

ORIGINAL ARTICLE

Black and proud: Impact of intergenerational racism upon global majority family systems

Kehinde Afuape¹ | Nsimere Bisimwa² | Kate Campbell² |
Rukiya Jemmott² | Julia Jude³ | Nasif Nijabat⁴ |
Moyosore Olorunoje⁵ | Sharon Simpson⁶

¹AFT, London, UK

²AFT, UKCP, London, UK

³UKCP, London, UK

⁴AFT, UKCP, London, UK

⁵AFT, UKCP, BACP, London, UK

⁶AFT, UKCP, BACP, ADMP, London, UK

Correspondence

Rukiya Jemmott, AFT, UKCP, London, UK.

Email: djembe.bsvct@gmail.com

Abstract

Racism is a pervasive force; its influence is felt in the lives of Global Majority people worldwide, and across generations. As Global Majority systemic psychotherapists in the UK, we take a position to stand against racism in all areas of systemic theory and practice. The ideas in this paper offer an opportunity for all systemic psychotherapists to join us in the decolonisation of theories, practices and knowledge, to step outside White Western structures that have kept Global Majority voices silenced for too long. This article reviews the damage of intergenerational racism upon the lives of Global Majority systemic psychotherapists and the Global Majority families we support. We invite systemic psychotherapy to begin drawing on the rich cacophony of Indigenous knowledge, from Africa and the Caribbean, and from East, West and South Asia to de-centre 'White ways of knowing'.

KEYWORDS

decolonisation, global majority, intergenerational racism, systemic psychotherapy

All the above authors are members of 'Djembe UK: Black Systemic Voices Coming Together'. We would like the institution name recognised as Djembe UK.

Practitioner points

- This paper invites systemic psychotherapists to join us in thinking about how we might practically address intergenerational racism and a legacy of trauma that has been left for the families we work with; it promotes a decolonisation of systemic approaches – which in essence is a way of ‘being’, ‘doing’ and ‘knowing’.
- It is a call for all systemic psychotherapists to reflect, tussle and keep the dialogue and debate of the impacts of racism alive within practice, training and research.
- We further encourage *reflection in action* as paramount to achieving any realistic hope for sustainable change in addressing institutional racism, prejudice, oppression and power dynamics within all spheres of society.

INTRODUCTION

Intergenerational racism is a matter of Whiteness, where White supremacy and White privilege is transmitted across generations as right-wing authoritarianism or through social dominance orientation (Duriez & Soenens 2009). In this article, the authors respond to works of Jennifer Nash (2019), Wanda (2019), Tuck and Wayne Yang (2012), Tuhiwai Smith (1999) and Lugones (2003); Black feminist and Indigenous scholars’ idea of bearing witness in collaborative writing spaces with each other. Their works inspired the gathering of our collective storytelling *from* a decolonised frame; without reference to how storytelling ought and should be told and structured. Offering an otherwise frame of telling. Through this process, we connect with each other’s stories as an assemblage, creating multiple narratives rather than single individual accounts to enable marginalised narratives to have a shared and collective existence. This way of working has lineage in Indigenous, Black feminism, critical race theory, decolonisation, storytelling and Global Majority¹ scholarly work.

The purpose of this paper is to share our perspective on the intergenerational impact of racism upon Global Majority family systems. We will share ‘stories lived’ and ‘stories told’, ‘stories voiced and unvoiced’ (Pearce & Cronen, 1980). Our storytelling moves between first- and third-person perspectives. We start with some of our personal experiences of intergenerational racism and how it has affected us as people and therapists. We move to case examples and will bring forth the experiences of the Global Majority families we work with, in a variety of settings. Finally, we present a discussion on race, power, privilege and knowledge systems. We argue that we cannot travel through the future with one set of knowledge that accounts for all.

We are a collective of Global Majority UK-based systemic psychotherapists who work in a variety of settings. We came together in direct response to the Black Lives Matter ethos, as well as the continued climate of systemic societal oppression, divisiveness and othering of Global Majority peoples. This oppression as we know is not limited to the UK but is a worldwide pandemic. We are acutely aware of the under-representation of Global Majority systemic voices within family therapy in the UK. We intend to bridge this gap with the view to understanding, honouring and in turn empowering Global Majority families that we work with, as well as systemic psychotherapists and trainees. We invite you to consider and reflect on the discussions presented within this article, with the hope of promoting anti-racist principles and approaches.

THREE STORIES OF THE SYSTEMIC PSYCHOTHERAPISTS' VOICE

As Global Majority systemic psychotherapists in the UK, making connections with families can create an undeniable bond, a strong sense of closeness, identification and understanding for the families and therapists. We do this by treating each person as a whole being and demonstrating respect, communicating in such a way that is understood by embracing diversity, offering care, sharing our own voices and not feeling that we must conform to the dominant White voices of oppression in psychotherapy. Clients teach us about ourselves in more ways than we know, while at the same time learning and changing things about themselves. When talking about therapist's self-scrutiny, Hardy (2018) says, 'They are not only curious about their clients' lives and the process of therapy but become curious about themselves as well. They begin to ask as many self-reflective questions about themselves as they may ask clients' (Hardy 2018, p. 23).

In writing this article as peers, we have been drawn back to the song written by James Brown and Alfred Ellis which was performed in August 1968; it was a much-needed song then, and sadly it is a much-needed song now, 'Say it loud, I'm Black and I'm proud'.

Voices of love

Why has the therapeutic relationship avoided or hardly ever discussed love in the work? Love and tenderness are emotions that intergenerational racism has encouraged Global Majority people to bury. We are meant to 'get on with it' and 'not complain', 'do our jobs', 'be grateful', 'be strong', 'be funny'. We are taught to forget our feelings and distresses, as racism is all too painful, push education at the forefront of one's life as a means to set oneself free. I too learnt the art of hiding love and 'getting on', even though it would bubble up inside me and my work from time to time.

I remember my first day of secondary school; my mother took me.
When walking to the bus stop, she falls over and rips her tights and cuts her leg.
Four White women are standing close by
None of them offers to help my mother
None of them asks if she is okay
None of them offers her a tissue
Somewhere deep inside, I know *this* is wrong.
These women should offer kindness...
They should offer care...
Yet they don't!
My mother looks as though she is in pain
She says nothing...except '*come on, we can't get you there late on your first day*'
I walk quietly next to her
I want to say sorry
I want to cry
I want to hug her
I don't know how...
I do know that silence is golden...
One does not show or demonstrate love...

Now, I feel the love, connect with the love and speak to the love to help families do the same. That feeling, connecting or speaking to does not mean to let go of our professional boundaries, but means to talk from a different part of ourselves, the heartfelt self.

We have been taught many models in the systemic therapy realm. Let us explore the voice of love and compassion in our work as systemic psychotherapists. The space between the therapist and the patient where emotional healing can start to replace intergenerational racism, where love as a feeling and love in action can be a liberating step towards freedom from histories of racism.

Voices of liberation

This migration story is located in the context of imperialism and colonisation which have organised the lives of many.

I was born in the Democratic Republic of the Congo (Zaire), a decade after the Congo gained its independence from the Belgians. The Congo was colonised by Belgium for 75 years (1885–1960). During this time, many atrocities were perpetrated including torture, murder, rape and systematic brutality. The Belgians' rule of the vast region was based on tyranny and terror. They exploited Congo's natural resources, namely ivory and rubber which made Belgium the richest country in Europe at that time. Hence, my childhood was dominated by the painful and traumatic stories of how the Congo evolved from a vanity possession into a slave plantation. My grandparents and my parents spoke of Belgians as the 'Devil'. For instance, if a village failed to reach its quota of rubber, hostages would be taken and shot, and the gendarmeries were required to produce the severed hands of victims.

The post-colonial instability in the Congo led my parents to move to different cities of the country in search of security and better life. I have been a social activist since a young age. I remember standing alongside my parents with a placard when 8 years old protesting for the end to oppression, discrimination and human rights violations, and for better living conditions. I developed a strong sense of justice which I believe led me into exile in my early adulthood and is still organising my life till now. On reflection, I have always been in search of justice. Interestingly, I am noting the same hunger for justice in my children, who are grappling with racial discrimination in the UK. I have first-hand experience of racial oppression and its devastating social, emotional and psychological consequences, such as intergenerational traumas. I believe these need to be addressed to enable decolonisation and psychological healing.

I have found ideas of 'Liberation psychology' and community narrative strength-based approaches such as *The Tree of Life* (Ncube, 2006) helpful when working with the intergenerational impact of racism and other social injustices upon family systems. I take an ethical stance against racism and voice my political opinion. I seek to create new realities that people can step into and re-author the story of their lives to bring about healing.

Voices of embodied experiences

I am a dance movement therapist and a systemic psychotherapist. I am curious about the interconnection between my two career decisions. As a dance movement psychotherapist, I think of rhythm, beat and flow. I think of dance in a cultural context. Dancing is a language. My embodied self tunes into gestures, voice tone, posture, facial expressions, body positioning, use of space,

leaning in and leaning out (demonstrating interest or hidden prejudices, concepts of synchrony, and symbolisation).

With all my experience, I still identify with the dilemmas and associated challenges of my family's migration story. Migration will always play an important role in my family, even several generations on. Sluzki (1979) talks about a unique drama that characterises migration and how this drama becomes part of the family's heritage. I am aware that the same may be true for many families and colleagues that I work with today.

I grew up in an extended family household in Brixton, and I remember thinking that, at some point, we would all return to Jamaica. I do not recall why, I just have a clear memory that at some point, we would be returning to my mother's birthplace. McGoldrick et al. (1982) suggest that the hope of returning to the country of origin may impede the family's efforts to adapt to the new situation. 'The state of permanent uncertainty or uprootedness is in itself profoundly stressful and will have a long-range impact on family adjustment' (1982, p. 13). What this does not acknowledge is how continued racism and marginalisation may cause Global Majority families to gaze back to a time of belonging as a way of helping them face the constant verbal and non-verbal racist attack.

It's difficult to ignore a legacy of domination and the corresponding assumptions of superiority carried. This sort of racism takes up a lot of energetic space in the room. There is sometimes no air to breathe in 'White spaces'. George Floyd told officers, 'I cannot breathe', more than twenty times as Derek Chauvin pressed his knee onto his neck before he died.

The Black British teenager, Stephen Lawrence, was murdered in 1993 in a racially motivated attack while waiting for a bus just a few miles from where I work. The British National Party (BNP) had its headquarters in the area, but the headquarters was shut down by the council in 1995. This is relevant because it's not unusual to see rows of gardens adorned with the St. George and Union flags in the area around the schools I visit. My White colleague, a female social worker who has been in post for 15 years, had not considered the significance of the flags until I pointed this out to her, and it appeared that she still did not understand, or perhaps did not want to. I was uncomfortable with her response or lack of response; how could she not know this? White privilege affords her the freedom to move without considering the impact of racism. I have learnt to be careful about my physical environment. I have to be mindful of the risks. I closed my eyes and turn away from her and remained quiet for the rest of the visit. I am aware of what I am feeling in my body and the words in my head, 'Please just get me out of here'. I kept my distress internal; I could not shout at her, I had to hold it in my body. I was aware of feeling afraid and questioning, what was safe for me in that moment? The experience leaves me deeply disappointed; how could she not know about the racism associated with these flags. Hamad's (2019) article in the Guardian says – 'We will never understand the impact of colonial oppression if we underestimate White women's role in it'. It is well known that those who tend to occupy power positions tend to be less aware, and less tuned into the needs and interests, of those perceived to have less power in society.

My family is not leaving; we are here to stay!

These voices, our voices, want to love as a way to heal, want to liberate as a way to heal, and want to feel and move as a way to heal. We are inspired not to stop these voices within us and within the Global Majority families we work with by the famous words from the last song that Bob Marley ever performed,

'You can fool some people sometime,
But you can't fool all the people all the time,
So now we see the light (what you gonna do?)
We gonna stand up for our rights! (yeah, yeah, yeah!)' (Marley & Tosh, 1973)

GLOBAL MAJORITY FAMILY VOICES IN ORGANISATIONS

As systemic psychotherapists, we are taught that we cannot stand outside of a system, (von Foerster, 1984) and the three stories above of the therapist's voice further demonstrate this. The impact of intergenerational racism upon the self of the Global Majority systemic psychotherapist and their families will undoubtedly find connections with the Global Majority family's (service users) experience of the same racist structures.

The Global Majority family voice can go unheard; hidden and lost behind hierarchical structures, White privilege and competing agendas, that is, the family, the service and wider societal discourses. Global Majority families can often feel like they do not 'fit', their customs, rituals and practices discarded for Eurocentric norms. The rhythms and sounds of their cultural narratives are often misunderstood and seen as random, loud and aggressive. The stories below invite us to listen with curiosity, to the Global Majority family voices within a school, paediatric inpatient care and bereavement setting.

Schools

When passion joins my speech, I feel the rhythm of the drum flow from my lungs and enter my entire body as my hands, head and arms move in unison. Sometimes my body's movement enables me to hear other rhythms, or at least be curious about the voices of other people's beats; at the same time, I am conscious that others may just hear noise in me. I, therefore, tailor my rhythm, and at times lose a beat, in the hopes that it will be palatable to the ears of those outside my culture. In an inner London Children and Adolescent Mental Health Service (CAMHS), school-based consultations are offered to help children and their families with emotional, behavioural and/or mental health difficulties. It would appear that the staff population does not reflect the demographics of the service users we see; rather, it is a closer representation of the power imbalance that exists in this society, where middle-class White professionals hold a more powerful position than the Global Majority service users in the area. *'21% of the total health and social care workforce are identified as BME...BME workers are overrepresented in front line care roles and underrepresented in senior roles compared to their white colleagues'* (TUC, 2021).

I am constantly reminded of the polarity that exists within two contexts – the system in which I work and the one in which I live; this is similar for families, the home in which they live and the school in which they also live!

I have noticed that African parents, where English may be their additional language, are often described as disinterested, unmotivated, abrupt and angry, who are hard to engage. With the heartbeat inside of my systemic skills, I try to explore the language, experience and position of the school's staff, as well as the language, experience and position of the parents, whilst bringing into view various levels of context (Pearce, 2007), to acknowledge the power that is often invisible within the interaction between us. Who else might these parents be if we were to cast the dominant labels assigned to them aside?

In one consultation meeting, I was invited to help facilitate the dialogue between a school special educational needs officer (SENCO) and a mother after a communication breakdown. The SENCO expressed finding the mother 'very dismissive' and 'not willing to engage in talks' about the need for her son to be assessed

for attention deficit hyperactivity disorder (ADHD); the mother expressed feeling that she could not win – when she spoke, she was an ‘angry African woman’, yet when she was silent, she was viewed as not interested. She commented, ‘I do not know how to be heard’. I helped them explore language and meaning, centralising the voice of the mother, as the person least being heard, and this enabled her to share with frustration that the terms used in the concept of ADHD did not exist as words in her language, but the school staff she had contact with, had never once tried to explain it to her in a way she could understand. We were able to name the ways that intergenerational racism in society was impacting them both and how they listened to and heard each other. The mother’s desperation to protect her son from the cruelty of racism was viewed as unjustifiable anger, whereas the SENCO’s unexplored prejudices situated within a racist frame was adversely impacting on their engagement. My identity as an African mother connecting with another African mother protecting her son changed the context. The SENCO heard anger and aggression in the mother, and the mother heard her son being negatively labelled by a White authority figure.

Despite the success of this meeting, I felt conflicted; my professional title honours me with a position of power and voice, but I feel it only holds as much as society will allow a Global Majority woman to have. Racism is an invisible force that can mean that more powerful and culturally dominant rhythms are privileged and therefore hearing Global Majority family voices is rare. The voice of this mother and that of her son needed to be heard but could have easily been lost.

PAEDIATRIC INPATIENT CARE

The work context is a paediatric national centre, specialising in the treatment of children with functional, somatising and eating disorder presentations. I am the only Global Majority (Ugandan and Ghanaian) systemic psychotherapist in a trust-wide total of eight, and the only senior Global Majority clinician in the multi disciplinary team, within a high-profile organisational context. It is no surprise, therefore, that all families have high expectations of the clinical ‘expert’. The service mostly caters to, ‘White privileged’ middle class professional families who because of class and educational background may be bringing their own complex stories of ‘intersectional privilege’ (Crenshaw, 2017; Turner, 2021, p. 39).

Memon et al. (2016) found Global Majority families noted barriers to accessing mental health support due to personal and environmental factors, as well as the relationship between the service user and healthcare practitioner. Global Majority families bring unique migration stories, maps and subjugated narratives, and a complex ‘relationship to help’ brings an inherited ‘cultural chaos knapsack’ (Persaud, 2017). ‘Good immigrant’ (Shukla, 2016), Global Majority families are devoid of questioning, challenging or difficult stereotypical labels, whereas the normative rules and values invite them into marginalised, othered and silenced positions. The voice of Global Majority families competes with woeful, linear and cultural dialogues of colleagues, which can be exhausting and paralysing to maintain. A ‘cultivated amnesia’ helps block out their pain, sorrow and re-traumatising experiences (Persaud, 2017). Within paediatric inpatient care, ‘high power distanced’ (Livermore, 2013) Global Majority migrant families are expected to navigate between the cultural landscapes of a powerful medical model and complex therapeutic relationships.

Reflections of Idris, a Sudanese elder, embodied issues of lost identity within the family life cycle. Coronavirus disease 2019 (COVID-19) guidelines and unemployment meant he became the main carer for his three children with disabilities: one Ibrahim labelled as having ‘separation anxiety and psychosis-based’ symptoms. Initially, plans for older siblings from Sudan to join them in the UK, for education purposes, were not team priorities in the pre-lockdown phase. Coincidentally, professional impasse, dominant discourses of djinn and ‘spirit possession’, and ill-informed gendered and faith-based narratives, reduced team capacity to adopt cultural sensitivity towards African family values, systems and practices (Afruca, 2015).

In the exploration of the intergenerational racism theme, the internal conflict I experienced as a Global Majority systemic psychotherapist was striking. Like the call of the master drummer in the Djembe drumming circle, I used my professional power to change the direction of the musical rhythm. I owed it to Ibrahim and his family to stand up and be counted. Two memorable moments come to mind; bringing new life into stuck teams, and to challenge the unhelpful professional scripts by negotiating a visual screen shot of the professional network, and a digital therapeutic letter demonstrated the beauty of creative systemic interventions in the moments and formed part of Ibrahim’s picture book.

I found I had stepped into a place of peace for myself and the family. Utilising Ubuntu (humanness) principles, an African philosophy used on a local, national and global level, from the Bantu peoples of Eastern and Southern Africa, including Truth and Reconciliation Committees to reflect Indigenous lived experiences that focus on narratives of compassion, conflict resolution and collaborative learning (Nabudere, 2005). Through sheer persistence, I successfully engaged several female adult role models to support the work, whilst Idris embarked on his own ‘act of resistance’ (Freire, 2000; Afuape, 2011; Wade, 1997) by taking pro-active steps to reunite his family. During lockdown, having flown his two oldest sons from The Horn of Africa, caring responsibilities were handed over to mother and a paternal first cousin. Hence, emergent shy stories and traditional healing practices, respected family values, faith and spiritual belief systems were honoured (Persaud, 2017, p. 132).

This cultural lens focuses on traditional customs, rituals, language, spirituality, faith, African drumming circles (Diop Arts, 2021; Rowe, 2021), dance and music therapies as incompatible with competent clinical formulations. Meanwhile, Indigenous holistic and arts-based therapeutic techniques, ideology and values are perceived to lack credibility, whilst, within paediatric inpatient care, stuck narratives and subjective meanings overshadow Global Majority linguistic and symbolic family voice (Cojocaru & Bagaru, 2012; Galbin, 2014, p. 84). The importance of timely, evidence-based interventions and complex therapeutic interconnections have explored the polarising positions of professional agenda and family voice. The overarching theme of intergenerational racism, and the narrative of love as demonstrated above in the therapists’ voice, allowed a recalibration of Ibrahim’s family position away from frustration, disillusionment and unhelpfulness, towards some way of imparting my gift of compassion, celebration and healing.

BEREAVEMENT SERVICE

In the examples given above, we see emerging themes, both by Global Majority professionals and service users, the marginalising, othering and the subjugating of Global Majority cultural knowledge and stories. Yancy (2008) terms an ‘episteme of Blackness – *‘a way of knowing that is developed experientially, collectively and intergenerationally’*.

East London is one of the most diverse regions in the country; however, in the Bereavement Service where I work, I am the only Global Majority senior clinician in a team of six. In the January–March 2020 quarterly report, the service received 139 referrals, 54% of which were from Global Majority British service users. Prior to my appointment, the previously homogeneous White middle-class team, whose organisational mission statement was one of inclusion, ‘welcoming one and all’, adopted a position of waiting for the service user to introduce issues of race, which was seen as a respectful position. Guilfoyle (2003) suggests that talking therapies both reflect and conceal power. There is an inherent power imbalance between therapists and client/family, and this position of ‘silence’ mirrors that of a wider societal discourse – ‘Institutional racism must be recognised before it can be addressed’ (MacPherson, 1999).

I introduced a question at assessment, which began to explore the client’s highest context marker, after noticing an increasing number of clients from Global Majority communities requesting that I be their therapist.

The question: What would be important for us to hold in mind when allocating you a therapist?

Responses: Someone that understands what it’s like for me as an Asian immigrant living in the UK

Someone Black

Someone that understands my culture

Someone that understands the racism I face at work, so much so, that I cannot even ask for time off to grieve.

My White colleagues began to wonder why there were more requests for Global Majority therapists, perhaps because – ‘representation matters’ (Harris in TheGrio, 2020). How Global Majority clients’/families position us when we meet is often rooted in their own experiences of racism. Curious questions that facilitate dialogue and unearth untold stories of the clients’ organising principles (Hardy & Laszloffy, 1995) is at the cornerstone of systemic practice.

One such story is that of Sue, a 58-year-old Black Caribbean woman, who, when I met her for assessment, could not stop shaking. As tears streamed down her face, she held on tightly to the chair, in an effort to control the shaking; however, her legs, having a mind of their own, would not listen. She took two deep breaths and let out a wail... which left me holding onto my chair! She told me of her 28-year-old daughter who had died after a prolonged illness. The main struggle for Sue was of course her daughter’s death; however, the root of her trauma was what she referred to as the ‘wicked’ treatment of her daughter by the White professionals dealing with her care. The White doctors and consultants in the hospital that spoke down to her and her daughter, that transferred her daughter from one hospital to another without the proper equipment, that left her for long periods of time in pain and soiled. She felt that they would not have cared for ‘their own’ in such a way.

During the sessions that Sue and I had together, she spoke about her anxieties for her two grandsons, 8 and 10 years old, for whom she and her husband were now guardians. Her ongoing concerns for them as Global Majority boys in the UK today, and how they would navigate the inevitable racism they would face. She felt this had already started to present itself at school, as preferential treatment was given to White children. She considered how she would prepare them for the injustice ahead, her frustration at having to repeat lessons that she had imparted to her children, which would once again be needed for the next generation. At the end of our work together, Sue embraced me in a tight hug, and told me; ‘take care of yourself, we need you’ – at that moment we both knew that the ‘we’ she was referring to were Global Majority families. Having a Global Majority therapist was vital to Sue, her trauma and the reason she was in therapy is so deeply rooted in her experiences of racism.

Global Majority families will carry stories of racism from one generation to the next, these ancestral stories and lived experiences walk alongside us. It is therefore vital that White professional helpers allow curiosity (Cecchin, 1987) to guide their path and listen to the voices of Global Majority families. Dismantling racist notions that one voice holds dominion over others, seeking not to silence these stories and relegate them to the shadows, but create environments that are safe enough for Global Majority families to discover new stories, to flow and move to their unique cultural rhythms, allowing a multitude of possibilities.

WHY ARE WE STILL TALKING ABOUT RACE?

This community of Global Majority systemic psychotherapists would suggest that we are still talking about race and will continue to do so until hostile spaces are closed down, and new spaces opened up for Global Majority bodies to experience freedom from injustice and discrimination in all spheres of our society. The literature of the enslaved by Britain and its Western counterparts is sparse, what we do know from those who lived to write of their experience is that the narrative describes a process of ‘social death’ (Cacho, 2012). This narrative of ‘social death’ is a thread that runs through the history of the commonwealth with the migration and arrival in 1948 of the Windrush Caribbean generation and migrant communities from South Asia and Africa. British scholars and writers (Stuart Hall, Andrew Salkey, Paul Gilroy, George Lamming, Zadie Smith, David Olusoga, Andrea Levy and more) were not slow to produce literature reflecting issues faced by migrant communities. They recognised Britain’s attempt to deny, avoid and disengage in facing up to the more unpalatable content of its imperial antiquity which has a history that dates back to 1623.

Remembering our history and our everyday experiences are perceived by Renan (2018) to be relationally important to our sense of community. The narratives shared in this paper have a lineage in Global Majority history, illuminating how the reproduction of intergenerational racism is rooted in our ancestral past which has become part of our present and future horizon. As Global Majority systemic psychotherapists in the UK, what we share with Global Majority families whom we work with is the knowledge that we know, of parents, aunts, uncles, friends, neighbours, sisters, brothers, grandparents and whole communities who have suffered injustice through racism. We have witnessed what it’s like to be discriminated against, to experience social injustice within the institution that we work in from an outsider and insider position. The insider–outsider experience connects to Du Bois’s (1903) concept of ‘double consciousness’ which speaks to the liminal

positionality of being on the edge of others and not belonging. Illuminated in the narratives told and lived by the Windrush generation, the murder of George Floyd, the disproportionate impact of COVID-19 on Global Majority, that reinforces the 'social death phenomenon'. Remembering has become a tool to problematise the role forgetfulness plays in maintaining social injustice, othering and marginalisation (Dillard, 2012). Global Majority feminists have argued that there is a need to explore the narrative of displacement and its effect on the individual and whole communities (bell hooks, 2015).

The narrative of the marginalised has not been allowed to surface, prevented by the institutional surveillance squad, performing Foucault's (1995) 'Panopticism dance'. Ever ready to repair cracks that appear in the grand narrative in an attempt to silence those who protest outside the master's doors (Lorde, 2018). Pushing back from barely living requires us to reside in liminal spaces that dare to speak from another position. A position of witnessing, a position that shines and provides a haven to those who have sought refuge from a discursive discourse that surrenders itself to difference. A position that dares to challenge how we know what we know, a practice that speaks and validates the oppressed.

Why is this important? There has been intellectual amnesia towards the experience of Global Majority people in mental health institutions. And many continue to ask, how do we create space within academia? Particularly as Indigenous and Global Majority scholarly work has not had the capacity to fully immerse itself in academia. This is a pertinent question, as the systemic field sits within social constructionism which promotes plurality of ideas. However, these ideas have been situated within a hierarchy of Western hegemony.

Truth, Foucault (1980) argued, is agreed upon by those in power, via institutions such as schools, the media, hospitals and government, which creates discourse due to it being privileged and being repeated, over the course of time in various cultural settings. Thus, society accepting certain narratives over others as societal truths. For instance, representations of what beauty is in mainstream media – such as being fair skinned, light eyed and having lighter-coloured hair. That Global Majority people are entertainers or athletes rather than scholars or academics. Undoubtedly, a social constructionist lens towards knowledge has played a pivotal role in Western family therapy literature. We would suggest that social constructionism does not sufficiently attend to Global Majority families' lived experience of racism, privileging predominantly White Western concepts towards knowledge and theoretical understanding with the view to engaging Global Majority families. We argue that racism, prejudice, oppression and the othering of minoritized groups is not a social construct but a lived and deeply felt experience that has intergenerational implications and related trauma, that reverberates within a clinical context.

This intergenerational trauma is something that was attended to in-depth by the French West Indian scholar, philosopher and psychiatrist Frantz Fanon (1986). He was interested in the link between mental health, war and colonial subjugation, theorising that some neuroses are socially generated (Fanon, 1986). In other words, Fanon recognised that society and culture greatly influenced emotional and mental wellbeing, and questioned the relationship between societal structures, violence, discourse and the individual. This can also be linked to Foucault's theory of power and knowledge as a way to privilege those in power and control the subjugated minorities. As a result, this further brings into question the role of knowledge, and who decides what knowledge is and how it informs systemic practice? Based upon the ideas of Foucault and Fanon, we would suggest who decides to be those who yield power and the structures that have been set up historically to privilege and keep in place those in power, which are, primarily, White people. Examples of this in systemic psychotherapy would be social care and health services, and the policies and practices that inform our interventions.

We would propose that Western perspectives towards knowledge have lacked understanding of African and Eastern traditional or Indigenous knowledge systems, that is, cultural traditions that have been passed down orally through generations that are embedded within the communities that they belong to (Kaya & Seleti, 2013), for instance via the use of stories, folklore, ritual or songs to support and provide tools and techniques that aid with midwifery, medicine or ecological knowledge. Furthermore, we would argue that the exploitation and replication of Indigenous theory and thought have historically been appropriated and colonised by mostly White, Western men to benefit their academic and scholarly pursuits, such as Bateson's work with the Latmul tribe in New Guinea, Geertz in Bali and Levi-Strause in Panama. Kondo (2012) scaffolds upon this perspective by describing Western ways of knowing and knowledge as being merely repetitions of practices, a display of Western cultural and intellectual arrogance and White privilege without fully honouring or acknowledging the Indigenous knowledge systems that Western academics are analysing.

The notion of White privilege in systemic psychotherapy is not a novel idea. Authors such as Bulhan (1993) and Bakker and Snyders (1999) accused systemic psychotherapy of having its roots in White middle-class America, being Eurocentric elitist, neo-colonising, irrelevant, oppressive and not having relevance with families of an African context. Bringing our attention back to social constructionism as an epistemological perspective within systemic psychotherapy, we would propose it is not enough when attending to families experiencing racism or oppression; we would suggest that further consideration, incorporation and honouring of Indigenous knowledge systems, as well as the decolonising of systemic theory, is more progressive for the families that we may work with.

Decolonising of literature is something that has been written of widely in psychology and other scholarly fields – which at its core looks at moving away from research focusing primarily on participants who are Western, educated and from industrialised countries (Keith, 2018). However, we would argue that this is something that should further be pursued within systemic psychotherapeutic literature. Further inclusion of Global Majority scholars and their theoretical ideas, such as intersectionality (Crenshaw, 1989), may provide support in challenging and possibly correcting the negative and recursive intergenerational scripts of racism and oppression within a systemic psychotherapeutic intervention, as well as keeping the societal conversation on the oppression of Global Majority groups going.

CONCLUSION

We have argued that the intergenerational impact of racism upon family systems is real. Generations of families and Global Majority systemic psychotherapists are part of the suffering of intergenerational racism. We suggest that Global Majority families have been collectively dispossessed; individually, we have been physically beaten, arrested, and told that we are not worth protecting, that we are not worth being educated, that we are educationally subnormal, and that our image is not wanted to promote management. We continue to be sectioned, jailed, driven into psychiatric wards, and put into care and on safeguarding referral lists, and continue to endure racist remarks. These events have been documented in scientific journals and reports; they are evidence based. Global Majority families have resisted by simply surviving the apocalyptic reality of bare living. The trajectory of the intergenerational impact of racism upon family systems continues like an unstoppable train; but stop it must.

This paper presents a collective voice of returning inwards and outward to voice what continues to be silenced. It is also a way of celebrating our presence to build our resurgence as a

community of Global Majority systemic psychotherapists who no longer wish to remain forgotten. This paper is a celebration of our survival, our commitment to creating a space and place where the impact of intergenerational racism upon family systems can be told through a decolonising approach and, like a river, filter through systemic practice, training, learning and research. This is an invitation for the systemic community to get on board with the decolonisation movement that is spreading and shows no sign of slowing down. It demands a change in Whiteness structures that have continued to blight the lives of generations of families for decades, as illustrated in the stories above.

The narrative told in this paper illuminates conditions under which change is being demanded. It is rooted not only in the intellectual frame, but also in our emotional life, our bodies, and our collective personal and professional experience, and is not meant to capture the view of Global Majority communities, locally, nationally or internationally. It is offered as a way into alternative dialogue of how the vision of decolonial approaches within the systemic community in the UK could be reframed, moving us on from survival, silence and resistance to flourishing and working together to create better worlds.

ENDNOTE

- ¹ We use the term 'Global Majority' to include all people of African, Caribbean, East Asian, West Asian, or Southern Asian descent, and people who identify as dual heritage. It reclaims the previously held minority status given to Black and Brown people in Western societies. This is the political positioning of people worldwide who have suffered colonialism and enslavement in the past and who continue to suffer from experiences of racism and lessened opportunities. We are unapologetic in the position we take towards challenging systemic ideas, interventions and frameworks that are embedded within structural systems of White privilege.

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