



Psychology in South Africa

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In conjunction with People to People Citizen Ambassador Programs, a delegation of psychologists, marital and family therapists, and a social worker convened in South Africa in May 2009 in order to foster one-on-one dialogue with our overseas counterparts and to continue the tradition of professional diplomacy first set forth by President Eisenhower in 1956.

As the group leader, I had designed the program to put us in touch with as many different aspects of mental health programs in South Africa as possible. I believed that it was important to understand the social forces of poverty, racism, apartheid, and severe health disorders which affected their lives, families, and culture emotionally and psychologically. The delegation looked at how psychology, which came out of a colonial mindset, originally promoted racism, and how new research into psychology might now be promoting mental health.

South Africa has 11 official languages, including English, Afrikaans (a derivative of Dutch), and nine tribal languages. English is a second language for almost everyone. South Africa reportedly was open to all religions; and, in fact, I think I saw a Mosque as well as other religious buildings in every town. Demographically, South Africa is 79% Black with nine ethnic sub-groups, including but not limited to the Zulu, Swazi, Xhosa, and Shangaan who are descended from peoples who migrated down the East Coast of Africa over thousands of years. Whites, who originally were 20% of the population, now make up 9.6% of the population, as two million whites have emigrated from South Africa since apartheid ended. Coloreds, who are those of mixed racial birth or descendants of the San/Bushmen, make up 9%, and Asians/Indians comprise another 2.5% of the population.

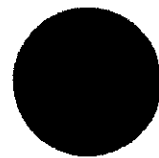
South Africa is both a first and third world country. Although it has the largest economy in Africa, there is 27% - 40% unemployment. HIV/AIDS is the biggest health problem, affecting 25% - 35% of all population; and in Swaziland, the infection rate may be as high as 90%.

One of our most interesting afternoons was spent in a lecture by Professor Don Foster, who gave a history of *Psychology in South Africa*. I had requested a meeting with someone familiar with *critical psychology*, and Dr. Foster, Dean of Humanities and Professor in the Department of Psychology at the University of Cape Town, taught just such a course. According to Wikipedia, "Critical psychology is a branch of psychology that is aimed at critiquing mainstream psychology and attempts to apply psychology in more progressive ways, often looking towards social change as a means of preventing and treating psychopathology. One of critical psychology's main criti-

cisms of conventional psychology is how it fails to consider or deliberately ignores the way power differences between social classes and groups can impact the mental and physical well-being of individuals or groups of people."

Professor Foster noted that although segregation began over 300 years ago, mandated separation began with the National Party's ascent to power in the late 1940s. Psychology, which had its beginnings in South Africa in the early 20th Century aided and abetted apartheid with the use of the Stanford Binet. Blacks and Whites were tested, and Blacks were shown (though the test was not normed on non-white populations) to be stupid. Whites were worried that intermarriage might lead to degeneration of the White race. IQ Testing flourished in the 1930s and 40s. Additional studies funded by Carnegie showed no difference in IQ levels between poor Blacks and poor Whites. This led to affirmative action policies for poor Whites only, with psychology ignoring the role that poverty and lack of education played in the development of IQ.

An interesting parallel story is about H. F. Verwoerd who became the first Prime Minister of South Africa. He was the architect of apartheid and wrote the first psychological thesis by an Afrikaans speaker at Stellenbosch University. He studied psychology in England, Germany, and the United States, where he became enamored of the principle of "separate but equal." By 1928 he was a professor of psychology at Stellenbosch and then ultimately was Prime Minister of South Africa from 1958 - 1966. He was hacked to death on the floor of parliament by a colored man found to be criminally insane. Only karma can account for his end.



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From the 1950s the South African Psychological Association (SAPA) was segregated and not allowed to admit psychologists from any other racial group. In 1955 an Indian woman applied for membership, and the governing body dithered for four years. Ultimately she immigrated to Canada where she joined the Canadian Psychological Association.

Professor Foster (who is White), studied psychology with an emphasis in Social Psychology at Stellenbosch University, Cambridge, and the London School of Economics. While in England he was able to read Mandela's work which was banned in South Africa. Once back in South Africa he began researching the effects of systematic torture under the auspices of funding from the Ford Foundation. He ultimately published his research in *Detention and Torture in South Africa*. The resulting uproar became known as "Foster gate" in the *Afrikaner News*, which tried to discredit his research. For the next few years the secret police hounded him; he dealt with weekly death threats even when on sabbatical in Wales and Ireland; and he was declared an enemy of the state along with Desmond Tutu.

Meanwhile in the 1980s OASSA, an alternative Psychological Association broke away for the long-standing SAPA. In 1983 the Journal *Psychology in Society* was published underground. Psychologists were able to publish alternative journals by quickly changing titles in order to stay one step ahead of the censors. Dr. Foster was often on the run, underground, or abroad until Mandela was elected in 1994.

That same year the Psychology Society of South Africa (PsySSA) was formed to represent psychologists in South Africa and

incorporated members of OASSA, PASA, and Psychologists against Apartheid into its organization. Its first president was Black as is its current President, Professor Norman Duncan from Witwatersrand University. Like CPA, PsySSA lobbies governmental bodies for legislation which will help psychologists and consumers. Divisions include Clinical, Clinical Hypnosis, Counseling, Educational, Health and Sport, Industrial, Psychometric, Research, Forensic, Neuropsychology, and Student.

Registered psychologists are masters' level while those with PhDs are academics and supervisors. Currently there is a severe shortage of psychologists and psychiatrists who can treat underserved (or under resourced, as they say) populations. A psychologist at the Chris Hani Baragwanath Hospital in Soweto receives about 700 rand/month (\$1.00 = 8.5 Rand). Young professionals cannot afford to live on such a meagre salary, so after their internship year, most go into private practice. Another problem is a lack of language skills as most registered psychologists are white and many of their patients come from one of the nine tribal groups.

Another inspiring and moving meeting was with a young White, South African psychiatrist Dr. Greg Jonsson who directs the Luthando Psychiatric HIV Clinic for patients with dual diagnoses. He and his multicultural staff (White, Black, Muslim, and a Rwandan) started this unit last year and run it on a shoestring. The unit is part of Baragwanath Hospital, the largest hospital in the Southern hemisphere. Given the severe shortages of trained personnel, Dr. Jonsson loved the idea of prescriptive authority for psychologists when Dr. John Preston, a delegate on the trip, and I discussed it with him. In

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all our meetings it became clear that although facilities have access to up-to-date information, they must rely on non-governmental organizations (NGOs) to get much of their work done in their communities.

We also visited the Bishop's Support Unit in Cape Town, a counseling center for staff and students at an elite all boys' high school where we discussed the problems encountered by students in this kind of setting. PTSD is a frequent problem because of home invasions. Poverty and methamphetamine addiction are rampant, and people are warned not to be out after dark. Homes of the wealthy and even middle class are surrounded by high walls with gates and razor wire. John Preston gave a terrific presentation to staff and delegates on the Neuropsychology and treatment of PTSD.

Spirit of Africa arranged a visit for us at Cape Mental Health Society, founded in 1913. Their mission is to work with developmentally disabled children and the seriously mentally ill. They support Fountain House (a model of day treatment centers which are "clubs" run by patients who are referred to as "members." The model is based on psychosocial rehabilitation and offers day treatment programs to reduce the stigma of serious mental illness while allowing members to learn socialization skills and develop sustainable incomes. Again, staffing was facilitated by volunteers from NGOs, in this case from Germany.

The key to equality and improvement of mental health in South Africa is reversing the overwhelming poverty and having an excellent education system for all. Previously Black education was geared to preparing people to be servants. Even now, students can opt out of math. The future is a question mark in South Africa. 

References

Foster, D. with Davis, D. and Sandler, D. (1987) *Detention and torture in South Africa*. Cape Town: David Philip.

Foster, D and Louw-Potgieter, J. (eds.) (1991) *Social psychology in South Africa*. Johannesburg: Lexicon. (The first textbook specifically for a South African audience, this also took an approach from a social identity theory angle.)



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