



South African Psychology's Response/ability: Crisis or Catharsis?

**A Panel discussion held in Plenary at the
22nd South African Psychology Conference
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1. Introduction

The discipline of Psychology in South Africa is experiencing a period of significant stress defined largely by how the identity and role of the Psychology professional is constructed. As a profession that focuses on individual and societal wellbeing, Psychology professionals have a response/ability to inform research, policy and practice for the betterment of all in society. This compels Psychology to engage with the transformation to a more socially relevant discipline in training and practice. Yet Psychology professionals in South Africa are challenged by issues of Scope of Practice wherein the emphasis is on differentiating the roles of professionals, rather than focusing on the core responsibilities of all Psychology professionals as outlined in the Scope of the Profession, including ethical practice and responsiveness to societal issues. This begs the question as to what the response/abilities of the Psychology profession and professionals are and should be.

How can Psychology construct its identity so that the discipline has the ability to respond to its' own and society's issues?

If we choose to continue as separate Psychology organisations and categories, are we optimising our response/abilities to the profession?

Are we preventing the evolution of the discipline by maintaining a status quo based on rigid boundaries?

Are we adequately responding to societal needs?

Can we use this time not as a crisis but rather as a catharsis – a point of new beginnings and a redefining of the discipline to become more socially relevant?

Panel members will respond to these questions in their capacities as representatives of various organisations within Psychology as well as representatives of particular categories of Psychology professionals.

The panel discussion focused on strategies moving forward that unite the discipline whilst still representing diversity across various organisations and registration categories. The papers contained in this compilation were submitted by four of the panelists.

2. Psychology as an Applied Science: Mr Daniel den Hollander

When you prepare a panel discussion and you are briefed that you have five minutes in order to propose strategies for unifying Psychology, two things become clear: firstly, that more time is needed to adequately address the difficulties that Psychology is currently faced with, and secondly, how complex these difficulties are. I would like to focus on these complexities.

There is a perpetual wind of change within our South African social landscape, and the question is not whether Psychology must meet these changes, but how. Psychology is an Applied Science. Due to its remarkable ability of being pragmatic and relevant at addressing societal needs, it has been applicable in an array of different contexts [Industry, Education, Health, and Community] to suffice a tapestry of roles (assessment, activism, psychotherapy, research, professional training, and consultancy). And our different scopes, roles and contexts portray the diversity within our focus: the functionality of the human being.

For example, I am a clinical psychologist who diagnoses and treats psychopathology. And I am an employee in Public Service, working within the context of West End Specialised Hospital, Kimberley. I made the decision to work in Public Health in order to professionally address the negligible provision of psychological services in the public sector (and I quote de Kock, 2016 here), the sector that caters in excess of 70 percent of the population of South Africa. And I fulfil different roles within that capacity: psychotherapist, supervisor, educator and advocate of psychological processes within a specialised mental health hospital.

But being an applied science is where the complexity comes in. When we state that Psychology is an applied science, we mean that it is both a Science & an Institution. The second that Psychology became an institution then other factors (then Science persay) came into play: Legality, Ethics, and Commerce. Diversity works within science because it reflects the necessary facilitation of the complex nature of the human being. Therefore, Psychology as a Science needs diversity. However, within an institution diversity can fragment the group, causing the group to lose cohesion. An institution needs a closed system, legislation creates conformity which in turn creates better regulation and control. Psychology is too diverse a field to expect a psychology professional to be an expert in everything. Therefore, Psychology needs to be specialised (as is the case with other fields of applied science).

Otherwise it is in danger of becoming too-encompassing, as the saying goes, “jack of all trades, master of none”.

When diversity exists within an applied science that battles to differentiate itself as independent from other applied sciences (like Psychiatry), then diversity can be interpreted as unsettling and divisive. This is because the differing subgroups will compete to become the dominant group (as is well illustrated with the social attribution theory). Because psychologists react in exactly the same way as any other group of human beings, all other groups are perceived as competition, and an important cognitive shift occurs whereby diversity is perceived as division: in competition with each other, the outgroup versus the ingroup. When consensus cannot be reached, you will notice that other legitimators come into play, for instance legislation, mass consensus, economics, and charisma.

Lyotard, in the Post Modern Condition warned that you cannot assume that your statement is valid because you win the crowd vote, or because it is legislated as such, nor can you use an ethical argument, in a legal proceeding, in order to resolve an economic problem. If you do, you are being dishonest and reinforcing it through power. You are dishonest because you are blinded by your own biases. Bias is inevitable. But the resolve to bias is critical reflection. To be objective is to be aware of your own subjectivity, or if you like, your own countertransference. However, when we feel that we are in opposition to each other, our defensiveness creates tension which further blinds us of our own biases. Opposition is reinforced when diversity is intensified by perceived limited resources (e.g financial), and these resources are limited by outside agencies.

You ask, crisis or catharsis? We can only use this time as catharsis if we keep one ear turned inwards whilst we create spaces in which we can soberly listen to each other. There are very little opportunities for members of the different categories of psychologists to sit down and debate. Already from training level, psychology students are divided into different faculties with little contact with each other. Without unified spaces for critical engagement how do we expect to magically have a unified approach when dealing with outside agents such as economics, legislators, and education systems? We have a responsibility to address our own biases through critically engaging with ourselves and with each other; if we don't then we create sites of complexities with each other, which will hamper unification within Psychology. We are a lion posing as a cat. If we allow ourselves

to be divided, due to the sites of complexities that exist, then we will limit our ability to be relevant within the communities that we serve.

(Addressing the point about Marakane)

When we ask ourselves: “what should our response and role have been about the horror of Marakane”, any response we would have given would have been too late. Marakane is proof that Psychology services (which include research, intervention, and activism) are not in place. We are process-focused. We need to work long term because we intervene with causality. This is where sustainable change can occur for both the individual and the community. But we are not only process-focused, we are also human-focused. We work with human systems, both on the intrapersonal and interpersonal levels. We are the guardians of that focus. Because when Psychology is ignored, Ubuntu and the human spirit is also ignored.



Mr Daniel Den Hollander

Daniel den Hollander is a Clinical Psychologist in the Department of Psychology at West End Specialised Hospital in Kimberley, Northern Cape. He is an active member of PsySSA, whereby he serves on the Executive Committee of the Psychology in Public Service Division (PiPS), and as member of the South African Society for Clinical Psychology Division (SASCP). He is a member of the Clinical Psychology Forum (CPF). His research and clinical interests are in the areas of epistemology, critical psychology, and trauma work. He has presented at several conferences, specifically examining the relationship between Science and Practice in Psychology.

3. The Call to Act and Respond: South African Psychology's Response/ability: Professor Gertie Pretorius

Conceptualisation of the roles and responsibilities of Psychology in the current landscape of South Africa must be embedded in the aftermath of the history and legacy of apartheid. As a country we are still reeling from the discriminatory practices that marginalised and dehumanised most of the South African population. This is evident from the current macro context of continued inequality that manifests in macro and micro environmental poverty, crime, violence and unemployment. In this context where the largest part of the population does not have access to psychological services or do not have medical aid, **Psychology is called upon to act and respond.**

One of the first levels of response is the responsibility to analyse **the identity of Psychologists** and the relevance of that identity in the current South African context. Identity is both constructed and attributed. As professionals we choose to become Psychologists and when we apply to be accepted in an accredited training programme, in the relevant Faculty in Institutions, we choose the category in which we want to be trained. By exercising these career choices we also choose a career path and a professional identity. When asking how Psychology can construct its identity, we need to first answer the question, how are we different from other helping professions? Psychology must ask the question, what makes us different from medical doctors, psychiatrists, religious leaders, coaches, social workers, guidance teachers and nurses? The next question in constructing an identity is who are we here to serve? This brings us to the wide array of contexts in which we have to function, including health, labour, education, justice correctional services, and community and private contexts. If all Psychologists do the same thing, namely therapy for individuals how will we ever respond to the need of all and make psychological services accessible to all?

The Profession has a **responsibility** to shift its paradigm from a westernised, colonialised and capitalist one which continue the inequality by providing services to those with medical aids and those with the means to afford individualised services, to a paradigm where psychological services are accessible to all. In order to do this, Psychology will have to transform itself by ridding it from **the erroneous discourses that form the basis of the elitist and exclusive role** it has played until now.

One of these erroneous discourses is that the Profession of Psychology is organised in a hierarchy with “Clinical Psychology” at the pinnacle of the hierarchy followed by “Counselling Psychology”, “Educational Psychology” and “Industrial Psychology” while “Registered Counsellors” and “Psychometrists” find themselves at the bottom of this hierarchy. This discourse has to be substituted with a conceptualisation of the Profession as parallel where each category is vital because it serves a different purpose and fulfil a different role in response to the psycho-social needs of South Africa. It is the responsibility of Psychology to act in various contexts and to deliver a variety of services to all South Africans. This is possible by making psychological services accessible to people where they are, be it in learning settings, work settings, hospital settings, community settings or settings of justice and rehabilitation or private settings.

Another one of these erroneous discourses, and underpinning the erroneous perception of a hierarchy in South African Psychology, is the one believing that Psychology equals therapy and that the only role we, as Psychologists, Registered Counsellors and Psychometrists have is a curative one. The use of a medical discourse and of diagnostic categories to afford psychological services, underpins a pathological and economic paradigm which does not leave room for the psycho-social issues that Psychology has to respond to. These include issues like abuse, domestic violence and trauma, hate crimes, bullying and cyber-bullying, traumatic sexualisation and teenage pregnancies, gangsterism, substance abuse, HIV and the inequalities which continue to create learning barriers in children, adolescents and adults. The current paradigm of “mental health and pathology” and the way that services are delivered in practice by “therapeutic” interventions on an individual, one-on-one basis by using diagnostic criteria renders Psychology impotent to address these problems. In order to holistically respond Psychology will have to shift its focus from curative work to preventative and developmental work on a community and institutional level. In order to achieve this we need to change the models that Psychology use when Psychologists are elected and trained. Rather than limiting training to Psychotherapeutic and diagnostic models, student Psychologists have to be trained in preventative and developmental models and modes of delivery that include larger groups and communities.

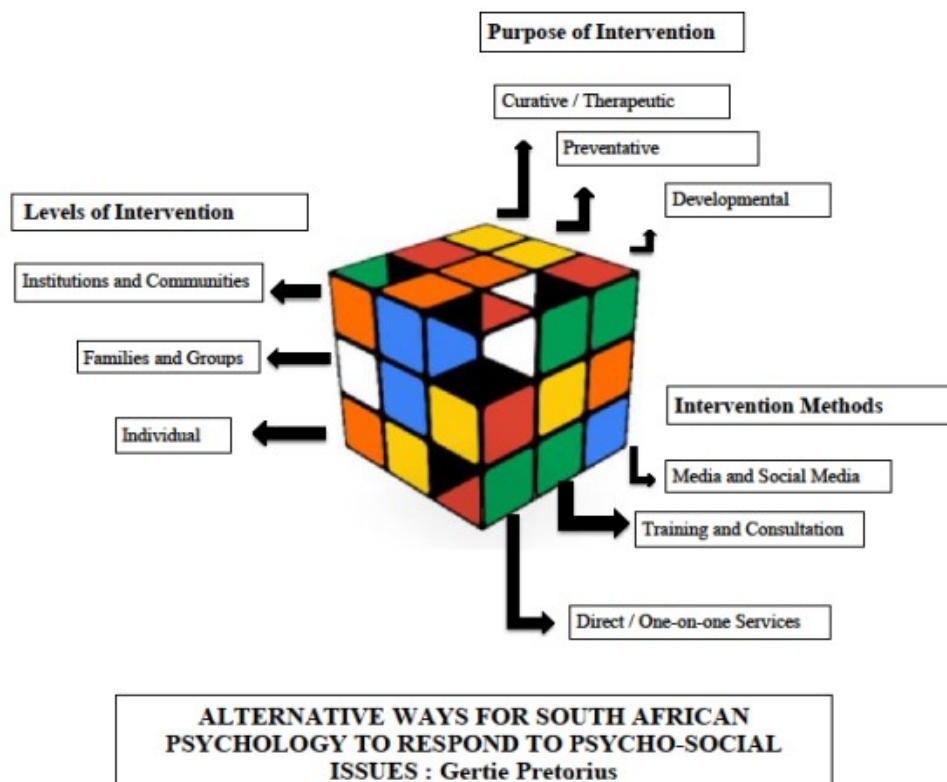
I argue that we need to shift our paradigm to include a variety of interventions, varying the purpose of our interventions as well as the methods we use to intervene. In the

eighties, already, some scholars like Ivey and Simek-Downing proposed alternative ways to practice. An adaptation of their model of intervention brings us to a plethora of psychological interventions ranging from the traditional one-on-one therapeutic services that is delivered directly to individuals or families for curative purposes to interventions with preventative and developmental purposes delivered by utilising social media to institutions and communities. Conceptualising the Profession by using the Cube [below], as adapted from Ivey and Simek-Downing's model, the vast possibilities open to Professional Psychology becomes apparent as well as the variety of alternative ways to practice Psychology in the South African context.

The inclusion of Registered Counsellors as a valid and valuable registration category is part of the response needed to ensure accessible and affordable psychological services to all. Registered Counsellors should be recognised as a powerful workforce that can intervene with program development and implementation on a macro and micro scale in communities and institutions.

In the spirit of decolonialisation and Africanisation, it is the responsibility of Psychology to ensure that relevant research by Research Psychologists focus on the development of theoretical models and psychometric instruments from an emic (insider perspective). Indigenous and localised knowledge systems should be the basis of teaching and training in Psychology.

As we are contemplating our response/ability as South African Psychology, we need to reconceptualise not only the identity of Psychology and the way in which Psychology is practised in South Africa but also the way we select, train and deploy Psychologists, Registered Counsellors and Psychometrists. It is the responsibility of Psychology to respond to the contextual challenges that South Africa poses, at this crucial time in our young democracy, and it is our responsibility to ensure that we are able to respond by transforming into a Profession that can serve South Africa.



Prof Gertie Pretorius has been registered as a Counselling Psychologist for the past 35 years and as a Research Psychologist for the past seven years. As a Practitioner and Professor of Psychology she has straddled the divide between theory and practice while training countless Psychologists in both the science and the art of Psychology in formal HPCSA accredited programmes. Apart from her professional qualifications as a Psychologist she also holds a Masters' degree in Philosophy, specialising in Ethics which underpins her passion for practising in an ethical way. She is an NRF rated scholar with a prolific publication record. Professor Pretorius is passionate about the role and responsibility of Psychology in the current South African context and has served the Profession, by dedicating twelve years of her life to the HPCSA Professional Board for Psychology, while fulfilling various duties and roles. She has experience and understanding of the regulatory framework within which Psychology should function in the broader South African legislative context.

3. The Democratization of Psychology: Dr Martin Strous

South Africa and South African Psychology battle to respond to societal needs. This is largely because of the historical effects of apartheid as well as current socio-economic challenges. High rates of unemployment, HIV/AIDS, school drop-outs, violent crime, teen pregnancy, poverty and racism are some of the problems affecting millions of South Africans. We have an immense need for psychological services, but a shortage of psychologists. Psychological services are inadequate for the majority of the population, and the relevance of American and Eurocentric models has also been queried.

The need for transformation is obvious, and educational psychologists - about whom I will speak - are well positioned to contribute toward the country's transformative agenda. However, some believe that Educational Psychology is a doomed profession. Educational psychologists are increasingly hindered by a rigidly interpreted scope of practice, discriminated against by some medical aids and bigoted groups, and inadequately supported by our current, regulatory body and some training institutions.

It is a blight on Psychology that discrimination against educational psychologists is tolerated. We need to break the silence within our own ranks. Our profession must be what this conference terms Response/able. Maintaining a stance of supposed neutrality when there is discrimination is no answer. As Eldridge Cleaver said, "There is no more neutrality in the world. You either have to be part of the solution, or you're going to be part of the problem."

Looking to the future, we must recognise and promote the contributions that educational psychologists make in the vital fields of learning and development. Please note that the terms "learning" and "development" are imbued with broad meanings that go way beyond just formal education. We must also protect the generic and varied competencies – including competencies in various clinical procedures - that educational psychologists often contribute in a country with limited mental health services. We must develop contextually relevant practices and research.

In terms of service delivery, we should consider, as others have suggested, creating psychology and counselling posts in State schools. School buildings are situated within communities, and this would allow many disadvantaged families access to psychological services without the burden of transport and travel. However, I must emphasise that it is

not only educational psychologists who can work in schools, and educational psychologists can work in many settings other than just schools.

We should guard against incorrect insinuations or statements that different categories of psychologists have vastly different skills or follow different theoretical paradigms. There is variability and similarity both within and between registration categories.

There is a need for real and meaningful professional and public participation regarding mental health regulations. We must hold policy makers accountable to the profession and the public. Psychology, of all professions, should be committed to consulting with people rather than pulling and pushing them where they do not wish to be. Processes of exclusion, empathic failure and inflexibility undermine personal and group rights, and we stand a better chance of helping to facilitate the development of healthy identities - in ourselves and others - if we adhere to themes of diversity, respect, human rights, self-determination and collaboration. If we do not, we will remain in crisis.

We are situated today a few hundred meters or less away from the Codesa Walkway, the site where political talks took place during South Africa's transition to democracy. Reflecting this transition, apartheid-style elements in South African psychology are starting to give way to attempts to democratize the profession. In this context, Educational Psychology is well positioned to be a valuable national resource, but non-regulatory bodies and individuals unilaterally assume the right to determine what educational psychologists may or may not do. If we are to be a united profession, we will have to move away from tolerating the marginalisation of educational psychologists and from the habitual, unethical casting of aspersions on the legitimate activities of educational psychologists. This is not important only in relation to medical aid issues, but also in terms of meeting the needs of the poorest of the poor, who are not on medical aids.

We must democratize service delivery with reference to psychology's sidestepping of the poor and shortages of accessible mental health services. Where psychological services are in great demand, it is silly if not unethical for the role of psychologists to be unfairly limited. Community psychology principles imply less rigidly regularised services, and making psychology more accessible to underserved communities. Obviously, the more broadly trained psychologists are, the better this will be for people requiring much needed services. Using narrow definitions of the scope of practice of educational psychologists to restrict activities contradicts principles of community psychology that value flexibility and non-

authoritarianism in professional practice. Moreover, pigeon-holed scopes of practice would require repeated referrals up and down between different psychologists as a person's situation changes. Oscillating referrals may result in reified therapeutic experiences, with clients, their families and communities feeling treated as objects. There is a need for flexibility, as opposed to over-regularisation of mental health services.

Some people are starting to talk about redefining the scope of the entire profession. This may or may not be a good thing. If our regulatory colleagues plan on amending the scopes of practice or the profession, or the code of conduct, they must engage all psychologists and the public on the implications. It is hypocritical to pay lip service to the importance of recognising different identities and the intersection of identities in general, while scoffing at the aspirations of educational and other psychologists and the mental health needs of the public.

A lack of consultation or endless consultations that go nowhere, elective mutism around discrimination, and inaction will prolong our profession's internal strife. Our organisations must be proactive and decisive. Some still query the existence of different psychology organisations, but there is no point in bemoaning the development of alternative organisations that are action-orientated. The need for different, but democratically constituted organisations is obvious, as not all organisations think or act the same way.

We can and must formulate and reformulate our values, but ultimately we must act. We cannot sit on the fence and be effective helpers. Adopting a neutral stance holds the risk of excusing people from making principled decisions. We must consult, starting by listening to what others want and need - but we must also speak out loudly when we see wrong. We will need bold voices if our profession is to become the noble profession it can be.



Dr Martin Strous is the Chairperson of the Educational Psychology Association of South Africa (EPASSA) and the Vice-chairperson of the Psychological Society of South Africa (PsySSA) Educational Psychology Division. He holds a post-Masters' diploma in integrative psychotherapy from the Sherwood Psychotherapy Training Institute and a PhD from the University of the Witwatersrand. He is the author of a book, *Racial and Multicultural Sensitivity Training* and previously served as Associate Editor of the *South African Journal of Psychology (SAJP)*. He also serves on the Executive and Ethics Committees of the South African School Psychologists' Association (SASPA) and on the Discovery Health Psychology Panel.

4. On the Morality of Response/ability: Ms Mirah Wilks

“In the beginning was the *Word*

It is the word that is at the heart of responsible communication.

When we no longer hear “the other”, that is when we are *irresponsible*.

When we no longer tolerate each other, that is *moral irresponsibility*.

Moral irresponsibility, *dis-ables* us as ethical health care professionals.”

Mirah Wilks, Invited Speaker, Round Table Debate, PsySSA Congress, 21/09/2016

On Moral Reasoning and Rights, Harvard law professor, Alan Dershowitz once told a group of his law students, that he was hounded by a Holocaust denier to participate in a public debate, which Dershowitz continuously refused. Finally, Dershowitz agreed - on condition there was a series of three public debates:

“First, we’ll debate if the Earth is flat; then we will debate if there is a Santa Claus; and then we will debate whether the Holocaust really happened.”

Joshua Green (2013) Moral Tribes, p306.

Needless to say, his would-be opponent declined. The outright refutation by Holocaust deniers of the systematic Nazi annihilation of a People, is morally reprehensible and repugnant to civil society. In light of the current South African academic groundswell movement of de-colonization, moral and public self-flagellation and political restitution, Dershowitz’ astute response illustrates a meaningful and pragmatic lesson for us all as ethical practitioners: moral debate is not simply about seeking a singular truth. The richer our multiple truths, the greater our professional abilities.

Moral disgust, according to Jonathan Haidt, et al (2008) is the single determining factor that he questions how and for whom does moral disgust influence moral judgement? In his four studies (2008) involving different ways of inducing disgust he found a causal relationship between feelings of physical disgust and moral condemnation. Similarly, practitioners’ silence around the refutation of those “Others” who fail to measure up to a heteronormative sexual binary, is perplexing and unprofessional.

Clark and Fessler (2014) propose that the evolutionary account of how the role of disgust has expanded in humans from protection against ingesting pathogens and the threat of contagion to that of filling a niche in normative psychology by “providing a means of

actively signalling disapproval to norm violaters". This strongly held belief serves to sustain inflexible norms and values of those in power, to the detriment of all marginalised Others.

There are multiple truths on South African university campuses at this time of the 2016 # Fees must Fall. Social media is rapidly shaped and defined by incendiary hate speech, hate crimes against sexual minorities, blatant racism, and a grotesque paucity of moral reasoning. How did this happen in the rarefied spaces of Socrates, Fanon and Mandoza? Who is the *uber* arbiter of this ultimate and singular truth? And what do we do with that noble information? Fundamental to being a moral minded practitioner professional, there should be a modicum of deep thinking. According to REBT founder, Albert Ellis, in using such words as *should*, *could* and *would*, we enter the world of irrational thinking. We need to find it within us to dispute such improbable thoughts and language in those that are determined to uphold irrationalities as truths.

Decolonisation of language is an essential start. Reconsideration of the oppression and suppression of human rights is a necessary way forward. Thinking in ways that don't support the enslavement of ideas and human rights, such as: sanctioned gender-based violence, corrective rape, economic abuse, genocide and endemic intolerance, is fundamental for moral change. In professionally adhering to the Ethical injunction to do "No Harm", who decides if we inadvertently harm others, by either our *omissions* (oversights, exclusions, lapses) or our *commissions* (instructions, contracts, directives)? Should there be some latitude for moral ineptitude?

If being "real" is immersing oneself in other's cultural perspective(s) – then yes, that is the preferred manner of responsible communication. These cultural tapestries are infused with layers of tastes, colours, textures, musicality, dance, religious rituals, laws of purity, food laws, sexual laws, laws of gender contact, respect for authority, burial laws, moral disgust and degrees of tolerance for others. The thoughts, attitudes, beliefs and emotions that drive us to communicate in particular ways – can be the de-railers of our ethical professional responsibilities. Our words and actions, based on our inflexible beliefs, can become our *dis-enablers*.

While we all fuel up self-righteously on our Constitutional Human Rights, when do we show our humanity? To whom do we show our social responsibility? When do we take

the time to really hear the Other? What is our rush to discount or marginalise the Other? And why are we so good at sustaining the path *most* travelled?

The thought-provoking theme of the 22nd PsySSA Congress, Response/Ability: Crisis or Catharsis has raised many issues of personal commitment and professional responsibility. The answers always lie within us.

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