


An Ethnopolitical Approach to Working With People of Color
Lillian Comas-Díaz Transcultural Mental Health Institute

North Americans have been expected to abdicate their ethnic backgrounds and blend into a single homogeneous identity. However, the United States President’s Initiative on Race (1998) concluded that the greatest challenge facing North Americans is to accept and take pride in defining themselves as a multiracial democracy. With an ethnopolitical approach, the author studies effects of oppression, racism, and political repression on individuals, groups, and societies. She concludes that psychologists can help ameliorate racism in society by taking an antiracist stance, promoting a safe society where racial–social equity and justice prevail, and helping to formulate a collective identity that affords freedom to all members of society.

The darkening of the United States’s face challenges the myth of a racially homogenous American society. Indeed, the United States President’s Initiative on Race (1998) concluded that the greatest challenge facing North Americans is to accept and take pride in defining themselves as a multiracial democracy. Given the United States’s difficulties in assimilating its citizens of color, this is a formidable challenge.

The preservation of racism in the United States can be examined through evolutionary, psychological, and ethnopolitical perspectives. According to Lawrence A. Hirschfeld (1996), people have a race module—an innate and universal propensity for noticing racial differences, arising as early as three years of age. From an evolutionary biocultural imperative, thinking racially results in a preference for people of one’s own group, expressed through projection, identification, and disidentification. Facilitating an us-and-them mentality, thinking racially helps people distinguish allies from enemies. In our need to sort people into categories, race becomes an easy classification to distinguish friends from foes. In times of economic hardship and national insecurity, individuals intensify their tendency to scapegoat, and visible people of color are targeted (Greider, 1991; Funderhughes, 1989; Root, 1990) and act as external stabilizers of inner control and identity (Volkan, 1994).

Depth psychology provides another canvas to color race relations in the United States. People of color represent the shadow or the darker and evil side of personality within Jungian psychology (Dobbins & Skillings, 2000). Thus, racism functions as a shadow projection, whereby Whites project onto people of color their disowned aspects, unconsciously victimizing people of color while denying their rights and privileges (Reeves, 2000). Indeed, repressing the collective shadow demands shadow catharsis through scapegoating and hating ethnic minority groups (von Franz, 1995). Carl G. Jung (1967) observed that for his American patients, the shadow was represented by a Black or a Native American person, whereas in the dreams of Europeans, it was represented by an indistinct individual of their own race. Jung concluded that representatives of the so-called “lower races” stand for an inferior component of White Americans’ own personalities.

The cultural difference in shadow representation may correspond to the United States’s ethnopolitical relationship with its people of color. In an attempt to stabilize American collective racial identity, the shadow is expressed through the repression and colonization of people of color. As conquered
enemies, Native Americans, African Americans, Latinos, and Asian Americans have been subjected to repression by the U.S. government, which has designated them as savages, slaves, and colonized entities (Comas-Díaz, 1994).

People of color are often exposed to imperialism and intellectual domination at the expense of their cultural values (Said, 1994). Furthermore, they are subjected to the cultural Stockholm syndrome, a condition in which members of an oppressed group accept the dominant cultural values, including the stereotypes of their own group (DiNicola, 1997). The cultural Stockholm syndrome involves being taken hostage by other people’s cultures and perceptions of themselves, while coming to internalize and believe them. Hence, politically repressing people of color can lead to terrorism, maintaining the privileges of the dominant group, and silencing cries for racial social justice.

**Ethnopolitical Theory, Praxis, and Action**

With an ethnopolitical approach, psychologists study the psychopolitical effects of oppression, racism, terrorism, and political repression on individuals, groups, and societies. By acknowledging racial, ethnic, and political realities as they interact with socioeconomic, historical, psychological, and environmental factors, this approach expands the individual focus to a collective one, one that is national as well as international. An ethnopolitical model can serve as the basis for psychologists to aid people who have suffered racism, discrimination, and repression. As an emancipatory psychological perspective (Prilleltensky, 1997), it helps intervenors to engage in political change geared toward developing a community espousing social justice and racial equity.

**Ethnopolitical Theory: Naming the Terror**

Ethnopolitical theory integrates a liberation paradigm (Ignacio Martín-Baró in Aron & Corne, 1994; Ignacio Martín-Baró in Blanco, 1998) with an ethnopsychological perspective (Comas-Díaz, Lykes, & Alarcón, 1998). It names the terror, developing a language that gives voice to the silenced traumatized self. As such, it acknowledges racism as a form of colonization as well as a human rights violation.

Because the most common bias motivation behind hate crimes in the United States in the late 1990s was race (Federal Bureau of Investigation, 1997), the first step in the ethnopolitical approach is to critically examine the psychopolitical consequences of race relations and otherwise. Relative to Whites, African Americans of all socioeconomic levels report exposure to more stressors like racism and other types of discrimination (Thompson, 1991, 1996; Williams, Yu, Jackson, & Anderson, 1997).

Although Americans don’t think of their government as politically repressing its citizens, there is evidence to the contrary. Operating at a more sophisticated level than other “less developed” countries, the United States government uses similar terrorist techniques to oppress its populations of color (Novo, 1999). At the United Nations Commission of Human Rights, Amnesty International (1999) denounced U.S. violations of the human rights of its people of color, specifically, African Americans, Latinos, and Asian Americans. It argued that while attacking people of color who are not offering resistance, the police use weapons that in other countries would be classified as torture instruments. Consequently, Amnesty International has called on the federal authorities to maintain national statistics on police shootings and deaths in custody in the United States. This is such a societal problem that the police in neighborhoods of color have been described as forces of occupation (Rivera, 1999).

Even though the United States was a primary architect of the Universal Declaration of Human Rights, it has been reluctant to ratify the International Covenant on Social, Economic, and Cultural Rights (Albisa, 1999; United Nations, 1990). Perhaps this reluctance is related to the pervasiveness of racism cloaked in shadow expression in our society, resulting in our government’s cultural imperialism and subsequent inability to honor the cultural rights of its people of color.

As a human rights violation, racism is pervasive throughout North American society. The human rights of people of color are insidiously violated in the medical and mental health systems (Gollub, 1999; Melfi, Croghan, Hanna, & Robinson, 2000; Schulman et al., 1999; White, 1999).

**Post-Colonization Stress Disorder**

The ethnopolitical theory names post-colonization stress disorder as the result of contending with racism and cultural imperialism, whereby the mainstream culture is imposed as dominant and superior. An instrument of terrorism, racism deconstructs individual and collective identities. For colonized people of color, colonization creates pervasive identity conflicts, alienation, self-denial, assimilation, strong ambivalence, and a fundamental need for change (Fanon, 1967, 1968; Memmi, 1965). Inflicted on episodic, acute, and chronic bases, racial trauma (Harrell, 2000) causes emotional and psychological effects, cognitive schema changes, somatic and physiological symptoms, developmental and behavioral changes, plus spiritual and communal disturbances. Racial terrorism’s emotional and psychological effects include depression, shame, rage, and post-traumatic and post-colonization stress disorders. The effects on cognitive schema include alterations in perceptions of self, others, and the world as a just place, as well as changes in the sense of trust, power, and safety.

In addition to somatic and physiological symptoms, racial terrorism changes the development of self-concept and relationships. It causes people of color to project their self-hate onto other people of color with horizontal hostility that cannot be expressed directly to the ones in power. While behavioral changes include “acting out” and “acting in,” some of the spiritual effects of racial torture and terrorism include questioning the meaning of life, becoming demoralized, losing hope, or alternat-
tively, developing the concept of the suffering chosen people. On a communal level, racial terrorism breaks the collective self or sense of community, fragmenting it into an us-and-them position.

Although related, post-colonization stress disorder differs from post-traumatic stress disorder (PTSD) in that it does not pathologize the individual and highlights the importance of adaptive reactions in contending with profound social pathology. PTSD is a limited diagnostic category because it does not capture the magnitude of racial terrorism as trauma, thus implying that racial torture is a single isolated event. In post-colonization stress disorder the traumatic process is repetitive, protracted, and ethnopolitically mediated. Indeed, labeling torture symptoms as a mental disorder is a medicalization of a sociopolitical problem (Becker, 1995).

Using individualistic, ethnocentric, and ahistorical approaches to psychopathology, the PTSD diagnosis tends to depoliticize systemic oppression, colonization, and racial terrorism. As such, it neglects society’s accountability and responsibility, thus allowing it to act with impunity. The ethnocentricity of the PTSD diagnosis can overlook strengths and atypical disturbances and does not differentiate among defiant, adaptive, and maladaptive responses. For example, a response to post-colonization stress disorder—ethnocultural allodynia—consists of extreme reactions to neutral or ambiguous stimuli, a pain caused by insidious racial and ethnocultural injury (Comas-Díaz & Jacobsen, 2000). Whether ethnocultural allodynia is an adaptive response to racial trauma, a racial intuition, or a maladaptive response depends on the specific context.

In examining the limitations of the PTSD diagnosis, Herman (1992) proposed an alternative, complex PTSD, focusing less on individualistic, subjective PTSD symptoms and more on relational issues, dissociation, somatic symptoms, and alterations in one’s worldview in terms of trust, hope, and meaning. Similarly, post-colonization stress disorder is a complex phenomenon that changes collective identity, group relational capabilities, and societal worldviews.

**The Ethnopolitical Context of Illness and Healing**

Using medical concepts to designate pathology without acknowledging ethnopolitical reality is elusive because diagnosing is a political process. As an illustration, it has been argued that PTSD is a historical and cultural construct born out of the nefarious U.S. experience with the Vietnam War and used to cope with the war’s failure (Shapiro, 1996). Within this context, PTSD entails a profound political state in which the world has gone wrong, in which individuals feel isolated from the broader community by the inarticulate extremity of their experiences (Shapiro, 1996).

Diagnosing certain beliefs and behaviors as diseases has been used in political ways, such as to punish dissidents (Comas-Díaz, 1996). A delegation of U.S. psychiatrists to the former Soviet Union investigated charges of involuntary psychiatric hospitalization of political and religious dissidents who showed no signs of psychopathology by U.S. psychiatric standards (Rathe, 1989). The report stated that Soviet psychiatrists had developed the diagnosis of “slugish schizophrenia,” characterized by symptoms of delusion of reformism or a heightened sense of self-esteem. The report identified other types of Soviet psychopathology such as “unitary activity,” related to high levels of commitment to a single cause, such as political reform, and failure to adapt to society, defined as the inability to live in society without being subjected to arrest. Moreover, the report recognized that the pharmacological treatment for patients who suffered from “slugish schizophrenia” was punitive instead of therapeutic. As an illustration, along with the antipsychotics used to treat patients for delusions of reformism and anti-Soviet behavior, sulfazine (a drug that causes severe pain, immobility, fever, and muscle necrosis) was used without proof of its efficacy (Rathe, 1989). Thus, anti-Soviet behavior was diagnosed as a psychiatric disorder.

Historically, some mental health diagnoses have been used to politically repress African Americans in the United States. During the 19th century a mental health disorder called “dрапетомания” was characterized as African slaves’ uncontrollable urge to escape slavery, destroy property on the plantation, be disobedient, talk back, fight with their masters, and refuse to work (Stampp, 1956). Consequently, slaves’ desire for freedom was diagnosed as a disease to maintain the Southern system of slavery. Although it has been suggested that racism is a form of addiction (Dobbins & Skillings, 2000) or obsessive–compulsive disorder (Jacobsen, 1995), David Wellman (2000) warns against medicalizing racism because it obstructs social change by supporting the racial status quo and dominant sociopolitical systems. Instead, he argues that racism has to be eradicated through systemic political changes.

**Ethnopolitical Praxis: Bearing Witness**

Addressing the effects of political repression, ethnopolitical psychologists bear witness, listen to testimony, facilitate identity reformulation, and promote political change. Bearing witness aims at change by refusing to succumb to the pressure to revise or to repress experience, by embracing conflict rather than conformity, and by enduring anger and pain rather than submitting to repression (Tal, 1996). Likewise, people of color who bear witness engage in transformation by refusing to succumb to the pressure of colonization and racial terrorism, embracing struggle rather than conformity, enduring racial rage and trauma, and developing resistant, defiant, and creative responses to political repression.

The ethnopolitical practice fosters therapeutic decolonization at a private and public level. Because racism and colonialism are internalized as disorders of the self through societal projection (Grace, 1997), individual and collective identities need to be reformulated in order to achieve liberation. Therapeutic decolonization entails raising consciousness of the colonized mentality, correcting cognitive distor-
tions, recognizing the contexts of colonization (including post-colonization stress disorder), affirming reformulated individual and collective identities, increasing dignity and self- and social mastery, and working for personal and collective transformation (Comas-Diaz, 1994).

Ethnic and indigenous psychologies provide a culturally relevant lens validating both the importance of racial and ethnic meanings and the historical and political contexts of oppression. Because working with victims of political repression forces individuals to confront questions of meaning, the spiritual beliefs of people of color are rescued and affirmed as examples of indigenous psychological approaches (Ho, 1987). Psychologists can help trauma sufferers find something to value in the traumatic experience through a renewed awareness of their strengths. As an example, the Puerto Rican *duamic strength*—the transformation of aggression and desperation into self-affirmation and hope (Algarin & Pinero, 1975)—illustrates an indigenous spiritual approach to trauma, making meaning out of oppression (Comas-Diaz, 1995). Indigenous approaches effectively enable people of color to remember and retell their cultural memories and, thus, aid in identity reconstruction (Comas-Diaz, Lykes, & Alarcon, 1998).

Similar to other survivors of torture, people of color need to learn to reject the feelings of inferiority instilled in them by political repression. To move from being victims, to survivors, to victors, people of color need to reformulate their identities by reaffirming their integrity, rebuilding their capacity for connection with other individuals, and rejoining to a life of community and future possibilities. To achieve this, they must conquer internalized oppression by developing a sociopolitical understanding of race and oppression (Helms, 1995). Furthermore, they need to develop solidarity with other oppressed groups, thus restoring their sense of continuity with their collective identity, both local and global. Because the very act of self-definition is a rejection of colonization (Castillo, 1994), it is important for those who are oppressed to find their own voice and the language to name and describe their condition (Freire, 1970).

Ethnopolitical practice uses mainstream psychological tools, such as cognitive-behavioral techniques, critical incident stress management (Chemtob, Tomas, Law, & Cremnier, 1997), racial stress inoculation (similar to the stress inoculation proposed by Foa, Rothbaum, Riggs, & Murdock, 1991), and eye movement desensitization reprocessing for racial trauma (see Rittenhouse, 2000, for an application of eye movement desensitization reprocessing for racial stress), among others. Given the spiritual component of racial trauma, use of an adjunct 12-step program of attitudinal healing circles has been suggested (Comas-Diaz, in press). Abadio-Clottey and Clottey (1998) devised an approach to racial healing, following the format described in *A Course in Miracles* (Dowson, 1975) and involving 12 principles, such as healing is conquering fear, giving and receiving are the same, we are always learning and or teaching, accepting others entails forgiving rather than judging, among additional principles.

Bearing witness facilitates decolonization by catalyzing individual and collective action and by promoting social responsibility. Psychologists bear witness by listening to testimony, a special type of narrative that emerged in Chile in response to political repression and terrorism. Testimony is a first person account of an individual's traumatic experiences and how these have affected the individual and his or her family (Aron, 1992). Consisting of a verbal journey to the past, testimony allows the individual to transform painful experiences and identity, creating a new present and enhancing the future (Cifunegos & Monelli, 1983). Testimony is an expression of and a synergist for political action. As ideological understanding of oppression and social activism facilitate women's recovery from sexist discrimination (Landrine & Klonoff, 1997), ideological understanding of colonization and political activism promote recovery from racial torture and post-colonization stress disorder. Many trauma victims find in activism a nurturing, empowering, and healing voice.

**Ethnopolitical Action: Creating a Safe Society**

The ethnopolitical approach requires psychologists to act as change agents, asking them to examine the political and social costs and benefits of their interventions. Psychologists need to reflect on their own purposes for their actions, consulting with their clients and asking them to participate in the planning and implementation of the psychological work. Aiming at changing the oppressive condition while making moral choices, the ethnopolitical action addresses societal change. Because failing to combat racism is racism (Ridley, 1995), ethnopolitical psychologists take an antiracist stance. This position is congruent with the requirement to condemn discrimination espoused by the American Psychological Association's (1993) guidelines for providers working with ethnic, linguistic, and culturally diverse populations.

Racism and political repression of people of color potentially traumatize the entire society. Traumatized societies contend with social dislocation and rootlessness by embracing powerlessness and moral apathy while denying responsibility. As victims of trauma require safety to recover, heal, and thrive, both victims and perpetrators of racial terrorism demand a safe society, or at least a good enough environment to live in. The psychology of place provides useful suggestions for addressing these societal ailments. Mindy Fullilove (1996) described the psychology of place as an interdisciplinary field emerging out of the displacement caused by wars and political repression. Psychology of place involves the connection between individuals and their intimate environments where individuals are linked to a good enough environment through psychological processes such as attachment, familiarity, and identity. Racism stands in the
way of developing social attachment and collective identity. Citizens of all colors need to work on creating a safe society, but ethnic minorities in particular need to confront and overcome ingrained feelings of division and suspicion instilled by their ancestral history of threatened survival. To develop a good enough society, we need to reformulate our identities, actions, and responsibilities.

The racial cold war in the United States elicits a dichotomous response: moral apathy or moral rage. Racial reconciliation, reparations, and recovery need to occur within personal, collective, and global contexts. As such, ethnopolitical activism can acknowledge the collectivizing of racial rage by proposing universal antiracist legislation criminalizing racism. However, political movements need to address structural societal changes, allowing people of color to mitigate, resist, and undo the adverse effects of racism (Geronimus, 2000).

Achieving liberation demands more than advocacy. Toni Morrison (quoted in Lamott, 1994) stated that the function of freedom is to free someone else. Consequently, as liberation promoters, ethnopolitical psychologists foster freedom in others by reformulating their own identities and making moral choices. The architect of liberation psychology, Ignacio Martín-Baró (in Aron & Corne, 1994; in Blanco, 1998), asserted that taking sides is not bias but an ethical choice for psychologists, a choice grounded in the truths of reason and compassion. As an illustration, Prilleltensky (1997) examined the moral dimensions of psychological theory and practice by proposing an emancipatory communitarian approach that promotes the liberation of marginalized individuals and fosters a balance among the values of self-determination, caring, and compassion. Such ethical choices demand critical consciousness, a process of personal and social transformation that oppressed individuals experience while alphabetizing themselves in a dialectic conversation with their world, learning to read their condition as well as authoring their own reality (Freire, 1970).

Ethnopolitical psychologists transform reality by promoting racial equity and social justice, safeguarding peaceful, respectful, and democratic processes, fostering a safe place and a good enough society to live in, developing social identity and solidarity, and encouraging global consciousness.

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Correspondence concerning this address should be addressed to Lillian Comas-Díaz, Transcultural Mental Health Institute, 1301 20th Street, NW, Suite 711, Washington, DC 20036. Electronic mail may be sent to cultura@erols.com.

References


Amnesty International denounces that police brutality in the U.S. is systematic. Società, p. 40.


