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Review

Beyond Decolonisation: Restorative Therapy as a Foundation of South African Psychology—A Critical Framework for Reparation and Dignity in South African Therapeutic Practice

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Abstract

This conceptual article advances the argument, from a South African location, that for psychology in Africa to transition authentically to African psychology, decolonial approaches, while necessary, remain insufficient on their own as a programme of therapeutic practice. Drawing on the historical trajectory of psychology in South Africa spanning from its complicity in apartheid-era oppression to contemporary practices that continue to marginalise African epistemologies, this article proposes restorative therapy as a conceptual framework for therapeutic practice in African contexts, with South Africa as its primary site of analysis. Restorative therapy conceptualised here in parallel to restorative-justice principles centres the restoration of dignity and personhood as fundamental to psychological healing and transformation. Building on Augustine Nwoye's influential articulation of African personhood read alongside other African philosophical accounts, and on Elias Mpofu's contextual approach to counselling in Africa, this article proposes that restorative therapy become central to how therapy is conducted in South African contexts and, with contextual adaptation, in other African contexts, serving restorative functions and supporting an epistemic shift from psychology in Africa to African psychology. Lastly, the article critically examines how psychological assessment tools and therapeutic frameworks have historically functioned as instruments of oppression against people of colour, analyses the achievements and limitations of decolonial therapeutic praxis, and proposes practical pathways for implementing restorative therapeutic practices that honour African conceptions of personhood, community, and healing. This framework is conceptual and has not been empirically validated, and an agenda for its empirical evaluation is outlined.

Keywords: restorative therapy; African psychology; decolonisation; African personhood; dignity; reparation; South African psychology; therapeutic justice

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1. Introduction

The discipline of psychology in South Africa carries a profound historical burden. From its inception and throughout the apartheid era, psychology functioned not merely as a neutral science of the mind but as an active instrument of racial oppression and social engineering (Duncan et al., 2004; Seedat, 1997). Psychological assessments were weaponised to justify segregation, intelligence testing legitimised racial hierarchies, and therapeutic practices reinforced colonial worldviews that pathologised African ways of being and knowing. This history is neither incidental nor peripheral to the discipline's development; rather, it constitutes the epistemic ground on which much of contemporary South African psychology

continues, often unreflectively, to stand. As Laher (2024) demonstrates in her retrospective on three decades of post-apartheid psychological assessment, the field's entanglement with racial science was neither accidental nor confined to a handful of discredited instruments, but was structurally embedded in how psychometric knowledge was produced, validated, and applied across the profession. Laher and Cockcroft (2014) further argue that the persistence of Western-normed and inadequately contextualised assessment practices in the post-apartheid period demonstrates that formal political transition did not, by itself, dislodge the epistemological architecture of colonial psychology. Pillay's (2013) analysis of the slow demographic and epistemic transformation of clinical psychology training in South Africa lends further weight to this claim: decades after the end of apartheid, the profession's institutional composition and knowledge base remain marked by the exclusionary practices from which they emerged. Bowman et al. (2024) and Macleod et al. (2024), writing on the occasion of South African psychology's own thirtieth anniversary of democracy, corroborate this picture from different angles, the former through a broad disciplinary retrospective and the latter through a situational analysis of recent published research, both concluding that legacies of hope have been secured alongside stubborn fault lines in the discipline's knowledge production and institutional transformation.

The post-apartheid period has witnessed significant efforts toward transformation, including the emergence of decolonial psychology and critical approaches that interrogate the discipline's oppressive history (Adams et al., 2015; Ratele, 2017). Yet, as South Africa approaches its fourth decade of democracy, a critical question remains unresolved: are decolonial approaches alone sufficient to address the deep wounds inflicted by psychology's complicity in systemic oppression? This article argues that they are not. While decolonial psychology provides essential critique and disruption of Eurocentric frameworks (Ndlovu-Gatsheni, 2018; Ratele, 2019), the transition from psychology in Africa to African psychology is argued here to require something more: a restorative therapeutic approach that actively works to repair the damage done and to restore the dignity and personhood that were systematically undermined. This argument is not made in a vacuum; it builds on Makhubela's (2016) sobering assessment that much of the indigenisation and decolonisation discourse in South African psychology has been "going nowhere slowly", a concern that this article takes up by asking what a specified, practice-oriented programme of repair might involve. Drawing inspiration from the principles and practices of restorative justice, which emphasise repair over punishment, relationship over retribution, and dignity over degradation (Tutu, 1999; Zehr, 2002), this article proposes restorative therapy as a framework for therapeutic practice in African contexts, developed from the South African case, and situates that proposal within a socio-political reading of South African psychology's history that goes beyond mere chronology to interrogate how power, race, and knowledge were co-produced within the discipline itself.

The socio-political situating of this argument merits further elaboration. Psychology in South Africa did not develop in isolation from the broader colonial and apartheid political economy; it developed as one of the technologies through which that economy was rationalised and administered (Duncan et al., 2004). Laher and Cockcroft (2014) trace how psychometric practice, ostensibly a scientific and apolitical enterprise, was mobilised to allocate educational and occupational opportunity along racial lines, thereby converting a supposedly neutral technical apparatus into an instrument of statecraft. This is not merely a historical footnote, it is the epistemic condition from which contemporary calls for African psychology emerge. To situate this paper psycho-politically, therefore, is to recognise that any therapeutic framework proposed for African contexts must reckon not only with what was done to African patients and clients under colonial and apartheid psychology, but with how the very categories of "patient," "normality," and "pathology"

were themselves racially constituted (Mbembe, 2017). A merely descriptive history—one that catalogues abuses without theorising their conditions of possibility—risks reproducing the very epistemic violence it purports to critique, by treating African subjects as objects of a history done to them rather than as agents whose personhood and healing traditions persisted, adapted, and resisted throughout (Ratele, 2019). It is against this backdrop that restorative therapy is proposed: not as a supplementary technique, but as a restorative and psycho-politically situated response to a discipline whose history cannot be adequately addressed by critique alone.

Restorative therapy, as conceptualised here, is not merely another therapeutic modality to add to the existing repertoire. Rather, it represents a fundamental reorientation of therapeutic practice around the restoration of African personhood and dignity. This reorientation finds its theoretical grounding in Nwoye's (2015b) influential articulation of African personhood in Chapter 7 of African Psychology: The Emergence of a Tradition, where he delineates the distinctive characteristics of African conceptions of self, community, and healing. Because this account is one formulation among several, Section 6 reads it alongside other African philosophical accounts of personhood and considers where the framework does and does not travel. It is further operationalised through Mpofu's (2011) contextually grounded approach to counselling in African settings, and substantially extended by Mpofu's (2024) more recent text, Counselling for African Contexts: Transformative Approaches, which provides practical frameworks for enacting culturally responsive therapeutic practices across a wider range of African settings and presenting concerns than the earlier volume. Together, these theoretical resources offer a foundation for restorative therapy that is philosophically coherent with a range of African worldviews and, it is proposed, practically applicable in South African contexts, with adaptation elsewhere requiring the contextual research outlined in Section 8.5.

A note on scope is necessary at the outset. The article is framed in continental terms because the question it addresses, namely what it would take for psychology in Africa to become African psychology, is a continental one (Makhubela, 2016; Ratele, 2017). Its evidence, however, is South African. The historical analysis in Section 3, the institutional analysis of training and gatekeeping, the assessment literature, and the regulatory discussion in Section 8 all concern South Africa, where psychology was formally entangled with the apartheid state and where the Truth and Reconciliation Commission (TRC) provided a national, if contested, vocabulary of repair. The article is therefore best read as a South African contribution to a wider African conversation: it uses the South African history of psychology as the rationale and the empirical anchor for a framework whose wider relevance is a proposition to be tested, not assumed. Statements about "African contexts" should be read in that light, and Section 8.5 sets out the contextual research that would be needed before the framework is adapted elsewhere on the continent. The article also distinguishes throughout between conceptual propositions, which are argued here, and claims about therapeutic effect or necessity, which require empirical evaluation. A note on terminology is also needed. Restorative therapy is used throughout as the name of the framework. Words such as "repair" and "reparation" are used in their ordinary sense of mending harm. The framework has no connection to so-called "reparative therapy", the discredited and harmful set of practices that sought to change sexual orientation, and the adjective "reparative" is therefore avoided as a descriptor of the framework and its practice, in favour of "restorative" or "repair-oriented".

The article is organised as follows. Section 2 sets out the methodological approach, including the theoretical framework, source selection, and the author's positionality. Section 3 examines the historical trajectory of psychology in South Africa and its deployment of assessment and therapeutic practices. Section 4 considers the achievements and limits of

decolonial psychology. Section 5 develops restorative therapy through restorative-justice principles and examines what is, and is not, carried over into the therapeutic encounter. Section 6 reads Nwoye's account of African personhood alongside other African philosophical formulations, and Section 7 draws on Mpofu's contextual counselling frameworks to specify what restorative therapy requires in practice. Section 8 considers the transition from psychology in Africa to African psychology and sets out practical pathways and regulatory tensions, and Section 8.5 states what remains conceptual. Section 9 concludes by identifying implications for practice, training, institutional reform, and empirical inquiry.

2. Methodology

2.1. Theoretical and Analytical Approach

This article proceeds as a decolonial critical literature review rather than a systematic review of empirical findings. A critical literature review is concerned with interrogating a field of scholarship: identifying its conceptual premises, examining its epistemic foundations, and critically analysing what is assumed, included, excluded, and silenced within dominant frameworks (Snyder, 2019). The decolonial orientation adopted here adds a further methodological layer, one attentive to power relations as constitutive of knowledge, and treating African epistemologies not as data to be absorbed into Western frameworks but as legitimate knowledge systems in their own right (Ndlovu-Gatsheni, 2018). This is consistent with Quijano's (2000) concept of the coloniality of power, which identifies the classification of knowledge, and of who is authorised to produce it, as a foundational colonial gesture, and with Chakrabarty's (2000) call to provincialise perspectives that have been presented as universal. Analysis proceeded through conceptual analysis supplemented by critical narrative review. Theoretical constructs were treated as the analytic material. Existing accounts of psychology's apartheid-era complicity were read against one another rather than accepted uncritically, and the epistemic limits of decolonial critique were traced in order to identify what a constructive, reparative supplement would require.

2.2. Source Selection, Databases, and Exclusions

Literature for this review was drawn primarily from psychology, decolonial and postcolonial theory, African philosophy, and restorative justice and law. Electronic sources consulted included PsycINFO, African Journals Online (AJOL), SAGE Journals, Taylor & Francis Online, JSTOR, and Google Scholar, together with the publisher catalogues of Wits University Press, Duke University Press, Routledge, Cambridge University Press, and Oxford University Press, given the concentration of foundational African psychology and decolonial theory monographs within these lists. Search terms included, individually and in combination, "African psychology," "decolonial psychology South Africa," "African personhood," "restorative justice," "restorative therapy," "psychology apartheid South Africa," and "indigenous healing counselling Africa."

Two bodies of scholarship were selected as seminal anchors for the article's constructive argument, and the reasoning behind that selection is made explicit here rather than left implicit. Nwoye's (2015b) account of African personhood was selected over his earlier and more clinically specific publications because Chapter 7 of *African Psychology: The Emergence of a Tradition* offers one of the most comprehensive single theorisation of relational, spiritual, developmental, and collective personhood available in the literature. This comprehensiveness made it best suited to anchoring a framework intended to apply across diverse African therapeutic contexts rather than to a single clinical population. Ratele's corpus was treated similarly. His more empirical publications on masculinities and violence, while valuable, were set aside in favour of his sustained theoretical contributions (Ratele, 2017, 2019, 2024; Ratele et al., 2021), precisely because these engage directly with the definitional

and psychopolitical questions this article addresses, namely what African psychology is and for whom it speaks, rather than applying an already-settled African psychology to a specific empirical problem. Mpofu's (2011, 2024) two volumes were both retained, rather than treating the later as simply superseding the earlier, because they serve complementary functions: the 2011 volume establishes the foundational case for cultural responsiveness across the African diaspora, while the 2024 volume updates and substantially extends this into a more explicitly transformative, structurally attentive register better suited to specifying what restorative therapy requires of institutions, and not only of individual practitioners.

The restorative dimension of the argument required a distinct literature search into restorative justice and law, since this vocabulary originates outside psychology. Foundational restorative-justice and legal texts consulted included Zehr (2002), Braithwaite (2002), and Tutu (1999), together with Skelton's (2011) legal analysis of restorative justice within South African traditional and religious communities. These sources were read specifically for their account of dignity, participation, and relational repair as alternatives to punitive and individualised models of justice, since it is this vocabulary, rather than a strictly clinical one, that restorative therapy is proposed to adapt. Gobodo-Madikizela's (2003, 2008) psychological research on the Truth and Reconciliation Commission was included as a bridge between this legal and restorative-justice literature and clinical psychology, since her work on empathic repair is among the few extended bodies of South African psychological scholarship to theorise reparative process at the level of the individual therapeutic or dialogical encounter.

Several bodies of literature encountered during the search process were considered and set aside as insufficiently relevant, and it is worth being explicit about why. Quantitative psychometric validation studies that reported test norms or factor structures without engaging the cultural or historical assumptions embedded in those instruments were excluded, since such studies, whatever their technical merit, do not speak to the epistemic questions this article raises. General Western positive-psychology and wellbeing literature was similarly excluded where it made no reference to culture, power, or history, since its inclusion would have diluted rather than sharpened the argument. Grey literature of indeterminate provenance was excluded, as was decolonisation literature addressing disciplines with no clear bearing on mental health practice, for example decolonising STEM curricula, since these fell outside the scope of a paper concerned specifically with therapeutic practice.

2.3. Positionality

The author is a South African-born scholar of Ghanaian heritage and a registered Clinical Psychologist with the Health Professions Council of South Africa (HPCSA), whose teaching, research, and clinical work spans decolonial psychology, African philosophy, and psychobiography. This positionality is treated here not as a source of bias requiring disclosure and management, but as an epistemic resource in its own right. As Ratele (2024) argues, the capacity to theorise from an African location, rather than merely to incorporate African examples into an already-settled Western framework, is itself an act of epistemic freedom. The tension between the demands of an HPCSA-regulated clinical practice grounded primarily in Western diagnostic and therapeutic frameworks, and the intellectual commitments of African-centred scholarship, provides an embodied vantage point from which the epistemic tensions this article examines are encountered directly in day-to-day practice, rather than only theorised at a distance. Consistent with decolonial methodological principles, this location is disclosed as the standpoint from which the inquiry proceeds, rather than as a limitation to be corrected for.

3. The Oppressive History of Psychology in South Africa

To understand why restorative therapy is essential, it is necessary to reckon honestly with psychology's role in perpetuating oppression in South Africa. This history is not merely an unfortunate chapter that can be acknowledged and moved past; rather, it represents a systematic deployment of psychological knowledge and practice in service of white supremacy and colonial domination. The damage inflicted through this deployment continues to reverberate in contemporary therapeutic encounters, institutional practices, and the very epistemological foundations of psychology as it is typically practised in African contexts.

3.1. Psychological Assessment as Instrument of Oppression

Perhaps nowhere was psychology's complicity in apartheid more evident than in the realm of psychological assessment. Intelligence tests, personality inventories, and aptitude assessments were systematically employed to construct and legitimise racial hierarchies. Laher (2024) situates this history within the broader international entanglement of psychometrics and eugenics, noting that the assumption that intelligence was heritable along racial lines, dominant in Western scientific thought from the late nineteenth century onward, found fertile ground in British colonial and subsequently apartheid South Africa. The use of Western-normed intelligence tests on African populations, without cultural adaptation or critical awareness of their embedded cultural assumptions, produced predictably discriminatory results that were then used to justify educational segregation and occupational exclusion (Foxcroft, 1997; Laher, 2024; Nell, 2000). These assessments did not merely describe pre-existing differences; they actively produced racial subjects who could be positioned within a hierarchy of human worth, converting a technical instrument into what Laher and Cockcroft (2014) term a legitimising apparatus for a discriminatory political order.

The violence of this practice extended well beyond the immediate consequences of test results. Psychological assessment functioned as a technology of power that inscribed colonial epistemologies into the very fabric of professional practice. It established as authoritative a particular way of knowing the human subject, one rooted in Western individualism, cognitive emphasis, and decontextualised measurement. In doing so, it simultaneously invalidated African ways of understanding personhood, intelligence, and human potential. The trauma of being assessed, classified, and found wanting according to foreign standards represented not just individual harm but an assault on collective dignity and cultural integrity. Notably, this legacy has proven remarkably durable: Laher (2024) documents that even three decades into democracy, questions of cultural relevance, linguistic fairness, and the continued reliance on norms developed on non-representative samples remain unresolved in South African assessment practice, suggesting that the epistemic violence of assessment was not simply a feature of an apartheid past but persists as a structural feature of the discipline's present, requiring active and sustained repair rather than passive historical acknowledgement.

3.2. Therapeutic Practice and the Pathologisation of African Beings

Beyond assessment, therapeutic practice itself operated as a mechanism of cultural violence, and this pathologisation of African beings constitutes one of the most consequential and extensively theorised aspects of psychology's colonial legacy. Psychoanalytic and behavioural approaches imported from Europe and North America carried implicit assumptions about normative human development, healthy family structures, and appropriate emotional expression that were fundamentally at odds with African cultural values and practice (Manganyi, 1973). Manganyi's (1973) own account in *Being-Black-in-the-World* anticipated this diagnosis by more than four decades, describing in granular detail how the

imported psychological vocabulary of the apartheid clinic could not accommodate the lived, embodied experience of being Black under a regime organised around racial degradation. African clients who maintained strong kinship ties were pathologised as enmeshed or dependent; those who consulted traditional healers were viewed as primitive or delusional; those who understood distress in relational or spiritual terms rather than intrapsychic ones were deemed to lack insight (Bulhan, 1985; Nicholas, 1993).

This pathologisation must be understood as part of a much longer and more systematic colonial project of producing the African subject as constitutively deficient. Fanon's (1952) foundational analysis in *Black Skin, White Masks* remains indispensable here: Fanon demonstrated that colonial psychiatry did not simply misdiagnose the colonised subject but actively constructed the categories through which that subject could be rendered pathological, such that the very structure of the colonial encounter produced psychic alienation as a predictable outcome rather than an individual aberration. Bulhan (1985), extending Fanon's analysis specifically to the discipline of psychology, argues that Western clinical categories functioned as instruments of what he terms "cultural in-betweenity," in which the colonised subject was perpetually assessed against a normative standard that was never designed to accommodate their lived reality, thereby guaranteeing a verdict of pathology regardless of the subject's actual psychological functioning. Biko's (1978) articulation of Black Consciousness offers a complementary register of critique, insisting that the psychological subjugation of Black South Africans operated as much through the internalisation of a manufactured sense of inferiority as through material deprivation, and that liberation therefore required a deliberate psychological and existential reclamation of selfhood that colonial and apartheid-era therapeutic frameworks were structurally incapable of supporting.

Mbembe (2017) extends this analysis into the present, arguing that the discursive and epistemic apparatus that equated Blackness with the non-human did not dissolve with formal decolonisation but continues to structure contemporary regimes of exclusion, including within professional and clinical institutions. Read alongside Fanon (1952) and Bulhan (1985), Mbembe's account suggests that the pathologisation of African beings in South African psychology cannot be adequately addressed as a series of discrete historical errors: a biased test norm here, an insensitive diagnostic category there. It must instead be understood as symptomatic of a deeper ontological demotion of the African subject within the disciplinary imagination of psychology itself.

This pathologisation has extended to the very language of therapy. Concepts such as autonomy, self-actualisation, and individual identity, central to Western therapeutic frameworks, presumed a particular ontology of the person that was foreign to many African worldviews. The therapeutic goal of achieving psychological independence from family and community, celebrated in Western approaches, directly contradicted African conceptions of personhood as fundamentally relational and communally embedded (Nwoye, 2015b). Thus, the therapeutic encounter itself became a site where African clients were implicitly required to choose between psychological health, as defined by Western frameworks, and cultural integrity, as lived in African communities. Nwoye's (2017) later engagement with this problem, in his reply to Ratele's (2017) account of African psychology, insists that this is not merely a matter of cultural mismatch to be resolved through sensitivity training, but a foundational epistemological error that requires African psychology to build its diagnostic and therapeutic categories from African ontologies of personhood rather than retrofitting Western categories with African content.

3.3. Institutional Complicity and Professional Gatekeeping

The oppressive deployment of psychology was not limited to direct clinical practice but was embedded in the institutional structures of the profession itself. Professional psy-

chology organisations remained racially segregated throughout much of the apartheid era, with separate associations for white and Black psychologists. Training programmes reproduced Western psychological knowledge uncritically, with minimal engagement with African philosophy, indigenous knowledge systems, or the specific sociopolitical context of apartheid (Seedat et al., 2001). The gatekeeping mechanisms of professional psychology, from admissions criteria to licensing examinations, ensured that the discipline remained predominantly white and Western-oriented in its epistemological commitments. Mbembe's (2001) analysis of what he terms the commandement of colonial and postcolonial governance is instructive for understanding why these mechanisms proved so durable: he argues that the techniques of administration developed under colonial rule, the licensing of who may act, speak, or practise with authority, do not simply disappear at the moment of formal political transition but are absorbed into the institutional life of the postcolonial state, reasserting themselves through ostensibly neutral procedures such as accreditation and curriculum approval.

The persistence of this institutional arrangement into the democratic era is well documented. Pillay's (2013) review of clinical psychology training in South Africa demonstrates that the demographic transformation of the profession has proceeded at a markedly slower pace than the political transformation of the country more broadly, such that the professional gatekeeping mechanisms of the apartheid era have left a durable residue in who is trained, how they are trained, and whose epistemic frameworks are treated as foundational within postgraduate curricula. This is not simply a matter of representation, although representation matters considerably; it is a matter of whose knowledge counts as scientific and whose is relegated to the status of cultural curiosity within training institutions that continue, in Laher's (2024) terms, to wrestle with questions of indigenisation that were meant to have been settled decades ago. Makhubela's (2016) critique is instructive here: he argues that South African psychology's engagement with its own transformation has too often taken the form of a defensive, narrowly localist Africanisation that substitutes ethnic particularism for genuine epistemic reconstruction, thereby leaving the discipline's institutional architecture largely undisturbed even as its rhetorical commitments shift toward decolonisation. That architecture includes its accreditation bodies, its assessment standards, and its curricular canons. This diagnosis has since found empirical support. Bowman et al. (2024), reflecting on three decades of South African psychology on the occasion of the Psychological Society of South Africa's thirtieth anniversary, conclude that the discipline has secured important legacies of hope alongside persistent fault lines, particularly in the slow pace of institutional and demographic transformation relative to the country's broader political transition. Macleod et al. (2024), in a situational analysis of five years of published research in the *South African Journal of Psychology* and PsycINFO abstracts using South Africa as a keyword, found an increase in papers employing "hard" science approaches and a corresponding decrease in systems-oriented and decolonial theorising, indicating that the discipline's knowledge production continues to move away from, rather than toward, the epistemic justice its transformation rhetoric promises.

This institutional arrangement had profound consequences. It meant that psychology in South Africa developed as a transplanted discipline, largely disconnected from the lived realities, cultural wisdom, and healing traditions of the majority of the population it purported to serve. It established Western psychology not as one among many possible approaches to understanding the human psyche, but as the authoritative and scientific approach, against which all other forms of knowledge were to be judged. The result, as Ndlovu-Gatsheni (2018) argues in his broader account of epistemic freedom in Africa, was a form of epistemological violence in which the very capacity of African communities to theorise their own psychological experience was systematically delegitimised, a violence that

continues to shape the discipline even in the post-apartheid era and that cannot be undone by demographic transformation alone, since the categories and standards against which African psychologists and clients continue to be measured remain largely unreconstructed.

4. The Promise and Limitations of Decolonial Psychology

The recognition of psychology's oppressive history has given rise to important decolonial initiatives within African psychology. These efforts have been crucial in denaturalising Western psychological frameworks, recovering marginalised knowledge systems, and reimagining what psychology might become when freed from colonial constraints. However, while decolonial psychology is necessary, this article argues that it is not sufficient for the transformation required, and this section examines both dimensions of that claim in turn, engaging substantially with the growing body of African decolonial psychological scholarship that has emerged over the past decade.

4.1. Critical Contributions of Decolonial Psychology

Decolonial psychology has made several essential contributions. First, it has provided vital critique of the universal pretensions of Western psychology, exposing how supposedly culture-free scientific knowledge is in fact deeply embedded in particular cultural and historical contexts (Adams et al., 2015; Ratele, 2017). Adams et al. (2015) situate this critique within a broader project of denaturalisation, arguing that mainstream psychological science has habitually presented the historically and culturally specific standpoint of the Euro-American middle-class subject as though it were a universal, context-free baseline of human psychological functioning, against which all other populations are then measured as deviations. Ratele (2017) extends this critique specifically to the African context by identifying at least four distinguishable psychologies operating under the label of "African psychology," ranging from the merely geographical application of Western psychology on the continent to more radical Africa-centred and decolonial projects. This typology cautions against treating "African psychology" as a single, settled body of theory rather than a contested and internally differentiated field.

Second, decolonial psychology has created space for the recovery and validation of indigenous psychological knowledge and healing practices that were previously dismissed as primitive or unscientific. Ndlovu-Gatsheni's (2018) concept of epistemic freedom, developed within a broader decolonial theoretical tradition but directly applicable to psychology, is instructive here: he argues that genuine decolonisation requires not merely the inclusion of African content within existing disciplinary structures, but the recognition of Africans as legitimate producers of theory in their own right, entitled to think, theorise, and interpret psychological experience from their own locations rather than as perpetual objects of Western theorising. Mkhize's (2021) account of African/Afrikan-centred psychology builds on this insistence, arguing that centring African epistemologies is not a matter of cultural sensitivity but a precondition for psychological science to engage African populations as knowing subjects rather than as data.

Third, decolonial psychology has challenged the disciplinary boundaries that separated psychology from politics, arguing that psychological practice in contexts of oppression cannot be politically neutral (Bulhan, 1985; Martín-Baró, 1994). Maldonado-Torres's (2007) concept of the coloniality of being sharpens this point: he argues that colonial power did not simply govern populations from the outside but reorganised the very terms of human existence, such that Black and colonised subjects were relegated to what he terms a "zone of non-being" in which their claims to full humanity, and therefore to legitimate knowledge of their own experience, were structurally foreclosed. Read alongside Bulhan (1985) and Martín-Baró (1994), Maldonado-Torres's (2007) account underscores why psychol-

ogy's political entanglement in Africa cannot be treated as incidental to its clinical content. Ratele's (2019) sustained articulation of African psychology as fundamentally attentive to the "psychopolitics" of Black life extends this insistence, arguing that any psychology adequate to African experience must attend simultaneously to intrapsychic processes and to the structural, historical, and political conditions within which African psychological life unfolds: poverty, racialised violence, and the enduring effects of dispossession. Ratele et al. (2021) develop this position further by proposing three pathways for enlarging critical African psychology: attending to the materiality of Black suffering, refusing the reduction in African psychology to narrow ethno-cultural content, and insisting on psychology's accountability to processes of social and political transformation rather than to disciplinary respectability alone.

These contributions have been transformative, opening pathways for more culturally responsive and socially engaged psychological practice. Decolonial psychology has inspired new research methodologies that honour indigenous knowledge systems, challenged Eurocentric curriculum content in training programmes, and supported the development of therapeutic approaches more consonant with African worldviews. Its emphasis on power, positionality, and the politics of knowledge production represents an essential corrective to psychology's longstanding claims to scientific neutrality, and its influence can be traced directly in more recent efforts, such as Malherbe and Ratele's (2022) inquiry into what and for whom a decolonising African psychology might be, which insists that decolonial projects must remain accountable to the specific communities in whose name they are undertaken rather than becoming self-referential academic exercises.

4.2. Where Decolonial Critique Falls Short

Yet for all its vital importance, decolonial psychology as currently articulated has significant limitations, and this article treats these limitations not as grounds for dismissing decolonial critique but as the very reason a restorative supplement is required. First, decolonisation primarily operates through critique and deconstruction, revealing the colonial foundations of existing knowledge and practice. While this critical work is essential, it does not necessarily provide a positive vision for what should replace what has been deconstructed. Makhubela's (2016) provocation is unusually direct on this point: he argues that much of what passes for decolonisation or indigenisation in South African psychology has amounted to a defensive, ahistorical refusal of Western knowledge in toto, one that is philosophically incoherent given Africa's own historical contributions to what is now called Western science, and that this refusal-without-reconstruction leaves the discipline "going nowhere slowly," oscillating between critique and localism without ever specifying a coherent, generative alternative. Knowing what psychology should not be does not automatically tell practitioners what it should be. There is a genuine risk that decolonial work remains perpetually in the mode of critique, defining itself primarily in opposition to colonial psychology rather than articulating its own constructive, practice-oriented vision. Nwoye (2017) further highlights this risk in his direct engagement with Ratele's formulation of African psychology, when he cautions that an African psychology defined chiefly through its opposition to Western frameworks risks remaining permanently reactive rather than establishing an independent theoretical foundation, such as the account of African personhood he develops in his own work (Nwoye, 2015a, 2015b).

Second, decolonial psychology often focuses on epistemological transformation, changing how psychologists know and what they count as knowledge. It does not always attend adequately to the material, relational, and affective dimensions of colonial harm. The damage inflicted by oppressive psychological practice was not merely intellectual or epistemological; it was deeply embodied, profoundly relational, and spiritually wounding. People

were not just subjected to false knowledge; their dignity was assaulted, their personhood was undermined, their communities were fragmented, and their connections to ancestral wisdom were severed (Gobodo-Madikizela, 2003). Epistemological decolonisation alone cannot repair this multidimensional harm. Mbembe's (2017) account of the psychic costs of racialisation is instructive, since it insists that the "clinic of the subject," the site at which colonial harm must ultimately be addressed, cannot be reduced to a purely intellectual or curricular reckoning. It requires engagement with the embodied and existential residue of dehumanisation, a task for which epistemological critique alone is poorly equipped.

Third, decolonial psychology has not always centred the question of reparation and restoration. While it critiques past and present colonial violence, it does not always specify how the damage done should be repaired, what restoration would look like, or what therapeutic practice oriented toward restoration would entail. Mkhize (2021) gestures toward this gap when he notes that Africa/Afrikan-centred psychology has, to date, been considerably more developed as an epistemological and curricular project than as a fully specified clinical or therapeutic one. This is where the concept of restorative therapy becomes essential. Restorative therapy takes up where decolonial critique leaves off, providing a positive framework oriented explicitly toward repair, healing, and the restoration of dignity and personhood, drawing its reparative vocabulary on South Africa's own considerable experience of restorative and transitional justice processes (Gobodo-Madikizela, 2003, 2008; Skelton, 2011; Tutu, 1999).

4.3. From Decolonization to Restoration

The relationship between decolonial psychology and restorative therapy should not be understood as oppositional or mutually exclusive. Rather, restorative therapy builds upon and extends decolonial insights. Decolonial critique is necessary to expose and dismantle oppressive psychological frameworks; restorative therapy is necessary to actively repair the harm those frameworks inflicted and to construct alternative practices grounded in African epistemologies and values. Decolonisation clears the ground; restoration builds on that cleared ground. This sequencing is not merely rhetorical: Ratele et al. (2021) insistence on enlarging critical African psychology beyond narrow ethno-theorising, and Malherbe and Ratele's (2022) insistence on accountability to affected communities, both imply a subsequent, constructive task that their own decolonial frameworks gesture toward but do not fully specify—what a psychological practice actually oriented toward repair, rather than merely toward critique, should look like in the consulting room.

Moreover, restorative therapy provides a unifying ethical and practical framework that can guide the complex work of constructing African psychology. It centres dignity and personhood as fundamental therapeutic aims, provides clear principles, drawn from restorative justice, for how therapeutic practice should be conducted, and offers concrete guidance for engaging with African conceptions of healing and wholeness. In this way, restorative therapy moves beyond critique toward constructive transformation, answering Makhubela's (2016) challenge that decolonial psychology must move beyond gestures of refusal. Critique alone, however sustained, cannot become the destination.

5. Restorative Therapy: Foundations and Principles

Restorative therapy, as conceptualised in this article, draws its fundamental principles from restorative justice while adapting and extending them for therapeutic practice. Restorative justice emerged as an alternative to punitive justice systems, emphasising repair of harm, recognition of human dignity, and restoration of right relationships rather than punishment of wrongdoers (Tutu, 1999; Zehr, 2002). Its core principles, that harm requires repair, that those affected by harm should participate in determining how repair occurs, that

the humanity and dignity of all parties must be honoured, and that justice is fundamentally about restoring right relationships, resonate deeply with African conceptions of justice, healing, and community (Skelton, 2011).

South Africa's own Truth and Reconciliation Commission provides an instructive, if imperfect, precedent for the kind of reparative work restorative therapy proposes to undertake at the individual and clinical level. Gobodo-Madikizela's (2003) account of her encounters with perpetrators of apartheid-era violence, and her subsequent theorisation of what she terms empathic repair (Gobodo-Madikizela, 2008), demonstrate that restoration is not achieved through the mere acknowledgement of harm but through a dialogical process in which the humanity of the harmed party is actively recognised and re-established, often through carefully facilitated encounters. Gobodo-Madikizela (2008) is careful to distinguish this empathic repair from forgiveness understood as a moral obligation imposed upon victims; rather, she frames it as a psychological process through which vengeance is arrested and a fractured sense of common humanity is gradually restored. This distinction matters considerably for restorative therapy: it is not a framework that requires clients to forgive those who caused historical or structural harm, nor does it position reconciliation as a therapeutic prerequisite, but it does insist that the restoration of dignity and relationship, where clients themselves seek it, constitutes an appropriate horizon for therapeutic work in ways that individually focused, symptom-reduction models typically do not accommodate.

5.1. Core Principles of Restorative Therapy

Restorative therapy can be understood through several interlocking principles. First and foremost is the centrality of dignity. Where oppressive psychology undermined and violated the dignity of African persons, restorative therapy makes the active restoration and protection of dignity its primary aim. Every aspect of therapeutic practice, from initial assessment to treatment planning to therapeutic intervention, must be evaluated according to whether it honours and restores client dignity or perpetuates indignity. This dignity-centred orientation draws directly on Tutu's (1999) theological and political articulation of restorative justice as fundamentally concerned with the restoration of *ubuntu*, understood as the recognition of a shared humanity that oppression seeks to sever.

Second is the principle of relational repair. Recognising that colonial psychology fractured relationships, between individuals and their communities, between people and their cultural traditions, between clients and helpers, and between individuals and their own identities, restorative therapy prioritises the mending of these vital connections. This means therapy cannot be confined to individual intrapsychic work but must attend to the client's embeddedness in family, community, and culture, working to strengthen rather than sever these bonds. Gobodo-Madikizela's (2008) account of "making public spaces intimate" through dialogical encounter offers a template for how relational repair might be operationalised clinically, suggesting that therapeutic settings can be deliberately structured to facilitate the kind of witnessed, dignity-affirming encounter that she observed within the Truth and Reconciliation Commission process.

Third is the principle of epistemological pluralism and respect. Restorative therapy recognises multiple legitimate ways of knowing and healing, refusing to privilege Western psychological knowledge as the only valid form. It creates space for indigenous healing practices, spiritual understandings of distress, and communal approaches to well-being, not as supplementary additions to "real," Western, therapy but as equally valid therapeutic resources, in keeping with Ndlovu-Gatsheni's (2018) broader insistence on epistemic freedom as a precondition for genuine African intellectual and clinical agency.

Fourth is the principle of reparative practice. This means therapy explicitly acknowledges the historical and ongoing harm inflicted by oppressive psychology and commits

to actively working toward repair. It involves, where appropriate, therapeutic practices that help clients reclaim what was taken: cultural identity, dignity, voice, agency, and connection to ancestry and tradition. This principle draws directly on Skelton's (2011) analysis of restorative justice within traditional and religious communities in South Africa, which demonstrates that reparative practice, properly conducted, requires the meaningful participation of those most affected in defining what repair should look like, rather than having repair defined for them by professional or institutional authorities.

Fifth is the principle of participatory engagement. Drawing from restorative justice's emphasis on the participation of those affected by harm in determining how repair should occur, restorative therapy positions clients as authorities on their own experience and active collaborators in the therapeutic process. This challenges the hierarchical expert-patient relationship that characterised much of colonial psychology, and resonates with Ratele's (2019) psychopolitical insistence that African subjects must be treated as agents capable of theorising their own experience rather than as objects of professional diagnosis alone.

5.2. Restorative Therapy as Ethical Framework

Beyond specific principles, restorative therapy provides an overarching ethical framework that orients all therapeutic practice. Where conventional Western therapy ethics emphasise principles such as autonomy, beneficence, and non-maleficence, important but culturally specific values, restorative therapy ethics centre dignity, relationship, and justice. This reorientation has profound implications for how therapists understand their role, how they engage with clients, and what they consider therapeutic success.

Importantly, restorative therapy is not simply another technique or modality that therapists can add to their toolkit. It represents a fundamental stance toward therapeutic work, a way of being with clients and understanding the purpose of therapy that permeates all aspects of practice. A therapist practising restoratively might use various specific interventions, such as narrative therapy, cognitive-behavioural techniques, family therapy, or traditional healing practices, but what makes the practice restorative is the underlying commitment to dignity restoration, relational repair, and reparative justice that guides the selection and application of those interventions. Manganyi's psychobiographical corpus offers a striking, if underused, illustration of this stance in practice. His biographies of the painter Gerard Sekoto (Manganyi, 2004) and the novelist Es'kia Mphahlele (Manganyi, 1983) were not framed as clinical case studies of pathology but as acts of authorship that restored narrative agency to Black South African subjects whose lives had, until then, been chiefly interpreted by others. Manganyi's practice as (psycho)biographer, no less than his practice as clinician, embodied the principle that restoration concerns not only what is treated but who is permitted to tell the story, and in whose terms: a lesson directly transferable to restorative therapy's insistence that clients, families, and communities, rather than professional experts alone, are the authoritative narrators of their own healing. In this respect, restorative therapy is closer to what Ratele et al. (2021) describe as a psychopolitical orientation than it is to a discrete clinical technique: it is a stance that reorganises the therapist's understanding of what therapeutic success consists of, shifting the criterion of success from symptom remission alone toward the restoration of dignity, relationship, and personhood.

5.3. From Restorative Justice to the Therapeutic Encounter

The transfer of principles from restorative justice to therapy is a conceptual move that needs to be argued, not assumed. Restorative-justice processes, including those described by Gobodo-Madikizela (2003, 2008), typically bring together people who share a harm, under particular safeguards and with a shared public purpose. Individual therapy is structured

differently: the harm is often structural rather than interpersonal, the therapist is not a party to a specific wrong, and the redress a client may seek lies with institutions outside the consulting room. Table 1 therefore states which features of restorative justice are carried over, which are adapted, and which are set aside, and why.

Table 1. Features of restorative justice carried over, adapted, or set aside in restorative therapy.

Feature of Restorative Justice	Treatment in Restorative Therapy	Rationale
Dignity of all parties	Carried over as the primary therapeutic aim	Dignity was the specific object of harm in assessment and pathologisation (Section 3), and it can be addressed in how therapy is conducted.
Participation of those affected in defining repair	Carried over	Clients, families, and communities define what repair means, which counters expert-defined repair (Skelton, 2011).
Relational repair	Adapted: pursued through the client's family, community, tradition, and the client–helper relationship, with consent	Therapy rarely brings the original parties together; relational repair is pursued with the relationships that exist and are available to the client.
Facilitated encounter between harmed and harming parties	Largely set aside; a witnessed acknowledgement is offered only where the client seeks it	The therapist is not a party to a specific wrong, and encounters are not assumed to be desirable or safe for every client (Gobodo-Madikizela, 2008).
Accountability of an offender, including sanctions and reparations	Set aside at the individual level and relocated to institutions (training bodies, professional bodies, services)	Accountability for structural harm rests with institutions, and the consulting room cannot supply it (Mamdani, 2002).
Forgiveness and reconciliation	Not required; supported where the client seeks them	Empathic repair is distinguished from compelled forgiveness (Gobodo-Madikizela, 2008).
Public, communal purpose	Adapted: individual care is linked to advocacy and institutional change	Individual restoration is partial without structural change (Sections 7.4 and 8.3).

On this account the therapeutic encounter is an appropriate, though partial, site of restoration for three reasons. First, the harm of pathologising assessment and diagnostic practice was done in clinical and quasi-clinical encounters, so that a restored clinical encounter addresses part of the original injury. Second, it was the profession as a whole, and not any single therapist, that caused harm, and a practitioner can acknowledge that history on the discipline's behalf where the client wishes. Third, therapy is where many people first meet psychology. It is partial because the consulting room cannot deliver redress from the state, employers, or institutions; restorative therapy is therefore proposed as one part of the wider structural programme discussed in Sections 7.4 and 8.3, not as a substitute for it.

6. African Personhood: The Foundation for Restoration

To understand what is to be restored through restorative therapy, it is necessary first to understand conceptions of personhood in African thought: what it means to be a person, how personhood is constituted and maintained, and what threatens or undermines it. This section presents Nwoye's (2015b) treatment of African personhood, which provides the theoretical grounding for restorative therapy, as one influential formulation and not as a general description of African personhood (see also Nwoye, 2015c, on the question of what African psychology is the psychology of). Africa contains many cultures, languages, religions, and philosophical traditions, and a framework built on a single formulation would

risk the essentialism that decolonial scholarship itself criticises. Nwoye's dimensions are therefore elaborated in turn and read alongside other African philosophical accounts (Bujo, 1998; Gyekye, 1992, 1997; Kagame, 1956; Mbiti, 1969; Menkiti, 1984; Ramose, 1999; Wiredu, 2009) and their critics (Matolino, 2014), and Section 6.5 considers where the account does and does not travel. The Southern African concept of ubuntu is likewise treated as one articulation among several, whose meaning has been interpreted in different ways (Gade, 2012), and not as exhaustive of African thought on this question.

6.1. Relational Constitution of Personhood

Nwoye (2015b) articulates how African personhood is fundamentally relational in Nwoye (2015b) articulates how personhood, in the African thought he draws on, is fundamentally relational in nature. The person is not understood as a pre-existing, autonomous individual who then enters into relationships, as in Western individualistic frameworks. Rather, personhood itself emerges from and is sustained through relationships. The well-known African philosophical concept of ubuntu, often translated as "I am because we are," captures this relational ontology, and its clearest articulation for this article's purposes remains Tutu's (1999) theological and restorative rendering of the concept, which explicitly links relational personhood to the ethical demand for repair when relationship is violated. Comparable relational formulations appear in the Nguni saying umuntu ngumuntu ngabantu and its Sesotho and Setswana counterpart motho ke motho ka batho (Ramose, 1999), in Mbiti's (1969) account of corporate identity, and in Akan accounts of the person in community (Gyekye, 1992). They are not identical, and the differences matter for how they might be taken up clinically. A person becomes fully human through connection with others, through participation in community, through fulfilling relational obligations and responsibilities.

This has profound implications for restorative therapy. If personhood is relationally constituted, then the harm inflicted by oppressive psychology, which severed relationships, fragmented communities, and delegitimised African social structures, represents an assault on personhood itself. Restoration, therefore, must centrally involve relational repair: helping clients reconnect with family and community, honouring rather than pathologising interdependence, and strengthening the web of relationships through which personhood is constituted and maintained. Mkhize's (2021) account of African/Afrikan-centred psychology reinforces this point by insisting that any psychology adequate to African experience must take relationality, rather than individuated autonomy, as its basic unit of psychological analysis.

6.2. Spiritual Dimensions of Personhood

Nwoye (2015b) emphasises that the personhood he describes includes essential spiritual dimensions often absent from or pathologised in Western psychology, a theme shared with Mbiti's (1969) account of religion and the person and with Kagame's (1956) Bantu-Rwandan philosophy of being. The person exists not only in horizontal relationships with living community members but also in vertical relationships with ancestors, with the divine, and with the spiritual realm more broadly. Distress and illness are understood to have spiritual dimensions and aetiologies, not just psychological or biological ones. Healing, correspondingly, may require spiritual interventions, such as consultation with traditional healers, engagement with ancestral wisdom, or participation in culturally specific ritual practices. Nwoye's (2015a) treatment of the Africentric paradigm of clinical diagnosis and treatment develops this point further, arguing that a clinical nosology that excludes spiritual aetiology as a category is not merely incomplete but actively mis-specifies the presenting problem for a significant proportion of African clients.

For restorative therapy, this means creating space for spiritual understandings and practices within therapeutic work. Rather than dismissing clients' spiritual beliefs as irrational or treating engagement with traditional healers as avoidance of "real" therapy, restorative therapy honours the spiritual dimensions of personhood and healing. This might involve collaborative work with traditional healers, incorporation of ritual or ceremony, or simply deep respect for clients' spiritual resources and the role these play in their healing journey. Spiritual conceptions of illness and healing vary in content across cultural and religious contexts, including among Christian, Muslim, and indigenous religious communities in Africa, and clinicians should not assume that any single ancestral or ritual idiom applies to a given client.

6.3. Dynamic and Developmental Understanding of Personhood

Nwoye (2015b) also articulates how African personhood is understood as dynamic and developmental, something that unfolds over the life course and can be enhanced or diminished depending on one's actions and circumstances. Full personhood is achieved through moral development, fulfilment of social responsibilities, acquisition of wisdom, and contribution to community wellbeing. This developmental understanding differs from Western conceptions that tend to treat personhood as an inherent attribute possessed equally by all human beings from birth. This processual view is most closely associated with Menkiti (1984), for whom personhood is attained through incorporation into the community rather than conferred at birth. It has also been contested: Gyekye (1997) argues for a moderate communitarianism that preserves the individual's rights and capacity for critical reflection, and Matolino (2014) questions whether processual accounts can avoid ranking persons by their conformity to communal norms. For restorative therapy this is a caution: a developmental account of personhood must not become a standard against which clients are found wanting.

This developmental aspect of personhood has important implications for restorative therapy. It suggests that therapeutic work should not merely aim at symptom reduction or a return to baseline functioning, but should support the ongoing development and flourishing of personhood. Therapy becomes a process of helping clients cultivate the qualities, such as wisdom, integrity, generosity, and responsibility, that constitute mature personhood in African contexts. Moreover, recognising that personhood can be diminished by oppression and trauma underscores why restoration is so essential: oppressive psychology did not just harm individuals but undermined their very personhood, making restoration of personhood a central therapeutic imperative, one that Ratele's (2019) psychopolitical account of African psychology also insists cannot be separated from the broader social and material conditions that either support or undermine such development.

6.4. Collective Dimensions of Personhood

Finally, Nwoye (2015b) emphasises the collective dimensions of African personhood. Individual identity is deeply intertwined with collective identity, as a member of a family, clan, ethnic group, or nation. One's sense of self includes a strong sense of "we," not just "I." Harm to the collective is experienced as harm to the self; wellbeing of the collective is essential for individual wellbeing. This challenges the Western therapeutic focus on individual autonomy and self-actualisation as ultimate goods. Collective accounts do not entail the erasure of the individual: Gyekye's (1997) moderate communitarianism holds that communal and individual claims are both real, and clients may experience tension between communal obligations and individual aspirations, a point that matters clinically where communal obligations fall unevenly on women, young people, or others.

For restorative therapy, this collective dimension means that therapeutic work cannot be confined to individual sessions focused solely on intrapsychic processes. Effective therapy must attend to the client's collective identities and relationships, working to strengthen rather than sever these bonds. It may involve family or community engagement as central components of the therapeutic process. It requires therapists to understand healing not just as individual transformation but as restoration of right relationships within the social collective, a point that resonates strongly with Gobodo-Madikizela's (2008) account of collective and dialogical repair in the aftermath of historical trauma, and with Mkhize's (2021) insistence that African-centred psychology must operate at the level of community as well as the individual.

6.5. Where the Account Travels and Where It Does Not

Read together, these accounts suggest a partly shared emphasis on relationality, on the moral and developmental character of personhood, and on the continuity of the living with ancestors or the spiritual realm. The vocabulary, metaphysics, and social practices nonetheless differ considerably across Nguni, Sotho-Tswana, Akan, Igbo, Bantu-Rwandan, and other traditions, and across Christian, Muslim, and indigenous religious communities. The framework therefore treats relationality and dignity as organising orientations, not as a fixed list of attributes that every client is assumed to hold. In South Africa, where isiXhosa, isiZulu, Sesotho, and Setswana conceptions are directly relevant to the clinical settings and to the history analysed in Section 3, the account can be specified with reasonable confidence, although South African clients are themselves diverse in language, religion, class, and urban or rural location, and many hold plural or hybrid understandings. Beyond South Africa, the framework should travel only after contextual inquiry into local idioms of distress and personhood, the status of traditional healing in law and health systems, and the colonial history of psychology in each setting. The framework therefore asks the clinician to enquire about, rather than presuppose, what personhood and repair mean to the person in front of them.

7. Operationalising Restorative Therapy: Mpofu's Contextual Frame-Work

While Nwoye's (2015b) work provides essential theoretical grounding in African personhood, Mpofu's contextual scholarship offers crucial practical guidance for implementing restorative therapy in African therapeutic settings. Two complementary volumes anchor this section: *Counselling People of African Ancestry* (Mpofu, 2011), which established the foundational case for culturally responsive counselling practice across African and diasporic contexts, and the more recent *Counselling for African Contexts: Transformative Approaches* (Mpofu, 2024), which substantially extends and updates this framework, integrating a wider evidence base and a more explicitly transformative orientation toward the structural conditions shaping African clients' presenting concerns. Read together, these texts provide a bridge between theoretical understanding of African worldviews and the actual practice of culturally responsive counselling, and this article treats Mpofu's (2024) more recent formulation as central to specifying what restorative therapy would concretely require of practitioners. So that the argument does not rest on a single author, Mpofu's frameworks are read alongside the wider literature on the cultural adaptation of psychotherapy (Benish et al., 2011; Bernal et al., 2009).

7.1. Cultural Responsiveness as Therapeutic Imperative

Mpofu (2011, 2024) argues that cultural responsiveness is not an optional enhancement to counselling practice but an ethical and practical imperative in African contexts. Cultural responsiveness means more than superficial accommodation of cultural differ-

ences; it requires deep understanding of clients' cultural worldviews, respect for indigenous knowledge systems, and adaptation of therapeutic approaches to align with cultural values and practices. This resonates strongly with restorative therapy's commitment to epistemological pluralism and dignity. Mpofu's (2024) transformative approach sharpens this imperative further by explicitly linking cultural responsiveness to questions of institutional and structural transformation, rather than treating it purely as an interpersonal competency to be acquired by individual clinicians.

For restorative therapy, Mpofu's emphasis on cultural responsiveness translates into several concrete practices. First, therapists must develop cultural humility, recognising the limits of their own cultural knowledge and remaining open to learning from clients about their cultural contexts. Second, assessment and intervention must be culturally adapted, not simply translated. This means examining whether Western diagnostic categories and treatment approaches are appropriate and, where they are not, developing or drawing on alternatives grounded in African healing traditions, a concern that directly echoes Laher and Cockcroft's (2014) call for the contextualisation, rather than the wholesale rejection, of standardised assessment tools. The wider literature on culturally adapted psychotherapy points the same way: adapted treatments have been reported to outperform unadapted ones in direct comparisons (Benish et al., 2011), although restorative therapy asks a further question beyond adaptation, namely who defines what therapy is for (see Section 8). Third, therapeutic relationships must be structured in ways that honour cultural norms around authority, respect, and helping relationships.

7.2. Integration of Indigenous Healing Practices

A central theme in Mpofu's (2011, 2024) work is the integration of indigenous healing practices with formal counselling. Rather than positioning Western counselling and African healing traditions as competing or incompatible systems, Mpofu advocates for respectful integration that honours the strengths of both approaches. He provides frameworks for collaborative practice between counsellors and traditional healers, for incorporating cultural healing rituals into therapeutic work, and for drawing on indigenous concepts of healing and wellbeing. South African work on collaboration between traditional practitioners and primary health care staff offers a complementary conceptual framework for implementation (Campbell-Hall et al., 2010), and the Traditional Health Practitioners Act 22 of 2007 provides a statutory basis for recognising and regulating traditional health practitioners (Republic of South Africa, 2007).

This integration is essential to restorative therapy's repair-oriented function. Colonial psychology not only ignored indigenous healing practices but actively delegitimised them, contributing to the erosion of cultural healing resources, a dynamic that Ndlovu-Gatsheni (2018) situates within his broader account of how coloniality operates by disqualifying non-Western knowledge systems from the status of legitimate expertise. Restorative therapy must work to repair this damage by actively honouring and incorporating indigenous healing wisdom. This might involve referral to traditional healers when appropriate, incorporation of cultural healing ceremonies, or adaptation of counselling approaches to align with indigenous healing philosophies. The goal is not to romanticise traditional practices uncritically but to recognise them, in Mpofu's (2024) terms, as valuable and evidence-informed healing resources that were unjustly devalued.

7.3. Community-Centred Approaches

Mpofu (2011, 2024) emphasises the importance of community-centred approaches to counselling in African contexts. Given the collective nature of African personhood and the embeddedness of individuals in community networks, effective counselling must engage

with and mobilise community resources. This challenges the Western therapeutic model of private, individual therapy conducted in professional offices, isolated from the client's lived social context.

For restorative therapy, community-centred practice is crucial for several reasons. First, it aligns with restorative therapy's principle of relational repair: healing happens not just within the individual but within the web of community relationships. Second, it mobilises community resources and wisdom for healing, rather than positioning the professional therapist as the sole source of therapeutic expertise. Third, it helps repair the fracture between professional psychology and African communities that colonial psychology created. Community-centred restorative therapy might involve group healing processes, engagement with community leaders or elders, family therapy that includes extended family members, or therapeutic work conducted in community spaces rather than clinical settings, an approach that finds a clear precedent in the community-based, dialogical repair processes documented by Gobodo-Madikizela (2003, 2008) in the South African transitional justice context.

7.4. Addressing Structural and Contextual Factors

Mpofu (2024) insists, considerably more emphatically than the earlier volume, that counselling in African contexts cannot ignore the structural and contextual factors, such as poverty, inequality, and the ongoing effects of colonialism, that shape clients' lives and mental health. He argues for an approach that addresses both individual psychological processes and the social conditions that contribute to distress. This echoes liberation psychology's emphasis on the social determinants of psychological wellbeing and the need for psychologists to engage with social justice issues (Martín-Baró, 1994), and aligns closely with Ratele et al. (2021) insistence that critical African psychology must remain attentive to the material conditions of Black suffering rather than treating culture as a self-contained explanatory variable.

This attention to structural factors is essential for restorative therapy's repair-oriented function. Much of the harm inflicted by oppressive psychology was structural, embedded in institutional practices, professional gatekeeping, and systemic marginalisation (Bowman et al., 2024; Macleod et al., 2024). Individual therapeutic work, no matter how culturally responsive, cannot fully repair this harm without also attending to structural transformation. Restorative therapy must therefore extend beyond individual clinical practice to include advocacy for institutional change, participation in professional transformation efforts, and commitment to addressing the social conditions that perpetuate psychological harm.

7.5. Training and Preparation of Culturally Responsive Counsellors

Finally, Mpofu (2011, 2024) addresses the critical question of how counsellors should be trained for effective practice in African contexts. He argues that training programmes must move beyond the current model of teaching Western psychology with minimal cultural adaptation. Instead, training should be grounded in African worldviews from the outset, should include substantial engagement with African philosophy and indigenous knowledge systems, and should prepare counsellors for culturally responsive practice through supervised experience in diverse African communities. This recommendation directly addresses the institutional gatekeeping documented by Pillay (2013) and Makhubela (2016), both of whom identify professional training as a key site at which the reproduction of colonial epistemological hierarchies persists despite the discipline's rhetorical commitment to transformation.

For the development of restorative therapy, transformation of training programmes is essential. Future therapists cannot effectively practise restoratively if their training itself

perpetuates colonial psychological frameworks. Training for restorative therapy must include deep engagement with African conceptions of personhood, such as Nwoye's (2015b), practical preparation for culturally responsive practice as Mpofu (2011, 2024) describes, critical analysis of psychology's oppressive history, and supervised practice in applying restorative principles. This represents a fundamental reimagining of psychological training, shifting from psychology in Africa to African psychology.

8. From Psychology in Africa to African Psychology: Restorative Therapy as Catalyst

The transition from psychology in Africa to African psychology, a formulation taken from Makhubela (2016), is more than a change in terminology; it signals a shift in epistemological foundations, professional practice, and the relationship between psychology and African communities. This section argues, at a conceptual level and from a South African location, that restorative therapy can serve as one catalyst and framework for that transition. The transition is itself a continental project, but the analysis offered here draws on South Africa's history and institutions, and statements about "African psychology" below should be read as qualified accordingly.

As used here, "psychology in Africa" and "African psychology" are ideal types that clarify a direction of travel; they do not describe every practitioner or programme. Psychology in Africa refers to the practice of Western psychology on the African continent which, in its least adapted forms, is a transplanted discipline that applies European and American psychological theories, methods, and practices in African contexts with minimal adaptation. The field is, however, diverse: it includes culturally adapted approaches (Benish et al., 2011; Bernal et al., 2009), indigenous psychologies developed in many parts of the world (Allwood & Berry, 2006), and substantial African-authored work, including the four psychologies that Ratele (2017) distinguishes. African psychology, by contrast, represents psychology grounded in African worldviews, drawing on African philosophy and indigenous knowledge, responsive to African realities, and serving African communities' needs and aspirations (Ratele, 2017, 2019). Where psychology in Africa, in its less adapted forms, treats African cultural contexts as variables to be controlled or accommodated, African psychology treats African worldviews as foundational.

This distinction has implications. In its less adapted forms, psychology in Africa maintains Western psychology as the standard and African contexts as deviations requiring explanation. African psychology inverts this, positioning African conceptions of personhood, healing, and community as the foundation from which psychological theory and practice emerge. The shift thus represents epistemic decolonisation in a deep sense, not merely critiquing Western psychology's limitations but constructing an alternative grounded in African knowledge and values. Cultural adaptation and restorative therapy differ in emphasis: adaptation modifies the delivery of treatments designed elsewhere, whereas restorative therapy asks what therapy is for, who defines repair, and whose knowledge counts. The two are not mutually exclusive and may be used together.

8.1. Restorative Therapy as Epistemological Foundation

Sections 5–7 set out the principles, the account of personhood, and the practical frameworks on which restorative therapy rests. Drawn together, they suggest that restorative therapy could serve as an epistemological foundation for African psychology in three respects. It grounds therapeutic practice in African conceptions of personhood, read pluralistically (Section 6), and not in Western psychological theory alone. It connects psychological practice to African ethical and social traditions of repair, including the South African transitional-justice experience (Gobodo-Madikizela, 2003; Tutu, 1999), while remaining critical of that prece-

dent (Mamdani, 2002). And it creates space for indigenous healing wisdom and attends to structural conditions, positioning psychology as an engaged discipline and not only a means of individual adjustment (Ratele et al., 2021). These are conceptual claims about what the framework offers; whether it delivers these benefits in practice is an empirical question.

8.2. Reparation as a Condition for Sustained Transformation

A central proposition of this article is that the transition to African psychology cannot be sustained without reparation for the harm inflicted by psychology in South Africa. One cannot simply move forward into a new epistemic framework while leaving unaddressed the damage done by the old. The harm was too deep, too systematic, too wounding of dignity and personhood (Gobodo-Madikizela, 2003; Mbembe, 2017). Without reparation, attempts to construct African psychology risk building on a foundation cracked by unhealed trauma, echoing Mbembe's (2017) warning that unaddressed historical harm does not remain safely confined to the past but continues to structure the present. Mbembe (2017) develops this warning through his account of what he calls the becoming Black of the world: rather than treating racialised dehumanisation as a historical stage that decolonisation supersedes, he argues that the logic which once confined this dehumanisation to colonised and enslaved populations has instead generalised, such that ever more people are rendered disposable under conditions of economic and political precarity. Applied to psychology, this suggests that a discipline which declines to repair its own historical role in that logic does not merely leave old harm unaddressed; it risks reproducing the same logic in new institutional forms.

Within psychology, reparation is a contested term and needs to be specified (Hamber & Wilson, 2002). The term itself carries a warning from the discipline's own history. "Reparative therapy" is one of the names given to conversion practices that treated same-sex orientation as an illness to be corrected, and such practices were long regarded as the treatment of choice (Drescher, 2015; Haldeman, 1994). In apartheid South Africa, health workers in the military subjected queer conscripts to coercive aversion treatment (Kaplan, 2004). The notion of a vocabulary of repair and cure attached to practices that injured the people they claimed to help reiterates this article's central argument: psychology has been able to do harm in the name of care, and its authority to define "repair" cannot be trusted unless those harmed take part in defining it. For a discipline it can take at least four forms: institutional (public acknowledgement of the discipline's role by professional bodies and training institutions, and changes to admission, accreditation, and curricula); epistemic (recognition of African knowledge systems as legitimate sources of theory and practice, and the revision of assessment tools and norms); clinical (restorative practice with individual clients, as set out in Section 5); and communal (partnerships with communities and healers whose knowledge was devalued, governed by those communities). The claimants are those who were harmed or excluded: people classified and pathologised through assessment and diagnosis, Black practitioners and trainees excluded from the profession, and communities whose healing traditions were delegitimised. Reparation would count as having occurred, in a provisional and revisable sense, when claimants themselves judge, through participatory processes, that acknowledgement, redress, and changed practice are in place, and when indicators such as the demographic composition of training and the content of curricula and assessment norms have changed. Making reparation a precondition also carries a risk, namely that it could delay the transformation it is meant to support. The claim is therefore not that epistemic work must wait until reparation is complete; it is that reparation and transformation must proceed together, so that new institutions are not built on unacknowledged harm.

Restorative therapy is proposed as one framework for the clinical dimension of this reparation. By acknowledging the harm inflicted, committing to repair, and working to

restore what was damaged, namely dignity, personhood, cultural integrity, and community connection, it is theorised to support healing of the wounds psychology itself inflicted, although this therapeutic effect has not been empirically tested. This restorative work is argued here to be central, not peripheral, to the development of African psychology. Facing honestly what was done and working toward repair, in the manner modelled, however imperfectly, by South Africa's transitional justice process (Gobodo-Madikizela, 2003, 2008), is proposed as a condition for psychology in South Africa, and by extension psychology in other African settings with adaptation, to be transformed into African psychology.

8.3. Practical Pathways for Implementation

The implementation of restorative therapy as a foundation for African psychology requires changes at multiple levels. At the level of clinical practice, therapists should centre dignity, relational repair, epistemological pluralism, community engagement, and attention to structural conditions. Public mental-health services could develop locally governed referral and consultation pathways with traditional healers, faith leaders, elders, families, and community organisations, subject to informed consent, safeguarding, scope-of-practice requirements, and transparent accountability, along the lines Mpofu (2024) proposes for transformative counselling practice. This operationalises participation and plural knowledge without assuming that professional psychology alone owns therapeutic expertise.

Assessment reform should entail validation and contextualisation rather than the wholesale rejection of every standardised measure, a position that draws directly on Laher and Cockcroft's (2014) and Laher's (2024) sustained argument that South African assessment practice requires ongoing indigenisation rather than either uncritical retention of imported instruments or their blanket abandonment. Clinicians should examine whether a tool's language, norms, construct assumptions, and interpretation fit the client's social and cultural setting. Clinical records should also document relational repair, family reconciliation, restored dignity, community participation, and client-defined goals where these are central to care. Training programmes should consequently treat African philosophies of personhood, indigenous knowledge systems, psychology's historical complicity, and supervised community-embedded practice as examinable foundations rather than optional additions, directly addressing the gatekeeping concerns raised by Pillay (2013) and Makhubela (2016).

Institutional reform must preserve professional accountability while enabling culturally responsive collaboration. Professional bodies and training institutions should clarify how community-embedded practice can meet ethics, confidentiality, competence, referral, and safeguarding duties. Restoration also cannot be detached from poverty, unemployment, racialised inequality, violence, and constrained access to care, which shape both distress and the feasibility of treatment. A restorative orientation therefore positions practitioners as collaborators and advocates who connect individual care to community resources and institutional change, while remaining clear about the limits of what therapy alone can repair.

8.4. Navigating Regulatory Tensions: Illustrative Scenarios

The pathways above raise the question of how restorative practice sits within the regulatory obligations of registered psychologists in South Africa, in particular the Ethical Rules of Conduct made under the Health Professions Act 56 of 1974 (Republic of South Africa, 1974), which govern confidentiality, informed consent, and scope of practice, and the Traditional Health Practitioners Act 22 of 2007 (Republic of South Africa, 2007), which provides a statutory basis for recognising traditional health practitioners. The scenarios that follow are hypothetical and illustrative. They are not clinical case material, and they are offered to show how such tensions might be reasoned through, not to settle them.

First, a client wishes family members to take part in sessions. Restorative practice would treat the client as the authority on who is involved, obtain informed consent that specifies what will be shared with whom, agree ground rules for confidentiality within the group, and document the arrangement; where consent is withheld, or a family member's interests conflict with the client's, individual work continues and the client's confidentiality takes precedence. Second, a client is consulting a traditional healer alongside therapy. The practitioner would, with the client's consent, seek to communicate with a registered healer, remain within their own scope of practice, and refer rather than perform ritual, without treating the consultation as non-adherence; where there are indications of harm, such as risk to physical safety or financial exploitation, the practitioner's duty of care and safeguarding obligations apply and are explained to the client. Third, a practitioner is invited to a community healing gathering. Participation would be as a clearly defined collaborator, with the consent of the client and the community, with individual clinical material kept out of the public space, and with supervision or peer consultation sought in advance. In each scenario, the question for the profession's regulatory bodies is the one posed in Section 8.3: how community-embedded practice can be shown to meet ethics, confidentiality, competence, and safeguarding duties. These scenarios do not resolve that question, which requires guidance from the regulator and empirical study of practice.

8.5. Limitations

This article is a conceptual and critical contribution, not an empirical evaluation, and its argument should be read with several limitations in view. First, the literature underpinning this review is drawn overwhelmingly from English-language sources and, within that, from a particular strand of South African and Anglophone African decolonial psychology associated with Nwoye, Ratele, Mpofu, and their interlocutors. This is itself a limitation the article's own argument would predict: a genuinely pluralistic African psychology would need to engage seriously with Francophone, Lusophone, and Arabic-language scholarship, and with African-language theorisations of personhood and healing that this review, constrained by linguistic access, has not been able to incorporate. The tension is worth naming: an article that argues for epistemic plurality is itself assembled largely from English-language, university-press and commercial-press sources. Some Francophone scholarship is engaged here, whether in the original (Kagame, 1956) or in English translation (Fanon, 1952), but only selectively. Second, the argument draws primarily on South African material and history. While this concentration allows the historical and institutional analysis to be specific and well evidenced rather than superficially continental, it means that the proposal, although framed in continental terms in its aims, should be read as a South African contribution to a continental conversation. It cannot be assumed to transfer without modification to other African national contexts, whose colonial histories, health systems, and indigenous healing traditions differ in ways this article has not examined. Before the framework is adapted elsewhere, contextual research would be needed on local idioms of distress and personhood, the colonial history of psychology and its institutions, the legal status and organisation of traditional healing, and the regulatory frameworks that govern practice. Third, the account of personhood on which the framework rests, although read pluralistically, remains a selective reading of the African philosophical literature; it is offered as an orienting resource that clinicians should test against what each client says, not as a description of every African person.

Although it is advanced in response to the limits of decolonial psychology, restorative therapy is presented here at the level of theoretical framework and principle rather than as a manualised or empirically validated intervention. The practical pathways outlined in the preceding section are deliberately directional, but directional proposals can create a

misleading impression of straightforwardness. Several practical tensions deserve explicit acknowledgement rather than implicit deferral. Community-embedded and family-inclusive practice, for instance, sits in genuine tension with the confidentiality and scope-of-practice obligations that govern registered psychological practice under bodies such as the HPCSA, and this article has not resolved how that tension should be adjudicated in specific cases. Collaboration with traditional healers and faith leaders raises real safeguarding and accountability questions, particularly where power imbalances, financial exploitation, or harmful practices exist within indigenous healing economies as they do within any healing economy and a framework that romanticises indigenous healing without attending to these risks would itself fail the dignity principle it proposes to uphold. The financial and human-resource costs of the institutional reforms proposed, revised training curricula, community liaison structures, and locally governed referral pathways, are considerable, and this article has not costed them or specified who would bear that cost in an already under-resourced public mental-health system. Finally, because restorative therapy redefines therapeutic success around dignity and relational repair rather than symptom reduction alone, it raises unresolved questions of evaluation and accountability: how such outcomes would be measured, audited, or defended to funders and regulators remains an open empirical and administrative problem rather than one this conceptual article can settle. However, some of these concerns are what systematically needs to be challenged, as this article has argued. These limitations do not remove the case for restorative therapy as a conceptual proposal; they mark the point at which conceptual argument must give way to the empirical, participatory, and administrative work reiterated in the conclusion. Table 2 summarises the status of the article's main propositions and the evidence that would be needed to evaluate them.

Table 2. Status of the article's main propositions and the evidence needed to evaluate them.

Proposition	Status in This Article	Evidence Needed
Decolonial critique is necessary but insufficient as a clinical programme	Conceptual argument supported by a critical literature review	Comparative analysis of decolonial programmes in training and practice; practitioner and client perspectives
Restorative therapy is a framework for repairing harm to dignity and personhood	Conceptual proposition; therapeutic effect untested	Qualitative studies of how clients, families, healers, and practitioners define dignity and repair; participatory action research; mixed-methods implementation studies of client-defined and clinical outcomes
Relational, spiritual, developmental, and collective dimensions of personhood are clinically relevant	Conceptual; drawn from plural philosophical sources; not assumed to hold for every client or context	Contextual enquiry into local idioms of personhood and distress; comparative research
Reparation and transformation should proceed together	Normative claim, argued with reference to South African history	Participatory processes with claimants to define indicators; institutional monitoring of curricula, demographics, and assessment norms
Community-embedded and healer-inclusive practice can meet ethical and regulatory duties	Open question; illustrative scenarios only	Regulatory guidance; studies of feasibility, acceptability, and safeguards; cost analyses
The framework may be adapted elsewhere in Africa	Hypothesis, not supported by evidence presented here	Country-level historical, legal, and clinical studies; comparative research that separates contextually adapted practice from the proposed restorative mechanisms

9. Conclusions

This article has argued, from a South African location, that for African psychology to emerge authentically from the shadow of colonial psychology, decolonial critique alone is insufficient as a clinical programme. What is proposed is restorative therapy: a therapeutic approach grounded in restorative justice principles, centred on African conceptions of personhood and dignity, committed to reparation for the harm inflicted by oppressive psychology, and oriented toward the restoration of what was damaged. Drawing on Nwoye's (2015b) articulation of African personhood and Mpofu's (2011, 2024) framework for counselling in African contexts, this article has outlined the theoretical foundations and practical pathways for restorative therapy, while situating the argument within the socio-political history of South African psychological assessment and practice documented by Laher (2024), Laher and Cockcroft (2014), and Pillay (2013), and within the broader decolonial theoretical tradition represented by Ndlovu-Gatsheni (2018), Ratele (2017, 2019), Mbembe (2017), and Makhubela (2016).

Restorative therapy is not simply another therapeutic modality but a fundamental reorientation of therapeutic practice around dignity, relationship, and justice. It is intended to move beyond critique of oppressive psychology toward the construction of healing alternatives. It honours the relational, spiritual, and collective dimensions of African personhood that Western psychology marginalised. It creates space for integration of indigenous healing wisdom alongside formal counselling. It attends to structural factors and commits to social transformation, not just individual adjustment. As a conceptual proposal, these are aims and propositions, not demonstrated effects.

Most fundamentally, restorative therapy is proposed as an ethical and practical framework for the transition from psychology in Africa to African psychology, developed here from the South African case. By centring restoration and dignity, it is intended to support healing of the wounds inflicted by colonial psychology while constructing therapeutic practices grounded in African worldviews and values. This restorative work is argued to be central rather than peripheral; psychology cannot be genuinely African while its oppressive history remains unacknowledged and unrepaired.

The implementation of restorative therapy requires sustained work across clinical practice, professional training, institutional transformation, research development, and community engagement. Its future development should be empirical as well as conceptual. Qualitative studies can examine how clients, families, traditional healers, faith leaders, and practitioners define dignity, relational repair, and acceptable collaboration in particular communities. Participatory action research can examine co-designed referral pathways and restorative groups, while mixed-methods implementation studies can assess feasibility, acceptability, safeguards, equity of access, and both client-defined and clinical outcomes. Comparative research should distinguish contextually adapted practice from the framework's proposed restorative mechanisms. Illustrative, anonymised clinical material, gathered with consent and ethical approval, would also show where restorative and conventional frameworks diverge and converge in practice, and research in other African settings would test how far the framework travels.

For policy and service development, three priorities follow. First, national and provincial health services should support accountable community partnerships and fund accessible relational and group-based care alongside individual services. Second, professional registration bodies should provide clear guidance for ethical, culturally responsive collaboration across recognised scopes of practice. Third, university faculties should embed African psychological theory, history, and supervised community engagement in core professional education, addressing directly the training and gatekeeping deficits documented by Pillay (2013) and Mpofu (2011, 2024). These proposals are deliberately directional: their local

form should be developed with affected communities and evaluated before scale-up. They are framed for the South African context, and their relevance elsewhere would depend on local regulation, health systems, and communities. Restorative therapy thus remains a framework for moving beyond critique towards accountable repair, grounded in African knowledge and responsive to African realities.

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