**Article Title**

Unsettling Orthodoxy via Epistemological Jailbreak:

Rethinking Childhood, Psychology, and Wellbeing from the Caribbean

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**Abstract**

This article offers a critical overview of the coloniality of the broad fields of psychology and global mental health, as well as advocates anti-colonial approaches to childhood studies and wellness that move beyond Western frameworks and Eurocentric models. More specifically, by drawing upon transformative approaches to wellbeing being practiced by mental health promoters from the Caribbean who are committed to decolonisation, we propose, via the notion of ‘epistemological jailbreak,’ that researchers commit to more inclusive, emancipatory, and praxis-driven research agendas that decentre the hegemony of liberal worldviews and disrupt the homogenising tendencies of conventional knowledge production. To do so, we first provide a brief summary of the ways in which colonial power has shaped global health before contextualising Caribbean realities and castling light on the neuro- and Eurocentrism of childhood development. Next, we detail the multifaceted intricacies and complexities that characterise childhood throughout the Caribbean before concluding with examples of how researchers in the region and beyond are advancing both pluralistic notions and historical-material analyses of wellbeing through anti-colonial and Indigenous approaches to childhood development, cultural therapy, and community health.

**Keywords:**

Caribbean; coloniality; childhood and youth studies; mental health; wellbeing

# Introduction

Colonial power has shaped the world as we know and live in it, as well as prevailing notions of ‘modernity,’ ‘development,’ and even being. As a result, liberal (individualistic) ways of existing-thinking have become the hegemonic standard against which all ‘Other’ ontologies and epistemologies are measured. In short, coloniality endures. This is true not only in contemporary taken-for-granted social relations that perpetuate and normalise the race-, gender-, and class-based forms of domination that defined colonialism, but also the production and subsequent legitimation of ‘knowledge.’ The neuro and psy sciences are no exception as they increasingly inform how ‘youth’ and ‘childhood’ are defined and studied.[[1]](#endnote-1) In particular, Western neuropsychological models of child and adolescent development are readily applied to a variety of health practices and policies in the field of ‘global mental health,’ which tacitly delineate who is labelled developmentally ‘normal’ and ‘healthy’ from who is not. This prompts the question: Just who is represented by the term ‘global’ here?

In answering this query, it is obvious that the epistemic processes and situated perspectives of historically oppressed groups in Majority World settings offer generative Southern standpoints from which to unsettle and transform orthodox ‘scientific’ understandings of ‘global’ health, wellbeing, and even childhood. Accordingly, by focusing on a Caribbean context, this article draws upon critical medical humanities and emancipatory thought to challenge and depart from the Eurocentric framings of childhood and adolescence that typically dominate the neuro and psy sciences. Specifically, via centring the transformative ideas of radical mental health promoters from the Caribbean who work with Afrodescendant communities, we propose alternative, anti-colonial approaches to psychospiritual wellbeing for the purpose of constructing more pluralistic, culturally safe, and relevant understandings of childhood and youth studies.

# Contextualising Caribbean Realities

The historical, social, and political story of the Caribbean is as unique as it is complex. Despite having a history defined by invasion, dispossession, and domination at the hands of an array of colonial powers––as well as resistance to those forces––the struggle for control over the Caribbean continues. Historically, imperialists across the region sought to (re)shape Caribbean environments, economies, populations, and significantly, subjectivities, by imposing oppressive social structures, establishing hierarchical anti-democratic institutions, and appointing administrators and leaders in their own image. The crimes of colonisers who have targeted the region include, inter alia, the attempted yet unsuccessful genocidal eradication of Indigenous populations; the deracination, forced migration, and enslavement of African people; the indentureship of varying South Asian groups; and the extractivist exploitation of nature, ecosystems, and the environment (Hickling, Matthies, Morgan and Gibson, 2008).

However, throughout its history, the people of the Caribbean have engaged in liberation struggles in the face of colonialism, imperialism, and more recently, dependency (Girvan, 2005; 2006). Home-grown rebellions and revolts such as the Haitian resistance to generations of foreign invasion and intervention, establishment of Maroon communities, Cuban revolution, New JEWEL (Joint Endeavor for Welfare, Education, and Liberation) Movement of Grenada, emergence of Rastafarianism, and survival of numerous Indigenous groups across the region further confound the absence of a single socio-political or cultural paradigm that would characterise the entire Caribbean (Briceño-Ruiz, 2013; Hillman and D’Agostino, 2009). Similarly, creolised cultural expressions of religious or spiritual beliefs are those commonly of syncretic processes; reconciling African, Indigenous, and South Asian belief systems with those of the European religious traditions (Capparella, 2020). As noted by Gordan Lewis, the Caribbean is ‘a society founded on the gross exploitation, in the name of Christianity, of both Antillean Indian and African black people’ (1987, 89), meaning the role of ancestral connection, kinship, and spirituality all remain essential in preserving the region’s diverse cultural heritage(s) and overall psychosocial wellbeing.

As a result of the Caribbean’s historical trajectories of both colonialism and resistance, the region is now marked by heterogeneity, hybridity, haunting, and ongoing struggles for hegemony. And whilst the Caribbean is certainly defined by resilience, creative expression, and vibrancy, it is undeniable that Western norms, liberal values, and bourgeois respectability politics continue to influence Caribbean institutions, social relations, and knowledge systems as well. Understanding the lasting material and psychosocial consequences and intergenerational traumas of enslavement, the plantation system, colonialism, indentureship, and processes through which independence (or pseudo-independence) have been gained is vital to understanding the psychologies of Caribbean people and the region’s diaspora (Ferguson, 2016). As Jackson (2012) has noted, overcoming the deeply embedded imperial and authoritarian legacies of colonial power across the region has proven exceedingly difficult. Despite this, there are similarities across common historical themes, geopolitical and sociocultural contexts, and economic experiences that reflect the solidaristic politics which can be found in other similar postcolonial circumstances. As summarised by Hillman and D’Angostino (1992), the Caribbean embodies a recurring theme of ‘unity in diversity,’ suggesting that regional parallels in the legacies of colonialism, slavery, plantation bondage, Eurocentric values, and challenges of transitioning to economic and political independence contribute to a shared sense of Caribbean’ness––one that is vareigating yet communal, shaped by collective struggle, and shares liberatory aims and aspirations.

# Theoretical Framework and Scholarly Context

In considering and taking seriously the above noted historical and structural realities of the Caribbean, we consider alternative ways of knowing and practicing psychology, childhood, and wellbeing from a regional standpoint. In so doing and similar to liberation psychologists Watkins and Shulman (2008, 47), we are endeavouring to facilitate an epistemological ‘jailbreak’ apropos emancipatory approaches to psychology and childhood studies from the Global South in which that which ‘is imprisoned in silence, yearning, and marginalization, will have a chance to escape into image, language, symbol, performance, and action.’ The metaphor of a ‘jailbreak’ here is central to the politics and spirit of our work, particularly given the pluralistic Caribbean contexts from which we write. That is, if colonial power, historically, as well as the contemporary coloniality of knowledge production writ large are responsible for the capture, confinement, and foreclosure of possibilities with respect to Southern and Subaltern ideas about what it means to *be* human, well, and a child, then it is only necessary that these captive and caged approaches, like the ontologies of Indigenous and Afrodescendant peoples in the Caribbean, be liberated and set free. On this point, one of the primary goals we share in penning this paper is to aid and abet such a ‘jailbreak’ and be accomplices to the ‘crime’ of unsettling the status quo of ‘global mental health.’ Indeed, as Fanon (1963, 149) reminds us,

Perhaps it has not been sufficiently demonstrated that colonialism is not content merely to impose its law on the colonized country’s present and future. Colonialism is not satisfied with *snaring the people in its net* or of draining the colonized brain of any form or substance. With a kind of perverted logic, it turns its attention to the past of the colonized people and distorts it, disfigures it, and destroys it [emphasis added].

In acknowledging and remaining beholden to the life-giving potential of the region’s diverse and multifaceted histories, as well as in attempting to animate an epistemological jailbreak and liberate (in what is an admittedly modest and small manner) Southern ways of knowing from the colonial nets in which they have been ensnared, we avoid presenting a singular Caribbean psyche or monolithic notion of childhood in any essentialist way. Rather, we recognise the attendant convergences, tensions, and complexities that have influenced concepts, theories, and epistemologies emerging from the region. Accordingly, by focusing on a Caribbean context, this piece departs from Eurocentric framings of childhood and adolescence that typically dominate the neuro/psy sciences by both highlighting and calling for anti-colonial alternatives that are situated in Southern knowledges and communities, as well as that are culturally safe and relevant to the constituencies they are meant to serve.

For decades now, Caribbean scholars have researched psychology, psychiatric practice, and childhood from a dedicated anti-colonial and arguably anti-neoliberal vantage point, which has prompted a clarion call for more therapeutic interventions and public health policies that are ‘decolonial and deinstitutionalised’ (Hickling, Gibson, and Hutchinson, 2013). By closely attending to the psychological impacts of colonialism and the aetiology of mental health conditions that emerge for Caribbean people (both within the region and diaspora), Hickling, Gibson, and Hutchinson (2013) suggest we can see the environmental factors that shape mental health and psychological development wherein the postcolonial challenge is to seek liberation from the mechanisms of Europe and coloniality (Hickling and Hutchinson, 2000, 94). In this vein, Sutherland (2011, 1175) argues that an ‘African-centred and constructionist viewpoint is argued to be of utility in addressing the psychological growth and development of people of African descent living in the Americas and Caribbean.’ The indigenisation of mental health research, praxis, and policy thereby requires the deconstruction of liberal interpretations and Eurocentric representations of childhood and the development of culture-based, liberatory childhood studies and psychological interventions (Marfo, 2011).

Notably, Euro-American frameworks have been extensively criticised, both from the Global South (Adams and Estrada-Villalta, 2017; Kessi and Boonzaier, 2018; Twum-Danso Imoh, 2016) and within the Global North (Chen and Eisenberg, 2012; Roberts et al., 2020), for offering and promoting greatly oversimplified classifications of critically complex social structures (Tatlow‐Golden and Montgomery, 2021); failing to pay adequate attention to the agency, autonomy, and rights of children in varying cultural contexts (Helwig and Turiel, 2017; Woodhead, M,2009); and for fixating on participants from/in WEIRD (Western, Educated, Industrialised, Rich, Democratic) backgrounds and settings (Heinrich, 2020; Nielsen et al., 2017). By focusing on Afro-Caribbean realities in the region, then, health researchers and practitioners can better analyse and establish necessary interventions that are tailored to the unique needs and desires of particular communities––communities that were targeted by empire continue to experience explicit racial discrimination, classism, and structural violence. We highlight some of these efforts in the sections to come.

And whilst we (re)imagine more historically informed, socially just, and culturally-situated and -safe informed approaches to psychology and childhood studies, we must simultaneously consider what makes these fields problematic when applied universally. One way to do this is by examining the principles, values, and norms of each––as well as the historical and cultural milieu from which they emerged. Reductive normative framings of childhood development and epistemic values coalescing around universalising, individualistic, and ‘rational’ explanations of human experience underlie the mainstream study and practices of the psyche. Moreover, problematic grand narratives vis-a-vis human *being* and childhood are most evidently seen through the dominance of behavioural and neuro-cognitive paradigms that are frequently divorced from the sociocultural and historical contexts of global populations. In the following section, we discuss several principal assumptions within contemporary mainstream psychology and childhood studies and their limitations in a Caribbean context.

# Neuro- and Eurocentrism: Dominant Frameworks of Childhood Development

In his essay *Brainhood, Anthropological Figure of Modernity*, Vidal (2009) contends that the expansion of neuroscience in explicating human experience has produced the notion of ‘brainhood’––the idea that, rather than simply possessing brains, humans ultimately are their brains. In particular, brainhood is increasingly informing how we conceptualise childhood and adolescence as exemplified by the growing field of developmental cognitive neuroscience, which focuses on brain development (and its wider implications) from infancy through to adulthood. However, writing in the inaugural editorial for the journal dedicated to this field, Blakemore et al (2011) claim that advancing our understanding of ‘normal and abnormal’ brain development enables the elucidation of the social policy implications attached to this area of study. Therefore, we see an inherent consequence of such a project is the application of developmental cognitive neuroscience to inform social life.

We are already witnessing the ready translation of the neuro and psy disciplines to various arenas of young people’s lives such as education policy and practice, legal systems, healthcare, and even evidence-based parenting programmes and family policy (Lowe, Lee and Macvarish, 2015). The application of the ‘new brain sciences’ (Abi-Rached, 2008) to a variety of social and institutional domains is of particular concern when we consider that such models of child development are predicated upon pre-defined Western assumptions of what it means to exist in the world as a child and to emerge into society as a fully functioning adult. However, such attempts are not simply historic as they have enduring legacies, particularly in Euro-American understandings of the developing brain, child, and self. Speaking more recently on this point, Vidal (2009, 11) writes:

Brainhood seems to be an exclusively Western phenomenon, albeit now universally exported through the globalization of originally European forms of science and medicine. As far as I can tell, no other culture has proposed the reducibility of self to an organ of the body. But ‘Western culture’ is a dynamic process that includes the very notion of self, and the emergence of brainhood is part and parcel of the history of views about selfhood.

The concept of (neuro)psychologisation[[2]](#endnote-2) (De Vos, 2012; 2016) provides a framework from which to interrogate the global reach of neuro/psy vocabulary and explanatory frameworks into all spheres of human life. As argued by Jan De Vos (2016), the problem is not simply that there is too much psychology (although this is a part of the argument being made) but that the neuro/psy disciplines are becoming increasingly hegemonic in their evergrowing social and cultural influence. De Vos notes that not only does increasing neuro/psy discourse obstruct ‘straightforward and genuine ways of living’ but the misuse of psychology for broader politico-economic advancement is inherent within the disciplines and always at play; for example, socio-cultural discourse effecting individualised and neoliberal ways of being, the pharmaceutical industry requiring psychologically distressed subjects, or even national governments use of psychology professionals aiding and advising on the torture of prisoners by military forces (De Vos, 2012).

Rather than a neutral body of knowledge that explains subjective phenomena, critiques of psychologisation present the neuro/psy disciplines, when entangled with power mechanisms and economic processes, as the central paradigm and discourse of contemporary biopolitics and the management of life itself (Abi-Rached and Rose, 2013). Crucially, De Vos (2012, 8) argues that psychology is not merely a tool used within politics and economics but rather ‘…in modernity politics and economics are themselves always already psychological. Moreover, we can see this biopolitical manoeuvre when we consider that conceptualisations of childhood and youth are intimately tied to colonial preoccupations with prevailing liberal notions of modernity, development, and civilisation (Burman, 2016; Lesko, 2012). The study of adolescence is of particular note here. Within his influential work, American psychologist G.S. Hall (1904) defines this life stage as *‘strum and strang’* (storm and stress), which subsequently prompted scientific interest in young people and their biopsychosocial development (Lesko, 2012). However, Hall’s (1904) two-volume work was developed during a particular historical milieu and thus reflected the growing influence of evolutionary theory, particularly that of ‘recapitulation.’ According to Haeckels (1874), individual development *recapitulated*––or mimicked––that of the entire human species. In other words, moving from ‘primitive’ and ‘savage’ states towards ‘civilisation.’ Specifically, Hall equated children to ‘savages,’ adolescents to ‘nomads,’ and finally adults as ‘civilised’ peoples. Hall referred to people of African, Indian, and Chinese origin as the ‘adolescent races,’ with European and American societies as civilised and mature. Recapitulation theory demarcated adolescence as the pivotal moment when an individual ‘…leaped to a developed, superior, Western selfhood or remained arrested in a savage state’ (Lesko, 2012, 34). Through such discourse, the current conceptualisations of childhood and youth emerged out of Western cultural and scientific concerns for race and social classification, denoting what it means to be a civilised subject. This privileging of childhood and medicalisation of the family are what have laid the foundations for the impetus seen in childhood and adolescent research and practice today (Burman, 2016; Rose, 1999).

Taken together, Eurocentric models of childhood, along with the reducibility of the self to one organ––the brain––provides a very specific and exclusive account of what it means to be a young person in the 21st Century. In Western (neuro)psychology’s attempts to rid themselves of the psyche all together, De Vos (2012, 7) questions whether ‘the psychic and subjective dimension [of psychology] has to be contained by mainstream discourse because of the dangerous, political dimensions they harbour?’. To this we could add the emancipatory potential of the psyche that, whilst claiming epistemic authority over what it means to be human, neuro/psy discourse runs the risk of ‘veiling’ the complexity and fullness of being human. Furthermore, the dominance of such accounts precludes various Southern/Subaltern ontologies, epistemologies, and methodologies (e.g., those of the Majority World) when considering what it means to know and understand childhood (Liebel, 2020). If principles of personhood are founded upon ‘European forms of science and medicine’ then its expansion into ‘the global’ begs the question of who and what values are being represented in these hegemonic theoretical and conceptual models of childhood and youth.

# Moving Beyond Western Assumptions and Eurocentric Models

The colonial overtones within discourses of child and adolescent development can be understood in two ways. Firstly, as a project of Euro-American origins, child development studies attempt to delineate a universal, global understanding of childhood. The neuropsychological study of children has foregrounded the idea that ‘developmentalism’ is characterised by linear and incremental progression, thus demonstrating the assumed universal inferiority of childhood and superiority of adulthood (Rollo, 2016). Secondly, the demarcation of youth has become a synonym for ‘Other,’ ‘savage,’ or ‘uncivilised’––as presented in the work of G.S. Hall (1904). Such paternalistic sentiments continue to have implications for how social relations, practices, and institutions around children are organised today (Liebel, 2020). For example, Murris (2018, 2) suggests that modern schooling positions children as knowledge recipients/consumers and not producers/generators since children are assumed to be ‘…(still) developing, (still) innocent, (still) fragile, (still) immature, (still) irrational, and so forth.’ Consequently, notions of risk and vulnerability have become synonymous with childhood.

With Western child psychology upholding a model of humanity that supports an incremental, linear, and normative view of development––one that is grounded in positivistic and naturalised processes––we see that coloniality and deficit frameworks of the child (i.e., in a state of becoming adult/human) are intimately entangled. Rollo (2016, 2) explains that it is precisely the configuration of childhood as inferior that is the intrinsic internal logic that legitimated colonial superiority and the notion of the ontological ‘Other’:

The idea of a telos of progress from animal child to human adult is both a historical and conceptual antecedent of the idea of European civilization, prefiguring its stories about maturation and progress from cultural ignorance to enlightenment.

With colonialism and developmental approaches to understanding the child emerging within Europe around similar time spans (Nieuwenhuys, 2013, 5), there is an intricate and complex confluence between imperialism, racialism, and the institutionalisation of childhood (Cannella and Viruru, 2004). Further, dominant psychological developmental theories and related practices prepare children for a capitalist economic workforce and have an Eurocentric evolutionary bias (Burman, 2016). In other words, ‘developmentalism’––both in the sense of the child and as a theoretical global force––is colonial recapitulation theory redux: a child’s intellectual development is compared with (‘recapitulates’) the development of the species, usefully transitioning from ‘savage’ to ‘civilized.’ As such, processes of racial differentiation underpin contemporary psychological understandings of the child (Oswell, 2013).

The hegemony of Western epistemologies of and for child psychology is all the more concerning when we consider its close links with the advancing efforts towards global mental health (Bemme and Kirmayer, 2020; Mills, 2014). By standardising the Westernised configuration brainhood, and by virtue of how brainhood is conceived, i.e. as a totalising (yet actually limited and narrow) frame for the whole of humanity, we end up with liberal (individualising) ways of being and thinking as the prevailing standard against which all ‘Other’ ontologies and epistemologies are measured; delineating who is considered developmentally ‘normal’ and ‘healthy’ from who is not. Therefore, considering the dominance of ‘brainhood’ within childhood discourse and its ubiquitous implications, critical examination of such universalising theories and models of child development are much needed. With little critical research on how these frameworks apply to the Majority World, this prompts the question of who is represented by the term ‘global’?

Childhood(s) within postcolonial contexts can be understood as part of a global history that reconstructs the different and fluctuating living conditions, lifestyles, and ways of being of people worldwide (Pasura et al, 2013). However, such singular attempts to conceive a global or universal child are based on the ideological pattern of ‘Western modernism’ (Stearns, 2006) and limited to the ‘Western world’ (Fass, 2007; 2012; Fass and Grossberg, 2011). Notably, developmental frameworks of childhood do not account for this variety and complexity of human development and experience (Twum-Danso Imoh, 2016), which brings into question their value in instances such as global mental health, intersectional public health approaches, transcultural psychiatry, as well as the vast array of medical and educational assessment tools frequently used to evaluate the functioning of children. Indeed, coloniality persists in the production and subsequent legitimation of knowledge surrounding children. Rabello de Castro (2020) calls for decolonial contributions that problematise contemporary knowledge production of Eurocentric accounts of childhood. Pointing to the fact that ‘the vast majority of the population of children up to 15 years of age live in Southern countries,’ Rabello de Castro argues that childhood knowledge produced in the Global North and framed by Western-imperialist agendas remains politically fraught and culturally inconsequential regarding how ‘Others’ conceptualise, embody, and relate to the notion of childhood. In turn, given the coloniality of psychology and childhood studies outlined above, it becomes crucial to reorient and (re)centre knowledge production apropos approaches to childhood so that more fulsome accounts are afforded, and more justice is done, to local and regional settings that have historically been marginalised or silenced by academia’s Euro-American orthodoxy.

# Caribbean Childhoods: Challenges and Complexities

## Plural yet Neoliberal Realities

The psychosocial experiences of Caribbean people have been missing from or minimised in the generally accepted discourse of global psychology (Roopnarine and Chadee, 2016). Accordingly, the central task for a Caribbean psychology is devising and promoting theories and approaches that do not solely rely upon Eurocentric frames vis-a-vis childhood. Meaning, a Caribbean psychology of childhood must consider the impacts of imperialism, enslavement, plantation relations, patriarchy, modernisation, racial hierarchies, and class strata in its conceptualisation of childhood development, agency, and ‘risk.’ In other words, given the region’s varied yet ongoing histories of exploitation and domination, not to mention traditions of resistance and struggle, developing emancipatory approaches to childhood psychology in the Caribbean is an explicitly political project. Indeed, it would focus on a plurality of cultural traditions (e.g. familial structures, child-rearing practices, extended kinship bonds, proverbs, folklore, linguistics) whilst simultaneously attending to geopolitics, power relations, and the socio-cultural norms and values that continue to (re)shape present-day Caribbean realities. In the region’s contemporary moment, this necessitates dissecting the role neoliberalism has had not only on the region’s economies, but also on its people, youth, and communities.

Neoliberalism, as a political-economic and socio-cultural paradigm, practice, and regime of truth in the 21st Century, was not built on notions of mutuality, camaraderie, kindness, justice, or interdependency. Contrarily, it has been constructed and maintains an emphasis on individualism, economic growth, and improving market relations. Neoliberalism supports a particular vision of the world in which all aspects of life are shaped by competitive ‘market rationality’ (Esposito and Perez, 2014). Human beings are framed as *Homo economicus* (a purportedly rational ‘Economic Man’) and evaluated against what is deemed as most valuable, desirable, or ‘developed’ by ‘the market’ itself (Brown, 2006). Many vulnerable groups within the Caribbean are often neglected as national-local governmental agencies remain ‘in the pursuit of neo-liberal policies that do not value children enough and therefore invest inadequately in child health and education’ (Henry-Lee, 2020, 210), which leads to ineffective social protections for children. Mental health interventions imbued with neoliberal logics are undoubtedly antithetical to improving the psychospiritual state of children and youth in the region.

While current institutionalised approaches to youth mental health and wellness might resemble various histories and elements of the Global South, agencies tend to rely upon conventional models of wellbeing that have been imported from elsewhere (e.g. Western Europe, North America) (Hickling, 2020; Sutherland, Moodley, and Chevannes, 2013). Employing Eurocentric accounts of childhood to measure the ‘development’ and lived experiences of children in Majority World contexts establishes the false premise that differing populations are indistinguishable from and comparable to each other, which, for historical and cultural reasons, is a fiction (Spyrou, 2018). Countless practioners have argued that Caribbean children ought to be accurately assisted and supported vis-a-vis psychological and emotional wellness. Even so, most affordable and accessible institutions for youth in the Caribbean are behaviourally corrective, oft punitive, and rarely subtle (Hickling, 2020). Put bluntly, the caring aspect of healthcare is lost due to the colonial foundations of Western assessment and interventions that are trafficked into or imposed upon Southern settings.

## Family Life and Matrifocality

Caribbean family structures and their impact on child development have been an enduring topic for Western academics whose own social and cultural biases for nuclear family structures emerged from male-dominated and Eurocentric frameworks (Henriques, 1949; Simey, 1946). Within such accounts, matrifocality and the absence of fathers are fixated upon as key contributors to the so-called ‘disintegrate’ (i.e. broken or dysfunctional) nature of family life within the region.[[3]](#endnote-3) Notably, matrifocality continues to be characterised as problematic for child development within the Caribbean and African diaspora more broadly (Lammy 2018; Lawless, 2018). More recently, feminist writers have offered critical reconsiderations of Caribbean kinship ties. For example, Barrow (1996) argues that the harmful and limited trope of the ‘missing man’ or ‘absent father’ normalises the nuclear family structure, whilst simultaneously reifying men’s role as primary financial providers within the domestic sphere.

In presenting matrifocality as dysfunctional, there lies a failure to recognise the historical, social, and psychological repercussions caused by the violent and disruptive legacies of slavery, forced migration, and enduring coloniality on African family structures within the Americas. Furthermore, demonising female-headed households and families ignores the gender inequalities that operate within social structures throughout the Caribbean (Dunn et al., 2018). Concurrently, reverence for the heteropatriarchal nuclear family limits our understanding of both the intersections of kinship, gender, and sexuality and the importance of extended male family members within matrifocal families.

In arguing for the need to understand alternative forms of relatedness and kinship ties, Renaud (2018) draws upon Caribbean literature to suggest that, rather than viewing matrifocality as a detriment and ‘danger’ to childhood and society, it is an opportunity to see the ‘strategy of survival and network of care and connection’ that builds mutuality and resilience amongst women and the wider community within processes of child-rearing for African-Caribbean family life. Due to the continued vilification of alternative family structures, especially through the normalisation of the nuclear family and its reliance on heteropatriarchal ideals, Renaud (2018) encourages us to consider what models of love and support are missed when we adhere to outdated frameworks of the family and whose contributions to family life become overlooked if we use only linear, blood relations to define family and assume that patriarchal households and parochial nuclear families are the apex of kinship. Matrifocality encourages us to engage with more expansive, inclusive, and even queer definitions of family, childhood, and caregiving. Hence, any consideration of Caribbean childhoods and Caribbean child psychology must deeply consider how family life is being defined whilst also maintaining the political stance that difference does not mean ‘disintegrate.’

## Historical-Economic Dynamics

Early childhood development in the Caribbean carries with it a significant number of targeted impacts and challenges around health, nutrition, and psychological development (Schady, 2006). And, whilst it is important to draw attention to these stressors, it is crucial to remember that ‘problems’ associated with each have emerged within a system that was established and built upon the very destruction, alienation, and attempted silencing of the region’s current inhabitants. In consideration of psychological frameworks within the Caribbean, Roopnarine and Chadee (2016, 9) suggest that:

Framing psychological issues in the context of oppression, resistance, and adaptation can enhance understanding of Caribbean children, family structures, child-rearing patterns, gender roles and gender disparities in socialization practices and interpersonal relationships, identity formation, health belief systems, views on accessing mental health services, stigma and stereotyping, attribution styles, and other aspects of everyday life in different ethnic groups and communities across the Caribbean.

Indeed, as a region and as a people, the Caribbean has experienced the violent displacement of ancestors, a distinct disconnection from nature, and a loss of spiritual, cultural, and traditional bonds for the purposes of empire-building and wealth accumulation via enslavement, indentureship, genocide, and ecological exploitation. Simply stated, the ongoing aftermaths, relationships, racial animus, and class stratification between masters and slaves cannot be ignored in the study of contemporary Caribbean childhoods, just as the region’s myriad rebellions and anti-imperialist struggles must not be elided either. On this topic, the role of present-day poverty and class relations cannot be overstated.

Case studies and statistics reveal poverty and income gaps are prominent and revelatory aspects of Caribbean society, which have been exacerbated by decades of neoliberal economic policy (Newstead, 2009). For example, on familial and community levels, financial hardship and unemployment, especially within single-parent families, is linked to increased stress, especially for parents raising young children (Barrow, 2008). Citing childhood stressors such as poverty and alternative family structures reveals the need to address structural inequality, austerity measures, and neglect with respect to social support and public health services (Hill et al., 2010). For these reasons, any study of childhood within the Caribbean, if it is going to be meaningful, must account for the region’s unique and multifaceted political, cultural, and socio-economic dynamics. However, nuances and distinctions that exist in the Caribbean related to culture, gender, race, class, sexuality, spirituality, and kinship are absent in most contemporary sociological discourses on childhood (Henry-Lee, 2020). A blanket application of mainstream Global Northern frameworks and Western psychological interventions are not only irrelevant to the region, but further instantiate a neocolonial project. Therefore, more holistic, contextualised, and anti-colonial approaches are not only appropriate but necessary for the advancement of childhood studies and institutional reform across the region.

# Towards Anti-colonial Approaches and Alternatives

## Psychohistoriographic Cultural Therapy and Class Struggle

​​After having been influenced by both Freire and Fanon while working with Afrodescendant patients in the Caribbean, Hickling (2007; 2020, 21) has promoted approaches to childhood wellbeing that are ‘psychohistoriographic,’ i.e. comprised of a combination of political history, oral tradition, and psychiatry, which explicitly confronts the ‘500-year collective delusion of European world ownership and white supremacy based on Divine Right.’ Developed in 1978 at Jamaica’s Bellevue Mental Hospital and as a response to outmoded and culturally inappropriate models of psychiatric intervention, psychohistoriographic cultural therapy is a ‘method of dialectic analysis of reflective anecdotes to determine a group’s outlook, ideology, and beliefs and to identify dynamics and social forces that compel change’ (Hickling, 2020, 21). As a method, it ‘transposes the dialectic perceptions of world history into psychiatric constructs and presents a transcultural psychiatric platform to question these perceptions’ (Hickling, Gibson and Hutchinson, 2013, 861). As a practice, it prioritises community, personal agency, and, perhaps most significantly, class struggle, as well as includes collective activities involving creative expression, sociodrama, poetry, music, and garden theatre.

The impetus for the initiative stemmed from the belief that Black Jamaicans (and other Afro-Caribbean communities) needed a transformative and therapeutic space in which they could explore their histories and current adversities through creative expression (Hickling, Gibson, and Hutchinson, 2013). The explorative and self-expressive techniques used in psychohistoriographic cultural therapy resembles tribal storytelling and the ancestral knowledge exchange that took place hundreds of years ago in varying African geographies; when psychospirituality, wellbeing, and distress were discussed, shared, and tended to within community settings. In addition, ‘patients depicted the history and struggles of the mental hospital in Jamaica’ (Hickling, Gibson and Hutchinson, 2013, 863) and expressed the degree to which racial tensions impacted their identity formation, feelings of freedom, and familial connections. This form of cultural therapy proved beneficial as the creative depictions offered by patients clearly highlighted the disconnection and lack of empathy between patients and staff and their feelings of isolation within the structure of the hospital. Notably, the program was established ‘involving both a psychological process akin to psychotherapy, and a political process that would engage the class struggle, resulting in new levels of productivity and social relationships’ (Hickling, Gibson and Hutchinson, 2013, 863). In turn, cultural therapy stood as the potential successful remedy to the many banal but debilitating crises faced by the Bellevue Hospital patients and provided a space for them to be in touch individually––and as a community––through creative expression.

Hickling, Gibson and Hutchinson (2013) go on to note that ‘the insights from psychohistoriography have complemented the many anthropological and sociological research findings on identity’ in the region. In short, psychohistoriographic cultural therapy is an alternative to Western psychological and psychiatric interventions that assesses global-local historical events and their impacts on the human psyche whilst providing insights into the socioeconomic and political forces that at once shape social norms and individual identities. As an approach to mental health, wellbeing, and childhood development (Robertson-Hickling, et al., 2009), it incorporates critically examining personal and family histories, as well as taking stock of the historical, political, and structural factors that influence the circumstances and realities in which people––and more specifically, children––are living as means of ascertaining what therapeutic strategies are the most optimal, appropriate, and safe. For example, the Trans-Atlantic Slave Trade interfered with Afrodescendant people’s sense of community, camaraderie, and even *being*––making authentic connection and positive self-perception much more difficult to attain given entire communities were assaulted, denigrated, and uprooted from their lands, cultures, identities, and worldviews, which led to intergenerational trauma. Children later go on to experience this intergenerational trauma, in one form or another, which is disconcerting given how the psyche is easily moulded during formative years and a negative sense of self/culture, which for Afrodescendant and other negatively ‘othered’ groups was initiated through colonial violence and racial hatred, can be passed down as a result. Notably, psychohistoriographic cultural therapy was expanded for use with children to prevent and mitigate alienation, estrangement, and risks associated with the onset of what might later be diagnosed as internalised oppression, mental health problems, emotional disturbances, or psychological disorders (D’souza et al, 2018).

As an innovative therapeutic modality and one that attends to the enduring effects of socio-political and historical events, psychohistoriography provides insight into the interrelated and entangled links between human psychology, intergenerational trauma, and the social environment. Whilst within mainstream psychology distinctions between normative/healthy versus pathological behaviours, development, and wellbeing are commonplace, such distinctions are defined through the values and norms of a modernised, technological Western social order (Sutherland, 2011). What Hickling and others have attempted to do is devise care practices that situate Caribbean realities whilst accounting for individual, collective, and ancestral circumstances. Furthermore, in foregrounding the socio-cultural, economic, and *colonial* determinants of psychological health, Hickling (2020) reminds us of our collective responsibility for breathing life into emancipatory praxis, transformative alternatives, structural change, and class struggle. What we learn from psychohistoriographic cultural therapy, then, is that we can re-envision health and illness to prompt psychology as field to question the pathology of the coloniser/exploiter rather than the colonised/exploited a la Fanon.

## From Soul Degradation to Nature and Indigenous Approaches

Unsettling Western psychology facilitates the expansion of the discipline so that it can better account for the situated experiences of negatively racialised communities and produce research that is more relevant to historically repressed communities and minority groups (e.g. Afrodescendant populations in the Caribbean). Such an unsettling and expansion is necessary to make space for and reclaim the psychospiritual community-based health practices that existed prior to colonial conquest. In this vein, Hickling et al. (2012, 11), in their exploration of Caribbean psychology, establish that

Despite the reasons postulated for slavery, philosophers, economists, sociologists, and psychologists alike can agree that the *degradation of the soul* which occurred has negatively impacted on Africans across the Diaspora with such devastating depth that we are still dealing with those very real issues today.

This soul depletion of African people has instilled a sense of subhuman inferiority that filters into the minds and hearts of youth. The formation of a negative self-image, whether due to comparison or insufficient emotional care as a child, is one result of ongoing colonial social relations that interferes with the psyches of Caribbean children. It is a result of a system that has intentionally displaced a subset of society and alienated members of negatively racialised communities and the natural environment.

Research shows humans have a proclivity to engage with nature as form of catharsis, and that this inclination, when minimised and disrupted, can contribute to the debilitation of the human spirit (Isbister-Bear, Hatala, and Sjoblom, 2017). Such a ‘degradation of the soul,’ as Hickling et al. (2020) frame it, is often reversed and repaired when humans connect with nature. To date, there is no shortage of literature illustrating how affiliating with nature is a restorative intervention with respect to alleviating major existential anxieties related to identity, isolation, despondency, and death (Yalom, 1980). Over half a century ago, psychiatrist Searles (1960, 6) even noted that connecting with nature is an essential ingredient for human existence, and when ignored, means ‘peril to [our] psychological wellbeing.’ Nature-based interventions within the Caribbean can positively contribute to the healing of minds and spirits in the face of adversity and trauma. Globally and regionally, adversity in childhood has a significant impact and is a public health concern permeating the lives of many Afrodescendant children. For example, in Jamaica, approximately 80% of disabled children experience some form of psychological or physical violence, often administered as discipline (UNICEF, 2013). This is in addition to parental incarceration, familial loss due to domestic/gang violence, sexual abuse, and negligence (Henry-Lee, 2020). Subsequent studies highlight that these childhood events are directly associated with being (un)able to constructively work through developmental and emotional issues and cope with psychological and physiological ailments (Chartier et. al, 2010; Felitti et al., 2010). These complexities reveal the intricate nature of the human experience and emphasise the need for dedicated anti-colonial interventions that heal within anti-colonial spaces.

There are countless conceptualisations of health and wellbeing, many of which are as intricate as they are complex. Even so, the World Health Organization (WHO) defines health in relation to states of physical, mental, and social wellbeing (Seymour, 2016) and not solely as the absence of illness. Relatedly but via differing worldviews, Indigenous communities, which are certainly by no means a monolith, often promote and emphasise ‘the importance of wellbeing and a balance in four elements of life—the physical, emotional, mental, and spiritual’ (Hatala et al., 2020). Notably, the spiritual aspect is crucial. Indigenous worldviews and conceptualisations of health provide a (re)generative foundation upon which anti-colonial strategies and interventions into wellbeing and childhood studies can be built. Given that Indigenous populations were subjected to colonial domination and negatively racialised under European imperialism, their approaches to wellness, healing, and therapy carry much resonance for other targeted groups, including Afrodescendant Caribbean youth. Across the world, researchers have explored the perspectives of Indigenous youth regarding health, resilience, community, culture, and nature, all of which demonstrate how wellbeing and self-actualisation are inextricably linked to connecting with the environment and heritage (Toombs, Kowatch, and Mushquash, 2016, Snowshoe et al., 2016). Similarly, Marfo (2011), who is theorising from an African context, emphasises the need for ‘a discipline as welcoming to scholarship focusing exclusively on “indigenous” constructs within speciﬁc cultures as it is to scholarship guided by “generalist” orientations or universal principles.’ In advocating for both the indigenisation of mental health research and more indigenous orientations to psychology, Marfo (2011, 143) goes on to propose a pluralist African field of study that is not culturally insulated but rather stands as ‘a field that is mindful enough of the interconnectedness of the human condition across cultures’ and is regarded and looked to for both its local and global relevance. In short, childhood studies must be guided by a foundational framework that pays dedicated attention to strategies for developing Indigenous conceptions of childhood, as well as recognises and emphasises the ways in which the particular and local are pertinent for, connected to, and can inform the universal and global.

Indigenous communities share in the postcolonial struggle for freedom and are well positioned to promote health in emancipatory ways that depart from the narrow definitions found within Western orthodoxy. Connections with nature are a deeply rooted aspect of myriad Indigenous identities and cultures, in which preserving an affiliation with local ecosystems is seen as a determinant of health (Isbister-Bear, Hatala, and Sjoblom, 2017). Hatala et al. (2020), in their resilience research with inner-city Indigenous youth, reported similar findings surrounding the relationship between nature, culture, community, and wellbeing. Youth interpreted nature as a key facet of their surroundings that have been unmanipulated by human beings and felt that natural elements of their local environments brought them a sense of joy, peace, and belonging. Markedly, Indigenous youth stated that being in, near, or around nature ‘helped them to reduce stress, be distracted from pain or discomfort, and made them feel a deeper connection with their loved ones,’ in addition to grow emotionally and experience a heightened sense of spiritual wellbeing (Hatala et al, 2020, 5). What these studies demonstrate is that there is much to be learned from Indigenous communities about both the nexus of wellbeing-health-nature and overcoming the trauma inflicted by colonial power and racialism, irrespective of geography.

# Conclusion

Although interventions from the Global North and Western frameworks of childhood indeed have merit in their own regard and geographies, they were not created to understand and contribute to the intricate manifestations of either Caribbean realities or the lived experiences of youth from the Global South. In detailing the trappings of these hegemonic approaches, Sutherland (2011, 1176) argues that ‘the limitation in using Euro-American psychological assumptions in studying Caribbean peoples is that the scholar is likely to commit transubstantive errors or mistakes of meaning.’ This is of particular concern as meaning-making and cultural differences are crucial to recognise when offering analyses of wellbeing and health amongst diverse global populations, especially those in the Global South. That is, understanding how empire, colonial histories, and class stratifications continue to impact Caribbean societies in the present-day and have lasting and direct socio-psychological effects on communities and individuals across the region can aid in stretching psychology and childhood studies beyond their Eurocentric and Western confines. The critiques and alternative approaches from the Caribbean detailed throughout this article are transformative in that they share the common belief that ‘the confiscation of freedom and the alienation brought about by colonialism and by racism are simultaneously political and psychic’ (Robics, 2020, 303). Accordingly, and in calling back to the metaphor of the ‘epistemological jailbreak’ described at the outset of this paper, our main contention remains that––if imbued with anti-colonial approaches––psychology has the potential to become a powerful tool for unsettling and expanding liberal-Western notions of ‘global’ health *and* empowering Southern populations to incorporate their oft-buried and silenced histories into mental health programmes and recovery initiatives.

On this point, studies with both Indigenous and Afrodescendant groups across the globe have demonstrated that maintaining a connection and relationship with nature enhances overall health and adaptability; improves self-image/efficacy; alleviates psychological distress; increases traditional/local food consumption; and nourishes cultural identity/belonging (Rudolph and McLachlan, 2013). And while Western psychology as an accepted science promotes the health and resilience of youth and children, it regularly does so uncritically in homogenising fashions and without a dedicated interrogation of the historical, structural, and *colonial* forces that continue to reproduce the marginalisation persistently experienced by negatively racialised and low-income groups (Fleming and Ledogar, 2008)––be they Indigenous youth on Turtle Island or Afrodescendant children in the Caribbean. Here, Fanon (1963, 15) details the importance of doing emancipatory work at the nexus of psychological wellbeing, mental health, and nature in the face of a ‘compartmentalized, Manichaean, and petrified’ colonial world when he states, ‘...the dreams of the colonial subject are muscular dreams, dreams of action, dreams of aggressive vitality. I dream I am jumping, swimming, running, and climbing. I dream I burst out laughing, I am leaping across a river and chased by a pack of cars that never catches up with me.’ It is in this spirit of getting free and never being caught that we end by contending that anti-colonial, anti-liberal, and culturally safe approaches to psychology and childhood studies––i.e. epistemological jailbreaks––in the Caribbean are as necessary as they are urgent.

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1. The prefixes *neuro-* and *psy-* used here denote disciplinary combinations within the wider fields of neuroscience and psychology. We employ the catch-all term ‘neuro and psy sciences’ to signify the wide family of disciplines that fall under these prefixes; highlighting that there is strong semblance between understandings of childhood and youth within contemporary Western psychology and brain development studies (Rose and Abi-Rached, 2013). [↑](#endnote-ref-1)
2. As a critical concept, (neuro)psychologisation is defined as the extensive reach of neuro and psy discipline into various fields of study (e.g. clinical sciences), social practices (e.g. school-based education) and social relations (e.g. parenting) to show how we are increasingly subjected to the psy disciplines all of our life. [↑](#endnote-ref-2)
3. Writing in his sociological account of Caribbean family life *Welfare and Planning in the West Indies* (1946, 82-83), T. S. Simey categorised four West Indian household types as ‘The Christian Family, based on marriage and a patriarchal order […] Faithful Concubinage, again based on a patriarchal order, possessing no legal status […] The Companionate Family, in which the members live together for pleasure and convenience […] The Disintegrate Family, consisting of women and children only.’ [↑](#endnote-ref-3)