referring to a world view that is apt to differ from the way Western counselors see and understand the world and others in it.

Bryan: Can Western psychology and West African traditional healing be integrated?

Vontress: This is a fundamental question. To answer it, one must first ask what is meant by integration. Anything can be integrated at some level. I would defend my response by defining healing. I think that healing means having a good relationship with one's supportive system. We must always be aware of what keeps us alive. Then, we must keep alive our sources of existence. That is, we must be careful not to destroy nature, because, we would, by so doing, destroy ourselves. In large measure, good mental health is a real awareness of who we are and how we survive on earth. This principle is universal. In

a sense, good mental health is the ability to keep in harmony with nature, others, and ourselves.

Back in the 1980s, the World Health Organization (WHO) acknowledged the need for understanding and using traditional healers alongside Western healers, because they do not have enough Western doctors to go around, so the WHO suggested that the Western healers learn what the traditional healers were doing, and because of the WHO's encouragement, the movement is spreading rapidly.

Bryan: What are some of the challenges with trying to integrate the two paradigms?

Vontress: Should the Westerner be able to understand the methods used by the West African healer, and vice versa, to exchange ideas and approaches? That is the real question. If one has a certain level of understanding that the other does not have, how can they share their approaches to helping? If the Western healer is scientifically trained, and the West African healer knows nothing about Western science, is that an impediment to sharing? The whole idea is that the two cultures should exchange ideas and methods for treating people, so I am raising the question, can you really share and exchange if you have different cultural understandings?

In traditional West Africa, many of the most powerful healers cannot read and write, and yet they have this unusual power to help and heal. These are the kinds of questions you must raise when you are trying to exchange ideas. Now it occurs to me that some people are inclined to think that Westerners who are going into Africa are going there to take what they can use and sell. Generally, that has been their history. Whereas the traditional West African, if he comes to the United States to learn our theories and methods of healing—whether it is physical or psychological—I am unsure to what extent he will be able to learn something useful that he can take back to his village and use in a constructive way, if he comes directly from the village without the ability to read and write and think in a scientific way. Some scholars may counter and say let us take the traditional healers who are educated well enough to appreciate the American classroom. But my response is if you take the ones

who are literate enough to understand English and the methods that we use, are they the typical healers in the village? Or, are they the healers who have already become Westernized before they have arrived in the United States to be exposed to the American way of treating people as counselors, psychologists, and medical doctors? These are questions that need to be asked. Not to say that it cannot be done, but these are possible impediments that cross-cultural counselors ought to think about.

On the other hand, there are some benefits that Westerners could take away from what the traditional healers do, if they are willing to do it, despite their scientific way for doing things. For example, in the West the counseling office is usually private with the door closed; nobody can see or hear what the two people are talking about. That kind of privacy is not valued in traditional West Africa, and maybe it is something we do not need so much of in the West. Privacy might not be the rich commodity we think it is, and yet it is a significant part of our tradition.

There are a lot of philosophical questions that need to be raised when trying to merge one approach with another.

Bryan: If the traditional healing methods are effective, why aren't they widely accepted and used in the West?

Vontress: The West, especially the United States, feels like whatever it does is the last word—no matter what it is. They think their medicine is the best medicine in the world. They think their science is the best science in the world. I think there is a bit of arrogance in the West. I saw in Kuwait, shortly after the first war, how people at the University of Kuwait believed so strongly in what Americans were doing. I went there having studied psychometry—measures of various traits of the human being—and I asked them about the tests they were using in their college counseling center that they were setting up on their campus. They were using some of the same tests we used in the United States. I asked them, “Why are you using these tests for your students?” The answer one person gave me was, “If they are good enough for you Americans, they are good enough for us.” That attitude is pervasive throughout the world—whatever the Americans are using is good; it is the latest science.

Obviously, such an attitude helps the Western healers to get their way in the healing community, no matter whether it is the best way or not for the local community.

Bryan: How would a cross-cultural counselor treat a woman who had an experience, such as female genital removal, that was accepted in her native culture as normal, but afterwards she deemed it traumatic?

Vontress: I know a young woman who is going through that now, and she blames her mother for allowing her to be circumcised as a young girl. Although when she grew up she learned that it was not her mother, but her grandmother who believed in the old ways so strongly that she ignored modern Western theory and practice. This incident illustrates how difficult it is to break through long-held traditions in many parts of the world. This is especially evident in the case of traditional medicine.

It would be difficult for a Western counselor to approach female circumcision, because he cannot relate to that situation. Although women have been mistreated in the West, they have not been mutilated in that way. To be an effective counselor you must be able to empathize with your client. The counselor must have a deep psychological and emotional ability to understand what the client is going through, so if the counselor is a man who has not grown up in a culture where that practice is pursued, it would be difficult for him to identify with what the woman is experiencing, and therefore it would be difficult for him to provide help. Perhaps he could provide therapy within the context of Post-Traumatic Stress Disorder (PTSD), and that would be within a general understanding of PTSD, but it would not get to the specifics of female genital mutilation. At this point in my development, I do not know how I would help a young woman in such a stressful situation. I do not know if psychiatry has any recommendations for a woman who has been traumatized in that particular way. It is a pressing problem that needs to be discussed in the therapeutic community.

Ethics and Challenges in Integrating Western Psychology and West African Traditional Healing

Bryan: What are some ethical challenges for Western psychologists to consider when trying to integrate West African traditional healing practices into their therapy?

Vontress: It occurs to me that the more urbanized the society, the more refined are apt to be its professional ethics. If the society is rural, as Tönnies (1887/2002) makes the distinction, then the healers may not be guided by ethics in their work. The more urban and complex the society, the more specific and rigid the ethics are apt to be. Some traditional healers have ethics, but it depends on how organized they are in some of the countries. They have in some West African countries associations of traditional healers, and those groups would have something akin to Western professional ethics, in which they would try to maintain a certain way of doing things so as not to violate the rules they have established. If there is malpractice, the perpetrator would receive some form of ostracism like in the West. But not all traditional healers belong to an association.

I often cite an example of a traditional healer who massages the bodies of two people having intercourse to induce pregnancy, but that could never happen in the United States. Therapists who engage in such behavior would lose their license for violating professional ethics. Moreover, they could possibly be arrested because they have violated the law.

Bryan: Given the history of Europe and West Africa, do you fear that traditional healers might be exploited or taken advantage of by Western scientists?

Vontress: I am not sure that one group would exploit the other. The WHO recommended that the two learn to work together in the interest of their clients. The recommendation is undoubtedly why we have gotten to where we are today in terms of working together. WHO is one of the biggest, if not the biggest, medical organization in the world. However, its membership reportedly consists primarily of westerners or western trained medical professionals.

Do the traditional healers have the most to gain? I would say it is probably the Westerners. When Western healers get together with the traditional healers, when they talk, who is trying to convince whom to change their ways? It is the Westerners who express their interest in helping the traditional doctors to become “better” at what they do. I think that we will have to wait to see if the collaborative relationship benefits the patients in the West and in West Africa. During my last field trip to West Africa I read reports in the local press about the disappearance of a traditional healer who was well known throughout West Africa. The suspicion was that a foreign government had abducted him, because the traditional healer had medical secrets that they, the outsiders, wanted for financial gain.

Bryan: Are there other challenges that must be overcome to successfully integrate the two paradigms?

Vontress: There is a psychologist I know who lives in Paris but is originally from West Africa. He earned his PhD in psychology from the University of Paris. When I asked him about what he thought about using the techniques taken from the traditional healers, he was offended by the idea that we need to go back to the “primitive life styles” of Africa to help people who are trying to adjust to modern life in France. He said, “What good is education if it is not to think differently about the world that surrounds us? Why would we come to Europe if we are going to behave the same way that we behaved in primitive Africa?”

You see, some people in Third World countries perceive the West as being superior to them on certain dimensions. I am unsure how we can change the way people perceive the West.

Future Research

Bryan: In doing your research in West Africa, did you face any challenges? If so, can you share those challenges with other scholars so they can learn from your hard-earned lessons?

Vontress: For my initial trip I wanted to find out from the traditional healers what they did, how they did it, and why they

did it. To obtain this information I took a tape-recorder and a notepad, but I discovered that the ethnic language of the village was different from the official language of the country, so a doctor who worked in a birth clinic, who was trained in Western medicine in Senegal, was referred to me by a friend's mother because he was from that village. He spoke French and the ethnic language. I had another interpreter with me who could speak French and English, but not the ethnic language.

On that occasion I learned how important it is to think about language and interpreters that you may need to conduct cross-cultural research, especially when you are not proficient in the language that the interviewees speak. I recall how difficult it was to make sense of the communication when you are working in two or more languages. Ideally, you want an interpreter who is proficient—in my case—in three languages: French, English, and the ethnic language. I had to work with my French, although it was imperfect.

In selecting an interpreter, ideally you want someone who knows the culture and who knows the languages that are necessary for understanding the culture, because the language is helping you to communicate the culture, so when people use a word, they are using a word that has a long history, in terms of how that word evolved over the years. I learned, for example, after that experience, how important it is to get an interpreter who is going to be comfortable with both parties, the interviewee and the interviewer. Also, the interpreter should have some knowledge of your profession.

Bryan: In hindsight, what would you do differently?

Vontress: The other mistake I made was going to the meeting dressed inappropriately. I was in a rural village close to the river. The huts were placed on stilts. The healer was specialized in setting bones and treating snake bites, because it was close to the river in a swampy environment. I should have done more research on how to prepare for the trip.

Also, many researchers will jump straight into the fieldwork before they fully understand the situation. This is a mistake, because he or she might stumble into uncharted waters that might distract from the goals of the study. I think it is very

important for the researcher to do some pre-fieldwork so he or she will know what to expect before going into the field. If a researcher does this, I do not think he or she will be so much of an outsider.

Bryan: To advance the field of traditional healing, what future research is needed?

Vontress: Western healers need to find the equivalent to what they do in their work. For example, we usually break down our interviews into parts. We advocate ways of establishing rapport, diagnosis, intervention strategies, evaluation, follow-up, and the like. I have not found that traditional healers have a specific way of establishing rapport. Often someone else in the family goes in advance of the client to explain the problem. The healer relates to the head of the family as one adult to another. The person with the problem may not even state his or her problem. Instead, the head of the family does the talking.

The course that I have taken to learn about this topic, to study both West African traditional healing and Western psychology, is one course to take until we can learn other courses. There may be other courses that I have not thought about. That is why I am hopeful that other researchers will come along and do what I did and what Mary Adekson (2003) did. I hope that more researchers will study it—with Roy Moodley's journal to promote that effort. At least I am hoping that that will be one of the outcomes of getting the journal started, that there will be more people throughout the world who would want to research it; that there will be more people from Africa who will research this topic. I think because many of them, having grown up in the traditional environment, whether they are formally educated or not, are in a very good position to further this kind of research. Instead of criticizing the outsider, maybe they ought to prove that even as insiders they can be objective in learning the information that I as an outsider am not able to learn.

Bryan: How about education? What specific courses should students take, and professors teach to further the understanding of cross-cultural research and traditional healing? What would be your curriculum design?

Vontress: I think that it is important for counseling students to realize the sources of the problems they are attempting to solve. Diagnosing and treating clients take place in context. They are always in social context. That is why social work came into being. Helpers started visiting homes to gain a better understanding of their clients. Obtaining a picture of the cross-cultural client's social background is challenging, because there are so many layers of culture that counselors must understand to diagnose and treat West African clients. The same can be said about traditional African healers diagnosing and treating Western clients.

I maintain that counselors need to be open to other cultures. By cultural authenticity, I mean to hold on to your own culture while learning about new cultures. You do not have to give up your own culture to learn a new culture. It is like learning a new language. You do not have to give up your native language to learn a new language. The more you know about other cultures, the more effective you are at relating and helping people from other cultures. It is difficult to help a client solve a problem if you do not know what constitutes a problem in his or her culture, because what is a problem in my culture may not be a problem in their culture.

When I first entered the counseling profession back in the 1950s and 60s, it was new. Psychologists were not talking about sociology and anthropology as they related to therapy. Now they are. That is what got us interested in traditional healing. Sociology and anthropology have certainly helped me understand the relationship between culture and well-being.

Analysis

Over his more than four-decade career, Vontress has given many interviews, ranging in scope from existentialism, cross-cultural counseling, to West African traditional healing (Lee, 1994; Epp, 1998; Jackson, 1987; Moodley, 2010). But in this analysis, I look at his work within socio-historical context, and examine his humanistic research approach.

Socio-historical Context

If he were born in the eighteenth century or in Burkina Faso, Vontress might have been a different scholar. Instead, he was born in the United States after World War I, but during the Great Depression, and he became a teenager during World War II. In the decade of his birth, a new black identity emerged in America, known as the New Negro Movement (today it is referred to as the Harlem Renaissance). Dating back to the 1920s, with the concentration of many European immigrants in American cities, the Chicago School of sociology found that with each succeeding generation, European migrants approximated “native-born” white Americans, both economically and culturally, so when blacks were migrating from the South to the North, they hypothesized that blacks would assimilate as the European immigrants had done before them (Winant 2007). But the “New Negroes” refused cultural assimilation. They wanted to be accepted for who they were. In 1925, Alain Locke wrote, in the introduction of his book, *The New Negro*, which is considered the bible of the Harlem Renaissance, “Negro life is not only establishing new contacts and founding new centers, it is finding a new soul. There is a fresh spiritual and cultural focusing. We have, as the heralding sign, an unusual outburst of creative expression. There is a renewed race-spirit that consciously and proudly sets itself apart” (p. xxvii). At the same time and in the same place, Marcus Garvey was leading a new organization called the United Negro Improvement Association (U.N.I.A.), which was the largest black movement in the United States of the early twentieth century. His movement extolled black pride, taught the importance of Africa’s rich heritage and past, and encouraged blacks to migrate back to Africa (Garvey, 2004).

Although Vontress has neither identified the Harlem Renaissance nor the Garvey Movement as direct influences on his life and work, he does share similarities with them. For instance, both the Harlem Renaissance and the Garvey Movement encouraged blacks to look to Africa for inspiration, which many of them did, creating literature, music, art, and social science research inspired by their West African ancestry. Paul Robeson (1958) in his autobiography wrote, “My pride in Africa, and it grew with the learning, impelled me to speak out against the scorners. I wrote articles for the *New Statesman and Nation*, *The Spectator* and elsewhere championing the real but unknown glories of African culture” (p. 35). Vontress went back to his ancestral home to learn about its pre-colonial past and how it might inspire his

contemporary work. He made at least six trips to West Africa where he learned about traditional healing. Historians might question whether this is a simple coincidence, or whether these movements were indirect forces shaping his trajectory. I believe Vontress belongs to a much larger African American intellectual and literary community, one that has been inspired by its pre-colonial West African ancestry, especially for solving modern challenges and inspiring new ideas and approaches. As the Harlem Renaissance's bibliophile, Arturo Schomburg advised in 1925, blacks must look up their past (p. 231).

From the 1920s to the 1960s, many black writers, musicians, and entertainers found sanctuary in Paris, France where they could live a freer existence both personally and creatively than they could in the United States, where racism was so intense it was suffocating. Like these black writers, Vontress found pleasure and enlightenment in Paris, where for five decades he continued to travel until his last trip in 2010. While in Paris he came into contact or saw some of these famous black entertainers, such as the great Josephine Baker; and the great jazz musician and composer, Sidney Bechet.

As a philosopher, Vontress has been considered one of several African American existentialists, along with W.E.B. Du Bois, Ralph Ellison, Richard Wright, and Cornell West. Kenan (1995) argues that existentialism was not created in the twentieth century, but dates back to antiquity and is not exclusive to Western culture; as such, he points out that Du Bois in *The South of Black Folks* (1903) foreshadowed the rise of the twentieth century European existentialist movement, writing his book of essays, two years before Jean Paul Sartre was born, about the social alienation, pain and suffering, and longing of blacks in America. Marino (2004) argues that although both Richard Wright and Ralph Ellison have been discussed in the black literary canon, they also belong to the existential paradigm, because, according to him, Wright's novel *The Outsider* is an existential work, and Ellison was consumed with the same problem of Albert Camus of finding authenticity in an absurd world. Trained in academic philosophy, Cornell West (2001) throughout his book, *Race Matters*, refers to the myriad existential problems that are facing black America in the late 20th and early 21st centuries. Since 1988, Vontress has written several articles on existential psychotherapy, showing how the human experience is full of anxiety, pain, and suffering, and how authenticity and courage are essential ingredients for survival. Epp (2012) explains that Vontress has

remained one of the most lucid and devoted translators of existentialism in the counseling profession.

From the 1950s to the 1970s, when the Civil Rights Movement was at its zenith, Vontress was in his early-to-mid adulthood. In 1954, the stage for Civil Rights was set with the passing of the Supreme Court decision of *Brown v. Board of Education* of Topeka, KS. In 1964, the Civil Rights Act was passed outlawing legal discrimination in public spaces and institutions based on race; and in 1965, the Voting Rights Act was passed outlawing racial discrimination in voting. During the 1970s, the debate on race and the direction of the country was contested, by the conservative backlash to Civil Rights gains and Affirmative Action programs. Also, a fracture occurred in the black community: there were the Black Power and Afrocentrist proponents, who insisted on separatism and black cultural authenticity; and there were the assimilationist and integrationist, who insisted on European sensibilities and economic advancement. Vontress, in his writings, has dismissed both segregated healing and assimilationism. Rather, he has espoused the understanding of cultural plurality. He has argued that clients should be met on their own cultural terms, and that therapists must work with clients from diverse backgrounds since America and the world is not monolithic. He posits that we are human first, and therefore no one is a complete stranger. He maintains that therapists must work from the universal down to the specific to understand the totality of the client and his or her problems. I learned from him during our many conversations, that as a professor, he used a conceptual approach to teaching psychotherapy rather than a groups-based approach.

Humanist Approach

In his research and writing, he has focused on the totality of the human condition, to understand mental health and wellness within a universal context, so his work fuses philosophy, psychology, anthropology, and sociology, and is concerned with issues in research methodology, diversity and pluralism, culture, and racism and colonialism. As a graduate student studying counseling with a minor in sociology, he was introduced to both sociological and anthropological literature.

In this interview and elsewhere, he has acknowledged the influence of sociology on his thinking. One such influence was the sociologist, Ferdinand Tönnies (1887/2002), on his understanding of rural and urban communities. Another sociological theory that

influenced the work of Vontress was human ecology, which was coined and popularized in sociology by the University of Chicago professor, Robert E. Park. In graduate school, Vontress was exposed to this theory, which was a dominant sociological theory until the 1960s (Winant 2007). Human ecology explains that the environment is central because it supports and maintains human life. Park (as abridged in Lin and Mele (2008) adopted this theory from the natural sciences and applied it to the social sciences. He said, “To such a habitat and its inhabitants—whether plant, animal, or human—the ecologists have applied the term “community.” The essential characteristics of a community, so conceived, are those of: (1) a population, territorially organized, (2) more or less completely rooted in the soil it occupies, (3) its individual units living in a relationship of mutual interdependence that is symbiotic rather than societal, in the sense in which term applies to human beings” (pp. 67). In Vontress’ existential model of culture, the ecological makes up the second of five dimensions affecting one’s health and well-being (Vontress, Johnson, & Epp, 1999).

Over the years, Vontress has been critical of the West’s domination of the therapeutic world, where it has forced its scientific approach on other nations, as he mentioned was the case he found in Kuwait, where the DSM was being used on the Kuwaiti people without regard for their culture. In sociology, this is known as cultural imperialism, where one culture assumes superiority and imposes its culture on others, causing forced assimilation. In 1999, Vontress and his co-writers criticized this type of therapeutic ethnocentrism, saying, “Counselors must guard against...the tendency of the inhabitants of modern cultures to belittle those from less technologically advanced ones...counselors need to understand that the distinguishing feature of these societies [“folk” or “primitive”] is not a lack of “collective intelligence” but rather a different set of social priorities” (p. 15).

During one of our interviews, Vontress discussed the history of ethnography. The term ethnography is derived from the anthropological science called ethnology, which is the specialization of classifying human beings into races by understanding their origin, distribution, relations, and characteristics. He said, “The historian Winthrop Jordan (1968) wrote a book called *White Over Black* about seventeenth century European explorers who went into West Africa making notes about what they saw, what the people looked like, and how the people behaved. Some scholars maintain that this is where racism started.” Sociologists maintain that the present understanding

of race began in the fifteenth century with Europe as a justification for the plunder of new lands, including West Africa, and the transatlantic slave trade (Zuberi, 2001). The South American methodologist, Linda Tuhiwai Smith (2012), who wrote the book, *Decolonizing Methodologies*, explained that Western researchers have consistently come into indigenous communities to appropriate their knowledge and appoint themselves as the experts of indigenous peoples. Because of this, Vontress said during our interview that cultural clash is a problem for the cross-cultural researcher, and that it needs more discussion and research in the literature. He does not, however, suggest that there cannot be cultural exchange, but that those in the West need to consider ethical means and reciprocal relationships when conducting research in and about traditional societies, and not to simply exploit or appropriate their cultures.

Furthermore, Vontress points out the epistemological challenges that arise when doing research on a culture that is foreign to your own. This is known as the insider-outsider debate. During the Civil Rights Movement in the United States, the sociologist, Robert Merton (1972) wrote an essay analyzing the disagreements between white and black sociologists on race. Like Vontress, Merton maintained that neither the insider nor the outsider had more valid knowledge than the other, but rather each brings a unique perspective to the topic, and therefore through intellectual exchange, knowledge production could be strengthened and made more valid and reliable. In black feminist thought, this is known as standpoint theory, where each group, given their social location in society, brings a unique and valid perspective to the subjective understanding of reality (Collins, 2004).

Using anthropological methods, I think Vontress can be considered a folklorist, which means one who records traditional customs and art forms preserved among a people. W.E.B. Du Bois (1965) in *The World and Africa* explains that “Heat and rain made written record in West Africa almost impossible and forced that land to rely on the memories of men, developed over the centuries to a marvelous system of folklore and tradition” (p. 150). Like other African Americans, Vontress has been interested in the originality and contributions of West African culture, which he found in their unique understanding of spirituality, which they express through their unique approach to healing. W.E.B. Du Bois (1965) explained, “All this industry in West Africa was developed around the Africans’ ideas of

religion: the worship of souls of trees, plants, and animals; the use of fetish; the belief in fairies and monsters. Along with this went the training for medicine men and chiefs, and careful rules for birth, marriages, and funerals” (p. 157).

Vontress went back to the Mother land, to the source, to learn about its philosophy and healing practices. He went to West Africa not to study post-colonial society, but to study pre-European colonial traditions. He was interested in learning about the culture that has remained and been passed on from one generation to the next, dating back centuries. In traditional healing, he found ancient practices that predate modern medicine.

The 18th century West African memoirist, Olaudah Equiano (1814), who was kidnapped at age eleven from his homeland, northeast Nigeria, and sold into European slavery, said, in describing his native homeland’s religion,

“...but as for the doctrine of eternity, I don’t remember to have ever heard of it: some, however, believe in the transmigration of souls in a certain degree. —Those spirits, which are not transmigrated, such as their dear friends or relations, they believe always attend them, and guard them from the bad spirits...” (p. 17).

But these findings of ancient spiritual and medicinal practices are not limited to West Africa. In the ancient Mayan culture, which emerged in Central and South America dating back 3,200 years, they had medicine men, like what Vontress found in West Africa, called H’men. It was their knowledge of natural causes that served toward the recuperation of individual equilibriums. The Mayan medicine men used plants, animals, wisdom, words, prayers, song, and conjuring to heal the sick. Garcia, Sierra, and Balam (1999) have noted the close similarities between ancient Mayan healing and Chinese traditional medicine.

Given that many West African traditions were spread throughout the African Diaspora with the transatlantic slave trade, the Harlem Renaissance contributor, Zora Neale Hurston, who is most noted for her literature, was a pioneering folklorist. She was the first black to write a book about African American folklore. She defined folklore as the arts of the people, before they find out that there is any such thing as art (1995). She researched these folk tales in the Southern United States, and found the continuation of West African traditional

healing practices in New Orleans, Jamaica, and Haiti. In her writings on Hoodoo and Voodoo, she recorded rituals, songs, formulae of Hoodoo doctors, and prescriptions of root doctors. Also, the master African American painter Romare Bearden found traditional healers in the Caribbean island of St. Martin. He painted them, their source materials, and their rituals. He titled these works, the “Obeah series.” He went beyond the ethnographic, turning his observations into visual art (Price & Price, 2006). As Vontress would say, more research and analysis are needed to understand these ancient and modern connections. But the basic point emphasized here is that Vontress’ work might be generalizable beyond his specific research findings.

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