

Culturally Rooted Healing

Integrating Ancestral Practices into Modern Mental Health

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June 26, 2026

9:00 AM – 1:30 PM



DISCLOSURES

No conflicts of interest to report.

No financial disclosures to report.

Land Acknowledgment & Opening

We begin with intention.

We acknowledge that the land beneath us holds memory, and that the healing traditions we are here to study today have always been rooted in relationship to land, ancestor, and community.

Take a breath. Arrive fully. You were called here.

Homecoming Haka





About Your Facilitator

Applied Metaphysician · Author

Licensed Marriage & Family Therapist

Author of Infinite Pathways

Creator of Estate Metaphysics doctrine

The Framework I Bring:

- Clinical precision + metaphysical depth
- African diasporic & ancestral cosmology
- Somatic awareness as clinical tool
- Estate Metaphysics: Attending, Intention, and the Current as healing constructs
- Down-to-earth, no-nonsense facilitation

Today's Agenda

MODULE 1

Foundations: What Are Ancestral Healing Practices?

MODULE 2

Ancestral Worldviews & Client Identity

BREAK

MODULE 3

Implicit Bias & Ethical Responsibility (AB-241)

MODULE 4

Clinical Integration Strategies

CLOSE

Reflection, Resources & Post-Test

By the End of This Training, You Will Be Able To:

1

Name 4 distinct ancestral healing traditions and describe the core wellness principles in each

2

Identify 3 ways implicit clinician bias against non-Western practices negatively affects treatment decisions and outcomes

3

Apply 2 culturally responsive strategies for integrating ancestral practices into a treatment plan without pathologizing them

4

Distinguish between spiritual emergency, culturally normative expression, and clinical symptomatology

5

Identify 3 ethical guidelines governing clinical practice at the intersection of spirituality, culture, and mental health

A Note on AB-241: Implicit Bias

California AB-241 (effective January 1, 2022)

All continuing education trainings must include instruction in implicit bias. Specifically:

- How implicit bias affects perceptions and treatment decisions of clinical staff, leading to disparities in health outcomes
- Strategies to address how unintended biases in decision-making contribute to healthcare disparities along lines of race, ethnicity, gender identity, sexual orientation, age, and socioeconomic status

This training meets AB-241 requirements. Implicit bias is woven throughout, with dedicated focus in Module 3.

MODULE 1

Foundations

What Are Ancestral Healing Practices?

Defining Ancestral Healing: Scope & Context

Ancestral healing practices are culturally transmitted systems of care rooted in cosmology, community, land, and lineage that have been used to restore physical, psychological, spiritual, and relational wellbeing for generations.

- They are not primitive, superstitious, or pre-scientific. They are parallel knowledge systems

- They are not monolithic. Tremendous diversity exists within and across cultures

- They center relationship: to self, community, ancestor, land, and spirit

- Many clients use them, whether they disclose this or not

African Diasporic Healing Traditions

Rootwork & Hoodoo	Ancestral Reverence	Communal Ritual & Ceremony
African American folk magic & spiritual practice, working with herbs, roots, and spirit for healing, protection, and justice. Rooted in West African, Indigenous, and European folk traditions.	The practice of honoring and consulting ancestors as active, living presences. Central to Yoruba, Akan, and their diasporic descendants, including many Black American spiritual households.	Healing that happens in collective space: praise, prayer, call-and-response, laying on of hands, anointing. The Black church, hoodoo circles, and family altar practices are all forms of this.



Indigenous & Native Healing Frameworks

Medicine Wheel

A cosmological framework organizing physical, mental, emotional, and spiritual dimensions of wellness. Used across many Nations and is not monolithic,, specific to each People.

Ceremony & Sweat Lodge

Ceremonial healing done in sacred space. Facilitated by those given that authority by their community. Not for appropriation, but to be understood with deep respect.

Land-Based Healing

Healing through relationship with land, animals, seasons, and cycles. Disruption of this relationship through removal and displacement is itself a recognized source of trauma.

Tribal Sovereignty of Knowledge

Indigenous healing knowledge belongs to the people. Clinicians must honor this, avoid extractive curiosity, and center the client's relationship to their own tradition.







South Asian & East Asian Healing Systems

Ayurveda (South Asian)

- Constitutional medicine: vata, pitta, kapha as psychobiological types
- Healing through food, herbs, ritual, and daily practice (dinacharya)
- Mind-body-spirit treated as inseparable, no split between physical and mental health
- Used by South Asian and Indian diaspora communities; increasingly relevant in U.S. clinical contexts

Jyotish / Vedic Cosmology

- Planetary cycles understood as influencing psychological and somatic states
- Used in combination with Ayurveda and spiritual practice for healing and life guidance
- Client disclosure of consulting a Jyotishi should be received as clinical information, not dismissed

Traditional Chinese Medicine

- Qi flow, meridians, and organ systems as the architecture of health
- Acupuncture, herbs, and food used to restore balance
- Emotional states mapped to organ systems, grief to lungs, fear to kidneys, anger to liver
- Contextual example: relevant for East Asian diaspora clients who integrate TCM with Western care

Five element correspondences (Wu Xing)

Each element links a yin organ to an emotion, a season, and a color

Wood
Spring

Liver
organ

Anger
emotion

Green

Fire
Summer

Heart
organ

Joy
emotion

Red

Earth
Late summer

Spleen
organ

Worry
emotion

Yellow

Metal
Autumn

Lungs
organ

Grief
emotion

White

Water
Winter

Kidneys
organ

Fear
emotion

Black

Why This Knowledge Was Nearly Lost

Historical suppression of ancestral healing is not incidental, it is structural. Understanding this is essential clinical context.

Enslavement

African spiritual and healing practices were criminalized, mocked, and violently suppressed, practitioners killed, traditions forced underground

Assimilation policies

Indigenous children removed from families, forbidden to speak their language or practice ceremony, breaking the transmission of healing knowledge

Pathologizing

Western medicine categorized non-Western healing as superstition, mental illness, or primitivism, a bias still present in clinical training

The result

Generations of people cut off from their own healing, and a mental health field trained to see their traditions as problems rather than resources



Why Ancestral Practices Are Clinically Relevant Now

73%

of Black Americans report religion or spirituality as important to their mental health coping (Pew, 2021)



Clients who feel their spiritual/cultural practices are respected show higher therapy retention and treatment engagement



Dismissing or ignoring client spiritual practices correlates with premature termination and treatment disengagement

Key

Your client is likely integrating traditional and clinical care, whether they tell you or not

Reflection

"What is one ancestral or traditional practice that one of your clients has mentioned, or that you suspect they engage in but haven't disclosed?"

Take 2 minutes. Hold this with curiosity, not analysis.



MODULE 2

Ancestral Worldviews & Client Identity

How Cosmological Worldview Shapes Client Identity

When a client's worldview holds that ancestors are present, that energy is directional, or that illness has spiritual meaning, this is not a belief to be assessed for reality-testing. It is a framework for living.

Symptom experience

Client may describe distress as spiritual disconnection, ancestral unrest, or loss of alignment, not as depression or anxiety

Help-seeking behavior

Client may consult a healer, elder, or spiritual community before or alongside therapy and may not disclose this

Treatment engagement

Client will disengage if the clinician dismisses or pathologizes practices that are central to their sense of self and healing

Therapeutic goals

Client's definition of 'healed' may look fundamentally different from the clinician's, and both can be valid

Ancestral Grief, Intergenerational Trauma & Somatic Memory

The Body Remembers

Resmaa Menakem's work on somatic abolitionism demonstrates that racial trauma is stored in the body across generations

Ancestral healing practices, rootwork, ceremony, altar, often function as somatic release and somatic regulation

What looks like anxiety, hypervigilance, or dissociation in a Black or Indigenous client may be a generational wound being activated, not a personal pathology

Clinical Implications

- Ask about family and ancestral history, not just developmental history
- Understand that healing practices may be completing intergenerational cycles
- Somatic symptoms may require somatic healing, and that healing may live in the client's tradition, not in a CBT workbook
- Estate Metaphysics lens: Estate Tone, the somatic register of one's inherited identity and field, is a useful clinical frame here



Episode #36 - Resmaa Menakem

Distinguishing: Spiritual Experience vs. Clinical Symptomatology

Culturally Normative Spiritual Experience	Spiritual Emergency	Clinical Symptomatology
Client and community make meaning together	Intense experience that overwhelms coping	Persistent distress causing functional impairment
Consistent with cultural/spiritual tradition	Crisis but rooted in growth or opening	Breaks from baseline across multiple domains
Client feels connected, not fragmented	Client seeks support, feels 'too big'	Client shows disorganization, danger, or marked decline
Does not impair daily functioning	Temporary; resolves with support	Does not resolve with cultural or spiritual support alone

Key Assessment Questions

When a client presents with spiritual or ancestral content, assess:

- 1 Does the experience make sense within the client's cultural/spiritual framework?
- 2 Does the client's community share or validate this experience?
- 3 Is the client's daily functioning intact?
- 4 Is there distress, and if so, does the client understand it as part of a meaningful process?
- 5 Has the client sought guidance from their spiritual community? What happened?
- 6 Are there safety concerns, and if so, are they rooted in the spiritual content or in the client's broader situation?

Case Illustration: Black American Client

"My grandmother showed me how to make a floor wash before I moved into my new apartment. I burn sage for my kids every Sunday. I also see a root worker when things feel spiritually heavy."

Discussion:

- What does it tell you that this client is integrating rootwork and therapy?
- How would you document this in a treatment plan?
- What would you avoid saying or asking, and why?

Case Illustration: Native Client, Dual Healing Systems

"I do sweat lodge with my uncle every month. I've started hearing my grandfather, he died last year. He gives me instructions sometimes. I know this sounds strange to you."

The critical clinical move here:

- Do not begin assessing for psychosis. Begin by asking: 'Tell me more about your grandfather. What does he usually say to you?'
- Assess functional impact and congruence with cultural framework, not content alone
- 'I know this sounds strange to you', the client is anticipating dismissal. Your response to this line is everything.
- *Notice: Who gave this client the idea that their experience would sound strange to a clinician?*



CIIS
Beloved Community
Initiative



Division of
Community Engagement
and Belonging

Case Illustration: South Asian Client, Integrating Ayurveda

"My mother has me seeing a Vaidya for my anxiety, he says my vata is severely imbalanced. I'm also doing my daily oil pulling and following my Ayurvedic diet. She doesn't think therapy can help what is a spiritual problem."

Do not compete

Ayurvedic care is not your competition. Explore what the Vaidya has recommended and how the client experiences it

Family system

The mother's belief that this is 'a spiritual problem' is clinical information, not resistance to overcome

Vata imbalance

Vata governs movement, nervous system, and anxiety. This maps well to clinical presentations, it is descriptive language, not magical thinking

Question

How do you honor the Vaidya's role while also maintaining your clinical frame? What does collaborative care look like here?

The Estate Metaphysics Lens: Attending & Intention as Clinical Concepts

Estate Tone, The somatic register of one's inherited identity: the felt sense of the lineage and ancestral field one moves through the world carrying. It is not metaphor. It is a clinical-somatic reality.

Attending, The direction and quality of a client's awareness. What they are turned toward. What pulls their energy. In ancestral healing, attending to the lineage is itself a healing act.

The Current, The flow state accessible when a person is in alignment with their nature and their ancestral field. Disruption of this current, through unprocessed grief, forced assimilation, or spiritual disconnection, is a source of psychological distress that clinical models rarely name.

Clinical application: When a client engages in ancestral practices, they may be restoring their Estate Tone and re-entering The Current. This is healing, not avoidance.

MODULE 3

Implicit Bias & Ethical Responsibility

What Is Implicit Bias in Clinical Decision-Making?

Implicit bias refers to the attitudes, stereotypes, and assumptions that operate outside of conscious awareness, shaping perception, judgment, and behavior without the clinician realizing it is happening.

- It is not the same as overt racism or intentional discrimination, but its effects on clients can be equally harmful
- It operates through pattern recognition, the brain shortcuts that allow fast thinking also encode social biases
- Training reduces its impact, but only when practitioners are actively aware and willing to look honestly at their own assumptions
- AB-241 recognizes that implicit bias in clinical settings produces measurable disparities in health outcomes

How Bias Against Non-Western Healing Enters the Clinical Room

Dismissal

Clinician changes the subject when client mentions traditional practices, signaling that this information is not welcome in therapy

Pathologizing

Clinician interprets spiritual experience through a psychiatric lens first, treating cultural expression as a symptom to be assessed

"Tolerance"

Clinician says "that's interesting" but does not engage, communicating that the practice is tolerated, not valued or understood

Extraction

Clinician asks probing questions out of curiosity rather than clinical relevance, treating the client's tradition as exotic rather than therapeutic

Over-assimilation

Clinician assumes the client wants to integrate Western healing and traditional practice on Western terms, missing that the tradition may be the primary healing system

Disparities Produced by Clinician Bias

5×

More likely

Black clients are significantly more likely to be diagnosed with schizophrenia than white clients presenting with the same symptoms, a well-documented pattern linked to clinician bias

↓48%

Lower retention

Clients from BIPOC communities who feel their cultural practices are dismissed or pathologized show dramatically lower treatment retention and therapeutic alliance scores

Rarely
asked

Spiritual history

Studies show fewer than 15% of clinicians routinely ask about a client's spiritual or religious practices during intake, despite these practices being central to wellbeing for most BIPOC clients

Self-Assessment: Surfacing Your Own Assumptions

Answer honestly, this is for you, not for grading.

Q1. If a client told you they consulted a root worker before coming to therapy, what would your first internal reaction be?

Q2. Have you ever subtly steered a client away from discussing their spiritual practices? What drove that?

Q3. Do you have any traditions or healing practices in your own family of origin that you have distanced yourself from? How might that affect your clinical stance?

Q4. Which of the traditions covered today would you feel least comfortable with a client engaging? Why?

Ethical Standards: What Governs This Work

NASW

Standard 1.05, Cultural Competence: Social workers must understand the nature of social diversity including religion and spiritual beliefs, and demonstrate competence in their practice

CA BBS

Title 16, CCR §1807.2, Licensees must demonstrate respect for diversity including religion and spiritual beliefs, and must not discriminate based on cultural, religious, or spiritual factors

APA

Multicultural Guidelines (2017), Psychologists are encouraged to attend to the role of religion, spirituality, and indigenous worldviews in clients' lives and to treat these as assets rather than pathology

CAMFT

Ethics Code §1.3, MFTs must practice with cultural sensitivity and must not impose their own values on clients, including in domains of spirituality and ancestral practice

Epistemic Humility as Clinical Tool

Epistemic humility means holding our own knowledge systems as incomplete and approaching the client's knowledge, worldview, and healing tradition as a legitimate system worthy of our genuine curiosity and respect.

"This client has a belief in ancestral spirits"



"This client is operating within an ancestral cosmology that provides healing structure"

"The root worker is interfering with treatment"



"This client is receiving parallel care. How do I understand what that care is doing?"

"I need to assess whether this is psychosis"



"I need to understand this experience in context before I reach for a diagnosis"

MODULE 4

Clinical Integration Strategies

The Culturally Responsive Intake

Questions that invite ancestral context without imposing it:

"Are there spiritual or cultural practices that are important to your wellbeing or healing, things you do or believe that help you feel grounded or whole?"

"Are there healers, elders, spiritual leaders, or community members you turn to for support? If so, do you want me to know about that work?"

"Are there any practices or beliefs that have been in your family for generations that you feel connected to, or that you're working to reconnect with?"

"Is there anything about your background, your family's traditions, or your spiritual life that you think I should understand in order to work with you well?"

Integrating Ancestral Practices into Treatment Plans

The goal is not to add a 'cultural section' to your existing plan, it is to let cultural and ancestral context inform the entire plan.

Document

Note the client's practices with respectful specificity, not 'engages in folk practices' but 'continues consultation with root worker as part of healing process'

Frame as resource

Position the client's tradition as a strengths-based resource in the treatment narrative, not as a risk factor or a confounding variable

Align goals

Ask the client how their ancestral practice and their therapy goals connect. Let them name the relationship, don't assume

Avoid competing

Your treatment goals should not be in tension with the client's tradition. If there is tension, explore it collaboratively, do not override it

Revisit

Check in regularly about the ancestral practices. Ask how they are supporting the client. This communicates ongoing value, not one-time tolerance

Practical Exercise: Rewrite the Case Note

Original note: "Client continues to engage in cultural practices including burning herbs and 'speaking with ancestors.' These behaviors were not discouraged but remain inconsistent with CBT model. Client motivation for evidence-based treatment is unclear."

With a partner or in writing, rewrite this note to:

- Describe the practices with cultural respect and clinical specificity
- Frame them as resources rather than confounding variables
- Eliminate the implicit bias embedded in the phrase 'motivation for evidence-based treatment'
- Reflect an approach that honors both clinical and ancestral healing frameworks

Documentation Language: What to Say and What to Avoid

“Client maintains active engagement with African American traditional healing practices, including the burning of herbs and ancestral reverence. Client reports these practices provide grounding, spiritual continuity, and somatic regulation. Treatment plan adjusted to honor the client’s healing framework. Therapeutic goals collaboratively developed to integrate both clinical and culturally rooted interventions.”

When to Refer: Working with Traditional Healers & Spiritual Leaders

Collaboration, not competition, is the clinical posture.

Recognize the scope limit:

You are not a traditional healer. Do not attempt to replicate or substitute for the healing the client receives from their community, elder, or practitioner

Ask about parallel care:

Find out who else is supporting the client. Build a care map. Understand each practitioner's role, as the client defines it, not as you interpret it

Coordinate when appropriate:

With the client's consent, communication between a therapist and a spiritual leader can be powerful, but always let the client lead that relationship

Know your referral network:

Develop relationships with culturally congruent healers, spiritual directors, and community leaders in your service area. This is part of culturally competent practice

Respect the boundaries of the tradition:

Some healing practices are not for outsiders to learn, discuss at length, or incorporate into clinical work. Honor that. Your role is to support the client, not to become an authority on their tradition

Somatic & Energy-Based Tools with Multicultural Origins

These are clinically applicable, not alternative. Many already appear in evidence-based practice.

Directed Attention

*African/Yoruba cosmology; Estate
Metaphysics*

Using attending as a conscious, directed healing act, where you place awareness determines what has the capacity to grow or heal

Breathwork as ceremony

*Indigenous traditions; African diasporic
practices*

Using breath to shift physiological and spiritual state, breath as a threshold practice, not just a relaxation technique

Grounding practices

*Land-based Indigenous traditions;
Ayurvedic dinacharya*

Physical connection to earth, place, and embodiment, structuring daily practice around sensory and elemental contact

Ritual & intentionality

*Broadly ancestral, African, Indigenous,
South Asian*

Creating deliberate containers for healing, rituals of beginning, releasing, and closing that honor the client's tradition

Building a Culturally Congruent Therapeutic Environment

Intake process

- Include spiritual and cultural practice questions as standard
- Offer intake forms in multiple languages
- Normalize discussion of traditional healing from the first contact

Physical space

- Art, symbols, and objects that reflect cultural diversity
- Avoid exclusively Western, clinical, or Eurocentric aesthetics
- Earth elements, warmth, and texture signal safety to many BIPOC clients

Language

- Use the client's own language for their practices
- Avoid clinical translation of spiritual experiences
- Ask how they name their healing, follow their lead

Scheduling norms

- Honor ceremonial seasons and cultural observances
- Avoid treating spiritual obligations as scheduling obstacles
- Flexibility signals that you see the whole person

Five Clinical Commitments for Culturally Rooted Practice

I

I will ask about ancestral and spiritual practices in every intake, and document them with respect

II

I will examine my own implicit biases toward non-Western healing, and I will continue to do so

III

I will treat a client's traditional healing practice as a clinical resource, not a risk factor or an obstacle

IV

I will use culturally specific language, the client's language, to describe their practices in my documentation

V

I will approach every client's cosmological worldview with epistemic humility, as a system worthy of my genuine curiosity and respect

CLOSING

Integration, Resources & Post-Test

12:30 PM – 1:00 PM | 30 minutes

Thank You.

The work you carry out of this room matters.

Your clients are waiting, not for a more credentialed clinician. For a more present one.