

THE DEVELOPMENT OF AN APPROPRIATE PSYCHOLOGY. THE WORK OF THE  
ORGANISATION OF APPROPRIATE SOCIAL SERVICES IN SOUTH AFRICA

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Before addressing the question of what is an appropriate psychology in South Africa and OASSSA's contribution to it, let me give you a brief history and description of OASSSA. OASSSA was established in 1983 and represents progressive psychologists, psychiatrists, social workers and other individuals interested in relevant social and health services. OASSSA was formed out of an ad hoc committee of progressive mental health professionals and students who felt both angry and disenchanted at the Institute of Family and Marital Therapy for holding a Family Conference at Sun City. The idea of discussing family dynamics and therapy within a homeland setting which is responsible for the break-up of thousands of families was seen as insensitive and anti-social. Since then OASSSA has grown enormously and we have members scattered throughout the country, and have major branches, one in the Transvaal and one in the Cape. Work within OASSSA takes a variety of forms, --- emergency services training, research, education, media and information, therapeutic treatment. I will focus more specifically on these activities later in my paper.

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In attempting to discover what an appropriate South African psychology is, it is important to make this discovery using three primary principles of analysis. The first is that people's psychological and physical health are linked to their living and working conditions. These conditions are determined by the position of power that people have. Thus mental health and politics (and in the South African situation, Apartheid) cannot be separated. Resettlement, migrant labour, racism, exploitation, repression are all practices stemming from an Apartheid and undemocratic society. All these practices are the cause of ill-health, we therefore cannot divorce our understanding of the psyche from our understanding of society.

Politics however not only determines people's life's chances, it also determines who will get good psychological care and who won't. This brings me onto the second major principle, namely that psychological services and practices within South Africa are an irrational to people's pathology. This of course means that psychology is not generally successful at alleviating mental suffering.

Mental health care, where it exists, is in most cases characterized by segregation. In terms of staffing, and facilities, the services available to Blacks are inferior to that provided to whites. Services for Blacks are inadequate and insufficient. To quote from the American Psychiatric Association report of 1978 "Mental health care provided for the Black population is ..... in many instances deficient by minimum standards (and) in some respects it is even hazardous to the health and survival of patients". The A.P.A. report goes on to say : "South African psychiatry is influenced by racist attitudes and stereotypes. Although such attitudes and stereotypes are not shared by all mental health professionals, their maintenance in the system is encouraged by official policies and they leave a distinctive stamp in the development of psychiatry."

Another characteristic of South Africa's mental health care practise is its commercial form. Thus illness, pathology or the desire to relieve anxiety becomes a commercial transaction between a professional and his/her client. The seller makes a profit out of the transaction. By mental health services taking on a commercial form, services are directed towards those who can pay. This helps to explain in part why mental health care becomes urbanized, since there tends to

be greater concentration of wealth in industrial and city areas. Commercialization and privitisation results in the notion that if individuals want psychological assistance, they should expect to pay for it. The crazy logic of all of this is that if psychologists and psychiatrists want to continue working, they require people to have psychological and psychiatric difficulties.

Finally in contrast to official policy, South African mental health care still lays great stress on curative treatment. This is reflected by only 4% of the Health budget being allocated to preventative care.

All these characteristics mean that psychological services and practise are insufficient, out of reach and incapable of meeting the mental health needs of the majority of South Africans.

The third principle that needs to be considered when analysing psychology in South Africa, is psychology's role in reinforcing and reproducing power relations in South Africa. When discussing power relations, it is crucial to note that the majority of people are excluded from political power and control of their social and economic lives. While it is essential that we as psychologists focus on the oppression and exploitation that millions suffer under, it is vital that we also concern ourselves with the struggle against Apartheid. It is obvious to most that the struggle for a different social, economic and political system within South Africa is intensifying. Prior to the State of Emergency, mass actions and the growth of organization were the order of the day. The question I will attempt to address later in this paper is how does psychology assist progressive organization and the process of transformation towards a democratic South Africa ?

To stem the tide of opposition and to preserve the present social system, which is based on Apartheid and capitalism, an ideology which can explain why there is fragmentation, oppression, exploitation and a State of Emergency is required. Psychology's contribution to an ideology intent on rationalizing racism and exploitation in the Southern African and African setting has not gone unnoticed. Such psychological research and knowledge is given legitimacy because it is done under the guise of science. The conclusions from some of this psychological and psychiatric research (Levy, Bruhl;) is that Africans have a prelogical mentality, are unable to engage in abstract thinking and learn from experience. Furthermore it is argued that Africans do not individuate

Within OASISA our position is upheld by our statement of principles that A.B.H will be educated independently and to freedom and thus require external authority all their lives. Ritchie (1943) in discussing African parenting states :

The world (of the African) is thus divided into forces : a benevolent power which would give him everything for nothing (the mother during the first year), and a malevolent force which would deprive him even of his life itself (again the mother, due to the severe weaning). This high contrast in feelings of acceptance makes him dependent on a mother or mother-surrogate all his life. The individual personality is never liberated and brought under conscious rational control and self realisation in thus unknown.

In attempting to explain why West Africans should not have control of their work, Parin and Morgenthaler (1970) utilise psychoanalytic concepts.

In the case of the Africans .... there was no ethos of work that existed as a continuing and effective inner structure. With regard to their working behaviour they did not seem to possess any super-ego, but seemed to operate solely on the pleasure principle, where inner satisfaction and feelings of guilt were not effective. Only such factors as a command from an external authority; imitation of and identification with, a prestige bearer; reward and punishment .... were of some efficacy.

The Socio-political explanation given in terms of this psychological theory is that the European colonialist or settler should act as a mother or father surrogate for the unindividuated and infantile African. This perspective is illustrated in a different but similar form in Apartheid or reformist ideology which posits that because Africans are still primitive and not sufficiently socially developed, we must let evolution play its role until Africans are ready for political power in South Africa.

The necessity for psychology to help justify Apartheid by researching and documenting the psychological differences between the races is clearly expressed by Robbertse (1967):

Members of the Psychological Institute of the R.S.A. are encouraged to undertake research in this field on a greater scale because it concerns the scientific basis of separate development and this strikes at the root of our continued existence.

With reference to Robbertse, at least he is aware of the non-neutrality of psychology and how it is and can be used for social engineering. The notion of neutrality and the emphasis on the individual results in psychologists receiving a training which ignores socio-political conditions. As Beit-Hellami (1974) puts it:

Clinical psychologists often discuss theories of human nature but refrain from talking of theories of society. It is assumed that we can leave the task of dealing with the nature of society to others and the decision to do that relegates the political implications of psychology to the professional unconscious, where it is destined to be repressed unless covered through some radical treatment or severe trauma (p.76).

Psychologists have also tried to avoid politics by suggesting that they engage in pure rather than applied research. This distinction is inaccurate since all research can be applied and may have social consequences. The most striking illustration of the false dichotomy between pure and applied research is seen in Einstein's work. (Webster 1982). Einstein was not to realise how his abstract theory and academic mathematical formula's would assist in the development of nuclear weapons. Einstein was to comment later "Had I known, I would rather have been a watchmaker." As Webster (1982) remarks:

The Classical liberal view of science did not prepare Einstein for these problems, for it teaches that science is neutral. Thus the liberal conception of science fails to provide an adequate sociological model of the practise of science (p.6).

Having argued that our work as psychologists has social consequences and is not value free, we cannot escape choices and interests. Are we going to side with the Government or are we not? Are we going to side with the oppressors and exploiters or with the oppressed and exploited ? and are we going to side with the working class and progressive organizations or are we going to work for management and independently ?

Within OASSSA our position is spelt out by our statement of principles:

As a group we are committed to the mental health and social welfare of South Africa's people, and to the development of appropriate social services. We are aware that in South Africa there are specific economic and political structures which contribute to most social and personal problems.

Apartheid and economic exploitation provide the base for poor living conditions, work alienation and race and sex discrimination which are antithetical to mental health. Our commitment as social service workers demands that we continually expose the effects of these conditions and participate in efforts to change the structures that underlie them. We are committed to working together with other democratic organisations which are involved in the same or similar efforts.

We need to identify and overcome the limitations which restrict our efforts. These include restrictive and unjust legislation, the isolation of the various mental health disciplines and the control of skills by a professional elite. In order properly to serve our community, we must work for a broad and unified discipline, for the sharing of knowledge and skills with the community at large and, ultimately, for an economically just and democratic society.

WE THEREFORE AIM TO

- unite social workers, psychologists, psychiatrists and other social service workers who are interested in working towards appropriate social services in South Africa
- examine and research the causes of social and personal problems as extensively and as rigorously as possible
- service and aid progressive organisations
- reduce disciplinary isolation and define and work towards a unified discipline of social service
- provide a forum for the discussion of existing social services and protest actively against these where they

are inappropriate

- share our knowledge and skills as widely as possible through workshops, conferences, publications, the establishment of a resource centre and involvement in the community
- develop models of appropriate social service and assist wherever possible with their implementation.

The difficulty of course is putting these principles into practise. I will use the specific work of two of the OASSSA interest groups - the Research and Emergency Services Group (E.S.G.) - to illustrate some of our practical attempts to put our principles into practise.

Briefly - the Research Group responds to the research needs of progressive organizations, and is beginning to undertake its own initiatives in gathering information about mental health and social services in South Africa.

- the OASSSA ESG together with NAMDA, DESCOM and NUSAS Health Directive provides counselling, first aid and legal skills to members of progressive organizations, the majority of whom emanate from the townships.

Of primary importance to us in OASSSA is linking our knowledge and skills that we have been fortunate enough to develop as intellectuals and clinicians, to the work of progressive organizations. In so doing it is hoped that the sharing of our knowledge and skills will be of benefit to those who most require it and to the working class of South Africa, both for now and the future.

Thus for example the Research Group, has done research, for progressive trade unions into maternity rights, and work stress. At present there is an attempt to investigate children under repression, so as to improve our understanding and clinical treatment of these children. These research projects are not undertaken because of academic interest, they are done on a basis of a service. Our research is therefore, in part, determined by the practical need of an organization, whether it be for industrial negotiation or clinical treatment.

Another useful illustration of the relationship that can develop between clinicians and the needs of progressive organizations is the work of E.S.G. With the Vaal uprisings of September 1984, organizations within the Vaal made repeated requests for medical and psychological assistance. In many cases these requests could not be met, primarily because of police cordons and the police and army presence at local medical facilities. The latter resulted in the injured fearing arrest and some dying unattended. One strategy designed to counteract this was the training of those township residents who belonged to progressive organizations in counselling and first aid.

The objectives and what this programme has accomplished is the following:-

- (1) The imparting of skills to township residents so that they may effectively deal with acute physical and mental pathology.
- (2) Providing community organizations with some degree of control, self-sufficiency and confidence to deal with health crises.
- (3) Through the acquisition of counselling and first aid skills, the foundation for a future community controlled mental and medical health service can be established.
- (4) To ensure that the training programme and ESG trainees are accountable to progressive organizations.

One aspect of process of accountability involves a serious evaluation by the groups we train of the ESG course. From their responses we have changed, adapted and restructured the course. Our initial starting point was to use orthodox crises counselling techniques with a smattering of Rogerian theory and practise. We soon learned our mistakes - trainees became frustrated with the concept and technique of reflection and our counselling skills were often inappropriate to deal with the material difficulties that often manifested as the presenting problem. The upshot of this was to restructure the course, so as to concentrate on listening skills, problem solving techniques, indentifying particular symptoms and providing knowledge about when to refer individuals for professional help. In addition the course began with situating psychological difficulties within a social analysis of South African society.

The experience of ESG has provided another important lesson for progressive psychologists -- people generally know how to cope with

their problems and provide emotional support for others. Where we as progressive psychologists can play a role is to assist people in analysing situations more coherently, providing information which may help in the formulation of solutions, share our therapeutic skills and offer our services to those who need psychological assistance.

Having mentioned accountability in relation to the ESG this issue is particularly significant when it comes to psychological research. The close link that accountability fosters between the researcher and the struggles of the oppressed and exploited, ensures that the subjects of a study do not become objects of study. Progressive psychological research demands that the subjects of a study give direction to and have control over both the study and the research report. This is often difficult for professionals and intellectuals since their role becomes defined as assistant rather than as expert and leader.

Traditional notions of science and research methodology are continually being challenged within the research domain of OASSSA. We do not believe in only acquiring information through objective measures (questionnaires, records), statistically analysing the data and then developing conclusions. We acknowledge the importance of empirical data but also stress an understanding of people's subjective experiences. In so doing we define mental health science as more than what academic psychologists or psychiatrists do. The idea that all mental health knowledge produced outside universities or other academic institutions, is not scientific, is unacceptable. The songs, stories and writings of miners, detailing their living conditions provide us with significant material if we are to understand the psychology and stress of mine workers in South Africa. It is apparent that the position that the production and reproduction of mental health knowledge only takes place in 'scientific' institutions is of benefit to the so called scientists and the ruling class. The former continue to receive legitimacy, acknowledgement and comfortable salaries. The latter continue to have their interests served by scientific institutions which assist in reinforcing the dominant ideology and capitalist social relations.

I have alluded earlier to the nature and inadequacies of mental health services and practices in South Africa. Inequality in mental health services in South Africa is overt. It manifests itself for instance in the racial imbalance of mental hospital beds, qualified

psychologists, social workers, psychiatrists and psychiatric nurses. It reflects itself in the gross disproportion in the financial allocation for white mental health compared to black mental health. Since our society is divided along class and racial lines, it becomes obvious that similar divisions will exist in the mental health system.

What is less obvious and more difficult to confront is how do you transform the mental health service and practice in South Africa? How do you take a mental health system that has been plagued with fragmentation, a lack of coordination, inefficiency, racism, sexism and classism for over a hundred years and transform it? This question together with the fact that mental health practise reinforces present social relations, means that we cannot merely wait for a new government to take power before we democratize psychology and health services in South Africa. Mental health care is unlike clay it cannot easily be moulded. A change of government will still leave us with inappropriate training and skills, professionals and bureaucrats who will resist any movement towards change and too few practitioners to meet the mental health needs of the majority of South Africans.

We need to be aware that a new government with new policy makers does not mean that we can abolish all past practices and services and start anew. This is because the establishment of a new and vital mental health infrastructure is costly, reparative work needs to be continued, and the skills of many practitioners would be wasted.

I say all of this bearing in mind that transforming psychological practice in South Africa still requires gaining political power (and a new government) and that certain political struggles will take priority at different times. But for those practitioners who are aware that democracy is a process, not an event, the process of democratising psychology must begin now, not later. We must start to develop new insights into pathology, psychological practise and our society, we must gather new skills, we must begin to form new organizations and importantly we must, together with progressive organizations develop a programme of action, that will guide our activities and work. I believe that while OASSSA has a long way to go in achieving these objectives, we have in our short existence made a start.

In the short and long term, the path towards a democratic psychology and psychological health in South Africa is dependent on a

number of fundamental changes.

- (1) The abolishment of Apartheid and the creation of a non-racial unitary and democratic South Africa. This would rid us particularly of the homelands and all physical and emotional deprivation that is associated with them.
- 2) People should have control over all aspects of their lives - health, work, education and politics.
- 3) To ensure that work and living conditions are not a threat to people's mental or physical health.
- 4) The development of a National Mental Health programme that emphasizes preventative mental health care. Psychology must therefore begin to concern itself more with health than illness.
- 5) Mental health practitioners must begin to offer their services to progressive organisations and to those individuals and communities that require them most.
- 6) Research must be conducted for progressive organizations and in terms of what is locally relevant rather than what is internationally acceptable (Dawes 1986).
- 7) Training programmes must be changed so that we produce graduates committed to a South African, not an Australian or American future.
- 8) We must use our collective power as mental health practitioners to challenge exploitative practices and work towards the above mentioned changes.

Ladies and Gentlemen, we are confronted by a choice. We can choose to ignore the South African reality and thereby tacitly support the present system. Or, we can choose to involve ourselves in understanding our practice as clinicians and the challenges confronting us.

Rejecting our present practise and health system is not a negative choice. It is a choice that acknowledges the importance of change and the implications of our work. It recognises the necessity of skills but rejects the idea that certain skills are superior to others and how these skills are utilised.

South Africa is in the midst of a bloody war. The majority of South Africans are seeking liberation. We want a society where children will not die in infancy, where people will build houses and live in them, where people will not die or suffer longer than necessary because of an inadequate health system. We as mental health practitioners must

not absolve ourselves from new visions and the struggle for a new society. We must commit ourselves to a democratic South Africa. For this is the only guarantee for peace. Let us go forward together and build a new future.

The subject matter will be expanded. Finally, an attempt will be

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