Yale Conferences and Events

RebPsych 2022

Mental Health, Captivity, and Liberation

Friday, October 21, 2022

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[End of keynote presentation]

[Parallel sessions 1]

[1A: Resistance to/Liberation from Colonial Mental Health: Psychiatric Survivors and

Mad Healers in a Global Context - Stefanie Lyn Kaufman Mthimkhulu, Jennifer Mullan, Thabiso Mthimkhulu (Gogo Ndlondlo)]

Speaker: Welcome back to RebPsych 2022. You are welcome to send any technical questions to the host at the bottom of the screen. If you have any questions, please ask those in the Q&A session. This session is being recorded.

Speaker: Wonderful. Hello everyone, I am a 4th year student at the Yale School of Medicine. I'm thrilled to host this next session of RebPsych. The title is “Resistance to/Liberation from Colonial Mental Health: Psychiatric Survivors and Mad Healers in a Global Context.” Today's speakers are Stefanie Lyn Kaufman Mthimkhulu, Dr. Jennifer Mullan, and Thabiso Mthimkhulu.

Stefanie Lyn Kaufman Mthimkhulu is a white, queer and non-binary, Disabled, neurodivergent care worker and educator of Ashkenazi Jewish and Boricua ascent. They are rooted in a historical and political lineage of Disability Justice and Mad Liberation; and show up for their communities as the Executive Director of Project LETS, an organizer, parent, doula, peer supporter, writer, and conflict intervention facilitator. Their work specializes in building non-carceral, peer-led mental health care systems that exist outside of the state, reimagining everything we’ve come to learn about mental distress, and supporting care workers in building access-centered, trauma responsive practices that support whole body mind healing.

Thabiso Mthimkhulu is an Indigenous Zulu, Ndebele, and Swazi sangoma — born and raised in Swaziland. Gogo Ndlondo was raised in a family of healers who hold a great body of knowledge and wisdom of traditional Southern African herbal and ancestral medicine.

Gogo Ndlondo experienced his calling illness, known as ukuthwasa, as a young child — seeing spirits, hearing voices, time traveling, having visions, and prophesizing about the future. His access to other realities and ancestral realms was affirmed within his cultural worldview, where his family and community recognized his soul calling as a sangoma— to continue practicing and carrying out this lineage of important healing medicine.

Gogo Ndlondlo spent his life in training, and formally engaged in a multi-year apprenticeship process in Barberton, South Africa. He completed his initiation and crossed the sea under the brilliant guidance and mentorship of Gogo Dabulamandzi in the lineage of Khuzalingezwa Emzini Wamadoda in 2022.

Affectionately nicknamed “the Rage Doctor” by peers and clients, Dr. Jennifer Mullan is trained as a Clinical Psychologist, Ancestral Rage & Grief Guide, and a published author. As CEO and founder of Decolonizing Therapy, LLC, Dr. Mullan seeks to shift the paradigm and narrative of mental health, helping to reconnect practitioners and clients to the roots of our wounding and depth of our healing within a sociopolitical lens.

Dr. Mullan helps people return Home to themselves, their lineages, their Peoples indigenous ways of healing, and lights the fire towards collective action. She believes it’s essential for all professionals to question the relate-ability of their practices to “everyday people” and ultimately, to reassess “whom they are serving?”

To further advance this “root work”- Dr. Mullan founded Decolonizing Therapy, LLC in 2018, and since, has built a significant social media platform, including 162,000 Instagram supporters, and growing often shouting: “Everything is Political!” She has been featured in Allure, GQ, The Today Show, The Calgary Journal, and was selected by ESSENCE Magazine to receive the 2020 Essential Hero Award, in the category of Mental Health.

We have some ground rules before starting. This will be a presentation followed by some Q&A. If folks want to access closed captioning, be sure to select the CC on your menu below if you're tuning in from home. If you have other access needs, please reach out and let me know.

For Q&A, we have "to take space" and "make space." Use "I" statements instead of generalizing. Be sure to avoid graphic details of psychiatric distress that may be re-traumatizing. With that, I will share the stage with our wonderful presenters.

Stefanie Lyn Kaufman Mthimkhulu: Thank you to everyone who is showing up in person and virtually. I'm so deeply excited to be here and be in conversation with Dr. Jen and Thabiso who will be joining a bit later on for our panel discussion.

Let me get my slides together.

If folks have any issue seeing slides, please let me know. Again, I'm Stefanie. I use she and they pronouns. I'm wanting to spend the next 75-ish minutes looking at some of the ways, because there are so many different ones, that colonialism and capitalism have impacted the ways we know how to heal, and the options we have been presented with. There are the frameworks and narratives we have access to in order to understand our distress, suffering, experiences we have, etc. We're really looking at the different ways that psychiatric survivors and healers have shown up through these frameworks historically and presently.

Some of the content and experiences you may listen to may be familiar to folks. They may be new and radically different from what you're used to. If you are on the latter end of the spectrum, I encourage folks to make note of places that feel activating or challenging compared to your education. I think that what you will hear today from our panelists, and hopefully from what I share, will be really challenging information but offer a lot of opportunity for growth and reimagining. I believe we have a lot of reimagining we need to do. We will move into a panel decision with Dr. Jenn and Thabiso shortly. I want to move through some framework grounding for us.

I first want to offer a definition and overview of sanism, which may be a new term for folks. It's a system of oppression built on the idea of adhering to consensus reality, or a reality that many people have agreed upon. This impacts people with mental illness, neurodivergent folks, Mad folks, etc. This is a definition from Kitty Sipple.

If you don't know, Mad is a term that has been negatively used against people in our community. We have reclaimed it. There are folks who identify with this language.

We are thinking about how sanism is particularly rooted in rationality, logic, etc. and other ways that are quite immeasurable and subjective. They exist in a feedback loop and with other dominant systems of oppression.

We can also think of this as a framework that works on domination. This is based on the arbitrary understanding of who is of sound mind and who is not.

Some of us may know or have some understanding about how psychiatry is rooted in cartesian separation. There is thinking that there is some kind of separation between the body and mind. The impact between the two is not necessarily important. There is thinking that the body operates like a machine.

A lot of these frameworks are rooted in eugenics, anti-Blackness, etc. We will talk about what becomes evidence based, what stays in the realm of alternative, etc. There are healing practices that don't have the ability to be peer reviewed, but we continue to invest and uphold them.

These conversations are being reinvented constantly but are not new. We are highlighting Fanon's 1967 sociodiagnostics where colonialism is what distorts human relations and makes everyone sick.

I have worked with people who have continued to have their concerns about Covid pathologized by the people they are working with, their providers, etc. There is a specific world view that sees being concerned about the pandemic as out of the norm, beyond a typical response, etc. We can see how many dynamics can play into how that shows up for folks and who is more likely to still be experiencing significant impacts from the pandemic.

Today, we are going to look at challenge what I think is so prevalent in psychiatry. We don't talk about epistemic violence enough, where you impose a world view on a person. There have been attempts to increase cultural responsiveness within mental health fields. This is something which, at the root, we have a tough time addressing because it addresses the nature of psychiatry which is based in determining what the ideal "norm" looks like.

I invite people to move into hybridism where you view the truth in more than one way or without hierarchy.

Several months ago, we saw that prolonged grief disorder was added to the newly edited version of the DSM.

In particular, I wrote a piece around why prolonged grief disorder shouldn't be considered a mental health disorder, especially during a pandemic.

I was thinking of the ways folks have been denied access to grieving properly, going through rituals, ceremonies, or social gatherings that have a lot of meaning spiritually, ancestrally, and how not having the space to grieve will have impacts on our mental health collectively and individually. How could it not?

And thinking about how the quote on the screen says, "in a culture that so often defines mental health by our ability to produce, function, work, minimally impact others, and appears as ‘normal’ as possible, however, there is no space for grief."

[See screen: full quote.]

We look at the societal conditions and pathologizing grief during a global pandemic where people have lost millions around the world.

I also want to offer a little bit of information about some of the work happening with Project LETS. We have been doing resistance work led by and for folks who are identifying, in several areas including trauma. turning to self-healing care to the dominant systems crushing us literally.

Thinking about giving folks money directly, giving folks access to medication if they need it, and interrupting material conditions has been one of the most important ways of keeping people out of confinement and captivity for us, which is so prevalent especially when folks have a mental health crisis where the options are often jail or a psychiatric facility that many consider captivity.

We have collected over 80 narratives in LETS in 2022 from individuals all over the world. We have experiences from involuntary hospitalization, forced ECT, residential treatment programs, and spiritual experiences we will look at today.

We have been working on collecting a survey from psychiatric survivors which I will share some of the results today as well. Awesome.

I want to highlight one interview in particular that felt like a particularly powerful experience for me. Being able to participate with the interview with Jade (Hui), who at the beginning felt using one name was a colonial construct giving them one concept of themself.

Having what they considered a psychotic episode, they were changing their names, names of deities, and it felt like an act of rebellion. Jade, in their diem, thought about incarceration, that you are not a danger to yourself and others. Jade said, "those who are considered normal have nothing to prove." The key is "what is normal."

I love the quote on the screen from Jade talking about the labels of Disability that are used to get by in capitalist society don't describe their experience. For example, that their first psychotic experience felt like an interdimensional journey. When they were in a different space, they felt they were dealing with different karmic lessons and had a private 2 week experience in their own head.

Increasingly folks are framing experiences in a spiritual or ancestral way, looking for a different language, but not always. There is such little space for these narratives we deserve to have these conversations. We need to be having them.

It is something considered wrong or unscientific, but even in the U.S. based psychiatric and Mad Pride movement talk about and frame experiences this way. Jade talks about the labor of having to perform sanity. I will read another quote I had.

[Reading: . . . if we allow ourselves to open up, in a world we could reach out and say I had a dream about you, and this is what happened I think it is a beautiful attempt to put together the gap of our existence.]

There are many ways to look at it. Jade's view at the end was that even though they didn't find psychiatric care helped them, spiritual help helped them and thinking of the ways we can hold more space. If you are a provider in the space, how would you respond to someone coming to your office talking about this type of spiritual journey they are on?

Would your urge be to reframe that in a medical lens, or do you have the capacity to move through that in a different way?

Alright, I have a couple of thoughts again on mentioning that some of this is not working. The current ways of helping and healing. We are seeing continual changes in mental health issues. We have other stuff to focus on today, but I can say that things are not working.

Again, there are these lineages of resistance. Looking at the work of Ignacio Martín-Baró from liberation psychology, we have liberated folks from the core root of what is aligning them and underlying suffering. Colonialism has severed many communities’ ties with their ancestral ways of healing in addition to criminalizing and later appropriating their use.

Many go into a doctor office and are suggested to do cognitive behavior therapy, and others, without knowing where these practices and lineages of spiritual practice come and situate and repurpose that as a mental health provider.

Wanting to highlight how psychology and psychiatry tend to ignore these experiences. Psychiatry means "study of the soul," but we have not had the most space for these types of conversations. Also, I want to highlight the tremendous amount of work that Indigenous folks and Black folks who are healers have done to push back against this.

One of these doctors is Dr. Maria Yellow Horse Brave Heart. She has a quote here.

[Reading quote: . . . I had a sense of carrying grief that was larger than myself and my own community . . .]

She believes this is necessary to engage ancestry in healing.

Again, capitalism is dehumanizing and has bled its way into our psychiatry. This next part is not so pleasant, so I am giving a heads up.

I want to make two points with this. We had over 150 folks who filled out this survey. The things considered most helpful often had nothing to do with the actual care within the psychiatric system. We are looking at hospitalization, residential inpatient whether people went in voluntarily or involuntarily.

Some said it got them out of their life for a moment. Some said the art activities gave them something to look forward to. Bonding with other patients. There were responses about having quicker access to a psychiatrist than in the community. There were inconsequential side effects of being in the system but not actual treatment or healing practices.

We saw over 98% use the word "traumatic" in their response. Whether describing the transport and entry, typically with restraint or police, a lot of folks talked about not attending to the intersections in their care whether it was no wheelchair access, folks forced to mandatory group therapy but had no access to interpreters.

There were folks who didn't have access to products like hair care products for their hair type. Gender and sexual violence were a narration theme. We also saw the constant referral to being "scared" to being surveilled all the time. There was a constant threat of abuse or punishment that felt out of alignment with goals of healing.

So, I really want to honor responses that come up in community, when having these conversations, thinking deeply about how our imaginations of what is possible and how healing can look like when being held captive inside the systems we have lived in.

I think so much of our work is to recognize these things should not be the standard of what is happening and it might not be the standard everywhere. Historically these experiences have been affirmed in big ways. It’s very exciting to look at ways of how we can be moving differently here.

All right, I think this is my last slide before we move into our panel discussion. Yes, it is. Let me check. Yes, let me give a heads up to Thabiso and Dr. Jenn, who will come to you shortly and uplift a book that has been really informative to me and transformative in a lot of ways.

It is *Healing the Soul Wound* by Eduardo Duran. He has a quote on the screen. "Some people live in a lifeworld non-congruent with Western norms." We see so many health systems that these western or colonial norms are the ones exported around behavior.

Certain examples of the way we tend to quote "treat" autistic children through applied behavior therapy. Children may be in 60 plus hours of therapy where their biggest therapy is eye contact and force verbal communication where they cannot do this, or it is difficult to.

It thinks about the ways, and what it means to be a quote "normal," a successful, capable person who has the capacity be independent and how that ties into the way we put children through what is later described as an experience of torture. There is that type of experience and those types of goals rather than something that looks different from that, right?

Before I diverge too much, I want to wrap this section up with how important it is to hold space for people with differences and experiences. We have folks here with different ways of knowing that exist outside a medical lens.

People may find comfort in a biological illness narrative, ancestry hurt, or recognizing their experience as a response to colonization. It's okay to feel differently at different points in time. I have not always thought the way that I do that about myself. You have space to change, shift, and evolve. That's also really healing.

Understanding that person's world view is critical. Edwardo Duran talks about trauma being an injury where blood doesn't flow. I find that a helpful visualization. There could be violence done to a family through colonization, assimilation, etc. How do those become patterns that exist, live, and thrive? What does it look like to navigate outside of a medicalization lens? Hopefully we will talk more about that.

Again, we want to hold space for something there is little space for. Folks are not saying they are neutral because they have these experiences but are in a space of using access to altered states. They are folks who may be labelled psychotic, hyper empathetic, super sensitive to the emotional, etc. They are able to tap into this and use it in our life work, to use it to become healers and helpers in our own ways.

I'm personally excited to stop talking and hear what our incredible panelists have to say. I'm going to invite them both to turn their cameras on if they are not here already.

Alright, awesome. I also have social media information for these folks on the screen. We are really honored to be joined by Dr. Jennifer Mullan and Thabiso Mthimkhulu. I'm going to pass it to both of you.

I'm going to give you an opportunity to introduce yourselves, how you're showing up today, the work you do, and any parts of your identity that feel important to share. I will start with Jenn if that feels good.

Dr. Jennifer Mullan: Hello everyone, it is such a pleasure to be here. I'm feeling rooted and grounded from hearing Stef talk about what I feel as psychiatric violence and colonial wounding on so many of these.

I'm Dr. Jenn, with pronouns she/hers. I identify as a person of mixed race. My people come from Nigeria, Ireland, etc. At a young age, I was able to See and Know.

I was able have a lot of feelings about what is fair and not. I come to you unlearning my clinical psychology ties. I have worked in community mental health as well as every imaginable carceral type unit imaginable in my 20+ years as a psychologist and as an unpaid intern. I worked with folks who harmed or were harmed, oftentimes both.

For the past 13 years, I was also working in a university setting where I was teaching for grad students. I worked in the crisis counseling center. It was much more like community mental health. We often had a 98 student wait list with three therapists. We were told to hurry it up and only see students for 2-3 sessions. Needless to say, I got in "trouble" a lot. [Laughing]

I am showing up as someone who, through the urging of the peer educators I worked with for 13 years, and did retreat with, many of whom lived in the inner cities of New Jersey, came to the realization that decolonizing therapy came through me and found me. It was an amalgamation of the poor treatment that I received when I needed services as well as the type of treatment that I was "not allowed" to engage in at times. These were things that were passed down through my lineage and my people.

Oftentimes, students, clients, participants of therapy, etc. were deeply desiring this. It was a deep communication. I will stop there. Decolonizing Therapy was formed with that. I'm happy to talk further about that for our next questions.

Stefanie Lyn Kaufman Mthimkhulu: Thank you. I will pass it over to Thabiso.

Thabiso Mthimkhulu: Hi everyone, my name is Thabiso. I was born in Swaziland and grew up there. I'm showing up today to share the work I do, which is healing people through listening to a lot of voices. Some of them are my ancestors and my clients' ancestors.

I teach people and make them understand how ancestors work. That is what I do. Thank you.

Stefanie Lyn Kaufman Mthimkhulu: Thank you for your introductions, both of ya'll.

I will be digging into all things for the next little bit. You will start with Jenn. I know you talked so much about how colonialism and white supremacy are not just historical things that impacted the mental health system but are still following today. You talk about this in your work. I think people always like specifics. I'm wondering if you can share, through your education, what you see now. How is that living and breathing through your perspective?

Dr. Jennifer Mullan: Great question. Sometimes I use humor in a dark way. Let me comment on this first. [Laughing]

Being a survivor and having been trained within this Eurocentric and colonial system, as part of a bigger racialized and neurodivergent body, there is so much healing being done. I'm still healing and holding myself accountable for the ways I engaged in this. I'm putting that out there. [Laughing]

I feel that there is every facet possible. Coloniality has seeped into every facet of the mental health industry complex. That is what it is.

We have been trained to treat, medicalize, pathologize, and look at a gaping wound bleeding out emotionally, energetically, and spiritually. Instead of getting curious about what could be deeper than the childhood issues that could be there, we will put a flesh colored band-aid on that wound. [Laughing]

We are trained by predominantly Eurocentric individuals. They are white, males, cisgendered, and straight. This goes form Freud, Jung, Bandura, etc. I have to think of these who may have been my teachers.

You are unlearning this sense of boundaries. As a social worker, you don't bring yourself into this. You should be a vehicle of healing and helping. I take that back. Healing is usually not included in our education.

We are almost mandated to give diagnoses. Again, since the last time we checked, I would say that over 50% of Black and Brown youth are diagnosed more than their white counterparts with behavioral diagnoses.

What is a behavioral diagnosis? Why do we have all of these behavioral diagnoses? I like to call them expressions, or symptoms, of something bigger. There's a disconnect or root dis-ease. We are giving them a diagnosis that will follow them through their life. There's conduct disorder, defiant disorder, etc. It's already setting them up.

I've had supervisors note this. If we're going to give someone a conduct disorder, they are likely to be diagnosed with a social disorder or be in prison in the next 5 years. We are set up not to be preventative.

I found that peer education work, bringing in spirituality, connecting with community members, including spiritual people if that is alignment with who they are, etc. can be preventive work. A lot of that is grounded in our natural indignities and families. It generally feels safer for individuals

Often, therapists, social workers, student interns, etc. get in trouble and written up for that. We are strongly discouraged. We are discouraged from standing up to the therapeutic container. If I can give an example, I remember working with a particular young woman who was dealing with grief for 10+ years.

Every day, she woke up feeling like her mother had just passed all over again. When this person came in with me, there is a part of me that feels, integrates, etc. to wonder what is happening for them. What am I hearing? How are they moving in this world?

I realized that they didn't feel safe. Even before jumping into what their presenting problem is, where we go next, and what you need, I asked what brings you safety. Is there anyone you want to bring to our sessions, someone you want to join on Zoom, how do you regulate, etc.?

She identified as Black Dominican. We talked about what that meant for her. We talked about her family's spiritual practices and how she couldn't be out as a santera or spiritualista. She had ways of healing and coping. Others thought she was "crazy" or unwell. She was called this within her family system.

We talked about ways to integrate some of the support from others into the container. Sometimes we talked in the park and shouted together. [Laughing]

Sometimes I had to do that too and sometimes was allowed to do with permission. I could go on. I want to limit myself and not take up too much space. I want to say accountability was important. I was being held accountable, perhaps not by the systems trying to confine or cage how we did wellness or healing, but accountable by a community, a consulting community group, by another antiracists/anti-oppressive workers, and peer support, and also my spiritual community.

There were multiple ways in which my work and the way I was engage was being held, contained. They understood that big emotions often pathologized like rage, or I call “sacred rage.” You spoke to Yellow Horse, one of my teachers, and post-colonial psychiatry changed my life. And [Name] changed my life.

In 2009, when writing my dissertation, I felt seen. I think it is time for mental health workers need to learn and unlearn. We come from shamans, healers, and more. We are yearning for that connection and learn how to "heal" and not just to treat.

Stefanie Lyn Kaufman Mthimkhulu: Perfect transition. Thank you so much for sharing all of that. I will be reflecting on so many things. I think one thing present for me is that when talking about this demand of the system you keep yourself out of it.

I think that from what I know of Thabiso's work, it feels like quite the opposite where you are in it. You just talked a little bit, Thabiso, about how some of the voices in your head and some of your ancestors help you in your healing work. I wonder if you can talk about how that looks like how your voices inform your work.

If you could generally talk about your experiences now or growing up and talk about what you were hearing/seeing voices in your head and how it made understanding for yourself. That is like two questions in one, but I will pass it to you.

Thabiso Mthimkhulu: Growing up hearing voices, I will say I was lucky because at home it was something everyone was used to. They say it is a calling because every time you wake up you will be saying what you saw at night, and they would interpret that.

When I was growing up, I realized I was different. Not every family lives like that. We were just a different family. It has been very, very hard because when you go into some spaces and my ancestors would be telling me some things, I would think, “should I say this thing, or they will just take me away once I say it?”

I will say, you know, I feel very bad for a lot of kids, a lot of people, who have been feeling these feelings and seeing these things and hearing the voices of their ancestors, and when they try to share these things that don't make any sense at that time, they will take them away without reaching and searching more about it and going deep into it asking that person what's going on.

I don't believe that a brain will just lose it without any reason. I don't know if that answers your question.

Stefanie Lyn Kaufman Mthimkhulu: It definitely does. It does. I think building off of that, I would love to hear ya'll talk about how ancestors, intergenerational trauma, spiritual healing, etc., how that feels important when it comes to mental health. What are the connections for you there? We will start with Jen.

Dr. Jennifer Mullan: Yes, thank you. I just want to say these questions are so refreshing. [Laughs.]

It just feels so light. Yes, well, allow me to say it is my belief, and I have been able to witness in hundreds if not thousands of people I have had the honor of working with and co-creating healing spaces, that when there are certain diseases or areas of unwellness that don't go away with traditional therapy, it is because there is space for that and there is space for the way we look at things. There is space for black and white thinking and catastrophizing which are great first steps.

Often people at poverty level, are historically ignored and disenfranchised, and do not have the money to go to a specific coach working on blank-blank-blank, or historical work. Often what I find is that traditional Eurocentric mental health can be okay. We can have great social workers and psychologist stuck in these systems.

I can't tell you how many times I have had social workers or psychologists who say Dr. Jen, there is something here. They begrudgingly working with DBT, EMDR, and this and that, and there is something deeper. I look at historical and intergenerational trauma pieces with violence and particularly on Black and Brown bodies.

I see it as a trauma burger. If you are a vegan, put a sweet potato or tofu in there. [Joke/joking.]

In the middle of that burger or patty is current trauma, whatever is happening. We are seeing higher rates of anxiety diagnosed. Isn't it normal, whatever it is, to have anxiety with so much violence?

You have trauma in our life and then the top of the bun is the root, or what I call the historical piece. I believe this disconnect from home, separation from the practices of when our people woke up (did they tent to the land, get clean water from the well, go with elders, praise the earth?), etc. is the cause.

We are separating our people from where people thrived in. There is violence, colonization, and removal from the land. It is historical trauma that can often, but not always, be generationally passed down. That is a whole other workshop. There are direct and indirect methods that are transmitted.

What we're interested in is epigenetics. We won't get into that, but those markers are telling us a lot and why we see abuse patterns one generation to the next. What we start also seeing is these deep rooted spaces want air to breathe. They want to be talked about.

Our ancestors’ stories want to be heard. We want to talk about how our dignity was brought back, how we fought among each other. There are the Irish, Dutch, African, indentured servitude, etc. I want to say some of the ways current therapists are taught to think in this diagnostic DSM category.

There is use for that in certain spaces and I will acknowledge it makes me and others think about other people go through this and that we are not alone, but it is extremely limiting and confining. As I was saying before, sometimes I felt almost forced and had to fight to say no, "these are not auditory hallucinations."

I was thoroughly assessing a person talking about whether the voices were telling them to harm themselves or others, were the voices inside or outside, or sound like someone they knew. Did they have an account? Did it look like them? Did they feel in their body or more grounded?

There are so many questions we are not intuitively taught to ask. We are taught to fear because we don't understand it and it is not quote unquote "normal" on the continuum and they are hospitalized. As we know hospitalizations are often very, very violent.

I hope that answers your question, Stef.

Stefanie Lyn Kaufman Mthimkhulu: Yes, it did, Jen. Thank you. You can go off. You could go on all day. So much wisdom.

Thabiso, I want to ask the similar question. What are the impacts of being separated from the land we come from and from those traditional practices? You come from a cultural perspective where certain people who are experiencing what we've come to know as mental illness are identified as being healers going through rituals.

You talked about having ancestors, what does that look like? How does it impact people? And what is your importance that the knowledge you gained is through an oral tradition, survived, not written down for many, many years? Thinking of the importance of being connected to your land, the traditional processes, and what it looks like to be affected by ancestors. I think that might be new for folks.

You are muted. You will need to unmute.

Thabiso Mthimkhulu: Oh, sorry about that.

Thank you for the question. You are asking me this and my brain is working. There are a lot of answers. In my culture, when a baby is born, we believe it is a present from our ancestors. We believe there are babies born with their hands folded because they are carrying their gift.

When a kid is being born, they don't just decide you will be a doctor, you will be this, this, a pilot, and start shaping your world since you are a kid. So, in my culture when you grow up you will be just a kid, you will be free, and you will tell your parents everything happening in your body, even if you are seeing things which is something that usually happens.

I will say for me, that was happening. When I see something, I will tell my mom, I will tell my father. It got to the point I started seeing my ancestors, the people who were dead. They didn't just start showing up. At first it was animals. Because I was in my family, I was in a place where that thing was known so it was easy to navigate that.

They raised me and taught me how to understand what the signs are to see my ancestors. They scream sometimes. You see things some people don't see. Some things won't happen right away, and it won't make any sense up until it affects someone around you, and you are like, “oh, wow, you talked about this.”

In some places, they will say that only to find you are already gone. You know. So, I can say that a lot, like this colonization thing destroyed a lot of things. It changed the whole world to view someone like me as the wrong person, someone who is scary, only to find what they say to me. That scary person it is what their body craves.

To scream, to dream, to see things when they sleep, to be alerted and to know, it feels good but in some places it is dangerous. I know there are a lot of people who are in a psych ward right now and they have ancestors and see things. If you can sit down and ask them, okay, you see things, what do you see to me?

Tell me what they see and see in maybe 2% or 50% might be correct about your life, then you will tell me that person is crazy, I will say no. I will end there.

Stefanie Lyn Kaufman Mthimkhulu: Thank you so much. I'm looking at the time. I see a question in the chat that I want to ask you both to comment on.

It says, "thank you so much. As someone deeply invested in western and colonial ways of knowing, and knowledge, as my own skepticism knows about these systems, there is a deep desire to undo the harm caused in so-called mental healthcare. I often have uncertainty about doing harm when leaving the evidence based path. How do you check the quality of your work?"

I'm interpreting this question and thinking about how you know if you're doing the right thing when you are trying something new, or challenging systems where there is not a path that has been paid out before you. I don't know if you have thoughts. I'll start with Jenn.

Dr. Jennifer Mullan: Thanks, Stef. Great question, and I think it's an important question. I frequently say this. My students would laugh.

I frequently say my primary ethics are to the people I serve the building this community is on. That's first and foremost. I think it's important to check in with us on where we are in the divesting from western colonial ways practiced. I'm still unlearning, if that makes sense. Every time I find myself up against another, choice, decision, title, certification, etc. I have to ask where I learned it, who I learned it from, who taught me this is the way I should do work or healing, etc. I like to tell people that this is a long term journey.

The process I speak of is the emotional component that goes along with decolonizing and giving land back. It's the emotional and energetic unlearning. I see it as an alien and host. We're pulling ourselves gently from it. If we pull out, we often hurt ourselves. We see this with addiction. If we ask someone to go cold turkey, it can kill them. I ask people to do this gently and to be honest about our capacity. Straddle one world and another.

Let's not promise anything to the world. We may move from a more internalized racial way. We may have internalized that white supremacy. I've had people ask if they can put that they are a decolonizing therapist. I say you can but please don't. How do you decolonize an inherently problematic structure? We can slowly divest, reclaim, and recenter it.

I want to address the question at the bottom, about how to maintain confidence in your path and check the quality of your work. I think it's about accountability. Accountability is primary and key.

One of the most healing ways I have found accountability is by co-creating intergenerational or generational groups. We have later career therapists, healers, and practitioners. They are in groups with early career as well as students. If and when possible, you can have people pop on who are not students but are providers of our services. We're learning and elevating each other that way.

I also recommend that therapists who are trying to divest think about what the person wants. Confidentiality is always without question. I found that people who I work with are proud of the work and okay with this. What does okay look like for you?

Here's another thing I have divested from. I know this is super controversial. I find it harmful to cut off with people we serve and say we can't talk to them for 2-3 years. I find ways to cover your behind if you're still in that world and make sure you are in contact with people. That's an attachment wound.

When my therapist of 10 years was like, "that's it." I'm like, "I won't know how your dog is, or if you're well? I knew you for 10 years. How can I thrive? It's not possible!" I realized it was just as harmful for me with that attachment wound where I can't engage with them. I can't write an email and have them write back one line. That felt very Eurocentric, colonial, and harmful. I wanted to share that.

Decolonizing Therapy will be co-creating groups where people can discuss this kind of thing and receive support in the transition, because it's difficult.

Stefanie Lyn Kaufman Mthimkhulu: Thank you for all of that. There's so much to process. I'm sure folks will be processing for a good bit of time.

As we're wrapping up here, I want to ask the same question to you, Thabiso. How do you trust your healers? How do you trust your teachers? Where have you gotten your knowledge from? How do you know you're on the right path with your own healing work, personal healing work, and maintaining integrity in the work you do? Do you have thoughts on that?

Thabiso Mthimkhulu: For me, confidence and trust started while growing up. It started at home. There were a lot of people who came to get help. It was routine. I would say it runs in my blood. It raised you up. It was done when you were not born. You grew up in it. You are that thing.

Listening to yourself, and listening to your ancestors, gives you confidence. When you listen to your ancestors, you always see the way forward. Listening to your ancestors involves making peace. If you believe your ancestors, you know you have piece. You will solve a problem you have. [Audio cutting out]

It's stuff like that. For me, everything was routine. I would say you should listen to your ancestors and not just take a step. Consult with someone else, even if they are younger and smaller than you. Consult and check it in that way. It would be good.

Stefanie Lyn Kaufman Mthimkhulu: Thank you both so much. I think we're about at time. I'm going to end here. I want to thank Thabiso and Jenn for being here and sharing your stories, experiences, work, etc.

I could be with conversation with both of you all day. Thank you for spending your time here. I'm going to put some contact information on the screen for folks along with some ways to be in touch. I hope you all enjoyed the knowledge that was shared. Thank you for coming, both virtually and in person. I appreciate you all.

Speaker: Thank you all for a wonderful presentation. If you could, give a round of applause.

[Applause]

Speaker: If you guys have further questions, all their contact information is up. Their presentation and recording will be made publicly available later. From 1:30-1:45, for our in person folks, we will have a break. Feel free to go to the restroom, grab an extra meal or lunch if you haven't, and there is another session at 1:45. There are sessions in the Hope and Brady building. If you are having a hard time getting there, flag me down.

We had a bit of our issue with the QR code. That is resolved. If you re-scan it, we have a session that will take place in Hope 216 on drugs, dysphoria, etc. Thank you so much, folks.

[End of parallel session 1A]