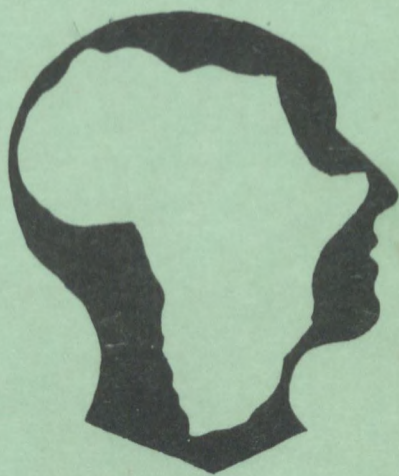


PSYCHOLOGY IN SOCIETY



9

FEBRUARY 1988

Psychology in society is a journal which aims to critically explore and present ideas on the nature of psychology in apartheid and capitalist society. There is a special emphasis on the theory and practice of psychology in the South African context.

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CONTENTS

- Apartheid and Child Abuse 3
G. Straker & the Sanctuaries Counselling Team
- The International Conference on Children,
Repression and the Law in Apartheid South
Africa 14
Andrew Dawes
- Mental Health in Zimbabwe : Are there Lessons 22
for South Africa?
Melvyn Freeman
- Professional Neutrality : In the Service 44
of the Clients and/or the Professionals
Nico Cloete and Sury Pillay
- Professionalisation as a Moral Concern 66
Johan Louw
- Out of Africa? A Review of G.A. Tyson (Ed) 81
Introduction to Psychology : A South
African Perspective
Ian Moll

EDITORIAL

The perennial theme of this Journal, namely the questioning and discussion of the relevance of psychological theories and practices in South Africa, emerges strongly in this issue. There has been an important shift in this debate in recent years, as the emphasis has moved from producing critiques of mainstream psychology to constructing (both theoretically and in practice) viable alternatives. Despite this shift and its important gains, the need for ongoing criticism remains. The hegemony within South African psychology has not been noticeably shaken in recent years and the alternative movements remain relatively weak in 'psychological politics'. Thus it is appropriate that this issue of Psychology in Society includes both examinations of possible new orders and practices in psychology and critiques of the mainstream.

Dawes' account of the Harare conference on children serves as an important reminder that psychologists are lagging behind in an area where they should have much to contribute. Straker et al, however, both in the article included here and the article recently published in PINS (No.8), show that psychological research and therapies are being valuably applied in this area. The implication of these first two articles of course is that far more needs to be done by psychologists. Freeman's article on mental health care planning in Zimbabwe follows usefully as it points to models for the expansion of effective practices. Although these models are likely to be effective in a 'liberated' society only, the issues presented by Freeman may contribute to the construction of 'pre-liberation' services as well as guide planning for the longer-term future.

In the field of critiques of mainstream psychology, Cloete and Pillay provide an illuminating example of the ways in which the neutral 'professional-scientific' stance of much psychological practice serves to camouflage biases and the pursuit of specific interests. It is worth noting here that since the events described by Cloete and Pillay, the camouflaging ideology of professional-scientific neutrality has been re-affirmed and further entrenched by the Society of Student Counsellors at their 1987 annual conference.

The next article, by Louw, also deals with camouflaging of bias and interest, as well as with the tension between 'venal' aspects and genuinely useful aspects of professionalism. Finally, Moll's review of a supposedly 'relevant to South Africa' primary Psychology textbook reveals the extreme difficulty many mainstream psychologists experience when trying to become 'relevant'. If one draws from the discussions of Cloete & Pillay and Louw, one might conclude that this difficulty arises in part from the nature of professionalism: the coded knowledge of psychology is so carefully formulated to appear culture-free, value-free and politically neutral that many psychologists may well be at a loss when asked to contextualise this knowledge and demonstrate its relevance to one specific political-economic-cultural situation.

we would like to apologise to some of our readers/subscribers who received NUMBER 8 with pages 36/37 transposed with pages 96/97, or worse still with pages 36/37 missing. This was due to a collation error which affected about 25% of the copies. We will happily rectify this inconvenience if readers/subscribers contact us.

Apartheid and Child Abuse

G. Straker and the Sanctuaries Counselling Team
University of the Witwatersrand

In a report by the Lawyers Committee for Human Rights it is stated that + 2,000 children under the age of 16 were detained in South Africa in a period of + 4 months. It states that torture and assault of children in detention was routine (Cited in the Star 21/4/86). My own work with children in South Africa's black urban townships confirms that great numbers of children in South Africa are being subjected to violence which finds its origin in the apartheid system. In this sense apartheid could be seen to have institutionalised child abuse.

Not all the abuse and violence to which children are subjected is directly inflicted by the South African Defence Force or the police. Assaults in detention and violent action by troops in the townships represent only two types of abuse growing out of the apartheid system.

Apartheid fosters hostility and conflict in the townships and the number of children exposed to violence is increasing daily. There are long lists of names of detainees which range in the thousands, people who have died in what is euphemistically termed the unrest, and the names of

the more than 300 people who have been necklaced (Weekly Mail, September 26th 1986; City Press August 24th, 1986).

Given these overwhelming numbers it is hard at times to retain one's humanity and recognise that each of these names has a face, a family, and a history. It is for this reason that I have chosen the case study method as I wish to stress that there are faces in the revolution. The following is the story of one of the many thousands whose individual narratives will combine to document events which will remain a blot on South African history throughout time. The adolescent whose story will be presented will be called Sipho, an adolescent from the township of Leandra.

In order to understand Sipho one has to understand the history of Leandra. Leandra is a township near Secunda in the Eastern Transvaal. It is a township which until the end of 1984 had been united in its opposition to a government threat of forced removal (Haysom, 1986). In 1985 this unity began to break down. The central cleavage in the community was between the "insiders" with legal rights of abode in the township and the "outsiders" who had no such rights (Seekings 1986).

This division created a situation which facilitated black on black "violence. Not all the "insiders" reacted with hostility to the "outsiders". Some managed to retain a sense of perspective and one of these was a community leader called Chief Mayisa, a man who campaigned for lowered rents, improved housing and lower taxes for all. In so doing he antagonised a number of "insiders" and in January 1986 he was stabbed, hacked and burned to death by a group of right wing vigilantes (Seekings 1986). On the day of his funeral an individual suspected of being a member of this vigilante group was killed in revenge for Mayisa's death. Following this the vigilantes organised a campaign against Mayisa's sympathisers. Sipho was one of these sympathisers, as were a number of the other children and adolescents aged 12 - 22 who were forced to flee the township. As it later transpired Sipho had actually been in Mayisa's house on the night he was murdered. He had fled from the house which had been petrol bombed and had taken some of the younger children who were in the house with him. These children then sought refuge with a sympathetic organisation which arranged for a church community centre to harbour them.

The children had been at the community centre for approximately two weeks when it was invaded by the police. They arrived in helicopters with search beams and in cars with armed men. Some of the children attempted to flee and two were shot and wounded. A few escaped but not Sipho.

Sipho was arrested and in an affidavit declares that he was taken to a number of different jails and beaten and deprived of food. After some days Sipho, along with a number of the other children, was released

following an urgent application to the Supreme Court. The children were returned to the community centre. It was at this point that the children were first seen by counsellors.

Sipho himself did not request a consultation. He knew that everyone was being seen in order to prepare a defence in regard to the police raid. Legal and medical experts had been called in along with the counsellors. Sipho at this time had a high ranking in the group and was acknowledged as a leader. The counsellor's approach to him therefore was initially not as a psychologist but as a colleague who was interested in his personal story but was also interested in enlisting his help in identifying members of the group who may have been especially traumatised and in need of help. Sipho seemed to enjoy this role and related to the counsellor relatively freely as her credentials had been established in the context of the broader legal team. The importance of this became evident later when new members of the psychological team were not immediately accepted by the children but were regarded with suspicion.

There was pressure from the children on the counsellors to declare a political position. This raised a dilemma for the professionals. While all the professionals were definitely anti-apartheid, not all subscribed to the same ideology as the children.

Fortunately the issue of the counsellor's political position did not emerge as a problem in this specific instance. However, what did emerge was a complete lack of understanding of the role of the psychologist. The notion of a "talking cure" was completely foreign to Sipho and to most other group members. Sipho and many of the other group members were

showing signs of post-traumatic stress in the form of nightmares, sleeplessness, agitation and depression but the Western notion of psychological help was a foreign one. A number of the children in the group felt that they had been bewitched by the vigilantes and that the only way around the problem was to call in a witchdoctor who was stronger than that of the vigilantes. The resident team at the centre called in black community leaders who performed a number of ritual exorcisms and this brought some relief. But for many of the children, including Sipho, the symptoms of stress remained. Sipho complained of headaches, insomnia and general anxiety and symptoms congruent with a diagnosis of post traumatic stress syndrome.

Given that in the space of approximately 6 weeks Sipho had been exposed to 7 incidents of trauma most of which was severe enough to be termed catastrophic within the definition advanced in D.S.M. III, this was not at all surprising.

These incidents were as follows:-

- a) being present at Mayisa's murder (this was further complicated by the fact that Mayisa was clearly a father figure to Sipho).
- b) having his own life threatened by being in a house that was petrol-bombed.
- c) being exiled from his community.
- d) being in a centre which was invaded by armed police.

- e) being arrested.
- f) being beaten (stated in an affidavit).
- g) being returned to a centre now regarded with suspicion and anxiety.

In line with the literature on the post-traumatic stress syndrome, interviews with Sipho were directed toward helping him relive the traumatic events of the last weeks. In the initial phases these interviews took place in the context of general legal proceedings and were not formally designated therapy sessions. Nevertheless in the course of these interviews what emerged strongly was that of all the events the death of Mayisa was the most traumatic event for Sipho. Interestingly the police invasion and his arrest while objectively traumatic events, were seen by him as an acknowledgement of his status as a freedom fighter and in this sense were responded to positively. The death of Mayisa however was something Sipho needed to talk about over and over. His impotence in the face of what had happened left him with deep feelings of shame and guilt. There was mourning and grief over the loss of an important figure. There were strong fantasies of revenge. This desire for revenge was not uncomplicated. The individuals who had killed Mayisa were black and Sipho saw the encouragement of black against black violence as part of government strategy. Thus he was torn between a personal desire for revenge and an awareness of the political futility of this.

This conflict between personal desires and political strategy was a recurring theme for Sipho. This ongoing conflict between the personal

and the political emerged as one of the most important factors contributing to his anxiety and subsequent depression. It was a conflict which expressed itself on a number of levels as is clear in the following events.

Sipho, like all the other children and adolescents, was ambivalent about staying at the community centre. The centre had not proved itself to be a safe refuge given the police invasion. Further, after the court released the children into the safe keeping of the centre, there was growing suspicion that the centre itself may even have been cooperating with the police. This fuelled an already present desire on the part of the children to return home. They were all homesick and anxious about their families, yet the news from Leandra indicated that it would be unwise to return. In an attempt to cope with the children's home sickness and their anxiety about their families the staff at the centre attempted to arrange visits for the children with their families at neutral venues. An arrangement was made for Sipho to meet his mother at a railway station; which he did. This meeting had an unexpected and unfortunate outcome. Until he met his mother Sipho had complained of headaches, insomnia and general anxiety but he was relatively contained. After this meeting he plunged into a deep depression which was to have dire consequences both for himself and the entire group.

Prior to his home visit there had been a passion in his grief over Mayisa and a directedness in his anger with the system and with the vigilantes. He was hopeful about the outcome of the struggle and he had visions of a future beyond this. He enjoyed a high status in the group and was an acknowledged leader. On his return from this visit he became

increasingly lethargic, apathetic and listless.

It took some days before Sipho confided what had transpired. The crux of what had happened was that his mother had stimulated a grave conflict between his personal and political interests. Sipho, unlike many children who have grown up under apartheid was not separated from his mother. He did not know his biological father but he had a very close relationship with his mother. His mother is the sole breadwinner and she has struggled very hard to support her family on her wages earned as a car washer. Sipho is the second eldest of six children. Sipho said that when he met his mother he was struck by how frail she looked. She begged him to join her as a breadwinner. She felt that Sipho's activities which involved participating in alternative education for township children was bringing danger to the family. She had been visited both by the police and by vigilantes in Sipho's absence. She told him that the family's financial position had deteriorated even further and that they desperately needed him. Moved by the moment and how frail she seemed Sipho gave his mother his word that he would give up the struggle and seek work.

Sipho's anguish when he described this was enormous. There was a bitterness which had not been there before. He said that had he remained in the formal schooling system he would now be in Standard 9. He had dropped out after the wide spread school boycotts in 1978. Now he had virtually no education and he felt all his effort had been for nothing. He felt totally alienated from the group who would instantly brand him as a "sell-out" if he were to tell them what had happened. Living with the knowledge of his promise to his mother created in him an

unbearable conflict which sapped his energy and confidence. While he never confided his difficulties to the group, it was soon after this that group cohesion broke down, and Sipho's leadership position was usurped .

Sipho's displacement as leader of the group seemed to be related not only to his own depression and consequent lack of charisma but also what was happening in the group itself. When the group originally arrived at the community centre everyone's understanding was that the sojourn was to be brief i.e. a matter of days. However, the police invasion and increased conflict in the townships made the return of the children impossible.

Given this, the dynamic in the group began to change. The group which had kept itself primed for a return to conflict now began to relax. The aggression in the group which when marshalled against the common enemy had united it now contributed to the group's disintegration.

In the meantime the police continued to harass the centre and individuals identified by the group as plain clothes police, were frequently seen in the perimeter of the property. Further the centre was twice invaded by white vigilantes who came onto the property and fired off shots into the air. This generally unsettled the group and also tipped the balance of fear so that the township was now seen as a safer option than the centre.

A decision was made by the total group including Sipho to attempt to return home. Consultation by the centre's staff with community leaders

seemed to indicate that there was a possibility that it was now safe to return. Transportation was arranged and the children were 'bussed' back to the township. However, the leaders had misread the situation and the children were met by the vigilantes as they entered the township. One child was stabbed through the hand and some of the others were badly beaten. The children fled once again and returned to the centre feeling demoralised and defeated.

Following this the legal team redoubled its efforts to enforce court interdicts which had already been sought to restrain the vigilantes. Slowly these began to be effective. In the meantime the balance of power in the township was also changed due to the fact that some members of the group captured a member of the vigilantes outside court in town. This individual agreed to give evidence against the vigilantes in court and a number of vigilantes then fled Leandra.

A second attempt was then made to return the children. This time the group was not returned en masse but in splinter groups. The endeavour was both more and less successful. It was more successful in that the majority of the children were reintegrated back into the community. It was less successful in that three of the leaders were more severely attacked and all had to be admitted to hospitals, with stab wounds. Sipho was not one of these. He was targeted for attack but escaped. He has not been able to rejoin his family. He has remained in hiding and on the run, and has not been seen since. It is not known if he has resolved his conflict nor is it known if he is hungry, clothed or sheltered.

But it is known that he is one of thousands in a state which has not only

failed totally to protect its young, but has for decades enshrined in legislation, rules destructive of family and community life. There are general principles which may be drawn from this case study and the many hundreds like it, but this is the subject matter of another paper. This paper ends not with the general but with the specific, not with the nameless, faceless masses but with one face, the story of one single human being - one of the many psychologically wounded in South Africa's current crisis.

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The International Conference on Children, Repression and the Law in Apartheid South Africa

Andrew Dawes
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I was privileged to be invited by the Law Faculty of the University of Zimbabwe to present an address at the Harare gathering. Together with Don Foster of my department at U.C.T., who also presented a key-note address, I represented the Organisation for Appropriate Social Services in South Africa (OASSSA).

The Harare conference had many facets, and it is not easy to convey the truly momentous nature of this occasion. I shall nonetheless attempt to do so recognising that it is impossible to do the experience justice.

The conference was convened by Archbishop Huddleston under the auspices of the Bishop Ambrose Reeves Trust and the University of Zimbabwe. Delegates included Academics from South Africa and abroad, international human rights organisations, government legations, the African National Congress, South African community activists, young victims of oppression in South Africa, the European Parliament, the British Labour party and many others. The clear intent of the conference was to focus international attention on the position of disenfranchised youth in South Africa, and to produce practically formulated resolutions aimed at relieving the plight of children suffering under apartheid. It was thus not a conference of rhetoric but as the convenor repeatedly stressed, a conference geared towards action. The list of resolutions adopted at the conference has been forwarded to the nations of the world and to organisations such as the United Nations the British Commonwealth and the European Parliament.

There were a number of levels of discussion at our meeting, ranging from academic papers on international law as it relates to human rights abuses in South Africa to the testimony of young people who had suffered abuse under apartheid. Papers also presented by South African lawyers, community activists, doctors, psychologists and social workers. A striking feature of these very different forms of discussion was the collective sense of repugnance which

the exposure of the practices of the South African state engendered in the delegates. Also evident was a unified urgency to find ways of facilitating transformation in South Africa.

In this regard, certain western governments such as the United States and Great Britain were repeatedly taken to task for their reluctance to act more forcefully to bring about change. They were, in short, charged with hypocrisy for mouthing human rights rhetoric while doing little to change the circumstances giving rise to the situation that brought us to Harare.

It is impossible in the space available to summarise the content of the plenary sessions of the conference. Some highlights will be mentioned.

Professor Falk of Princeton University noted that "to be human in the late 20th century is to be anti-apartheid". The major message of his address was that according to international law, Apartheid can be considered to be a crime against humanity. He reminded delegates of the Nuremberg Principles which make it clear that those who commit crimes of state and those who aid in the support of a regime which commits such crimes, may be tried in their individual capacities should such a human rights trial take place in South Africa. His words were echoed by Professor Asmal of

the University of Dublin. The principles established at Nuremburg in 1946 have been accepted by the United Nations. In 1976, the same body formally adopted the International Convention on the Suppression and Punishment of the Crime of Apartheid. As Asmal noted, this convention forbids the denial of individual and collective rights as a matter of state policy solely on the grounds of Race. Asmal went on to detail a number of ways in which the perpetrators of apartheid may be held to be individually criminally responsible for their actions. This includes mental health and medical personnel who have facilitated the development of Apartheid practices or who have collaborated in acts of which are a breach of the Tokyo Declaration.

Legal contributions from inside South Africa included commentary on the State of Emergency as it affects children's rights (Haysom of Witwatersrand University), the position of the child in court (McQuoid-Mason of the University of Natal Durban) and the child in prison. Much of this material is familiar to South African scholars, but Mason's paper is worth noting as a shocking indictment of the failure of the Criminal Procedure Act and the Child Care Act to provide adequate legal support for children who are brought before magistrates. His survey of trials of juveniles in the Durban area showed convincingly that large numbers of children are not represented by lawyers and do

not have parents in attendance during court proceedings.

Papers did not restrict their content to what the state formally regards as South Africa. A Johannesburg lawyer took delegates through a seemingly endless string of horrifying affidavits taken from children resident in Boputhatswana, who had been systematically beaten by the homeland police. Other delegates spoke of similar events in Ciskei and other areas.

Some people present including myself questioned the wisdom of bringing young children to Harare to tell of their experiences. Clearly the act of travelling in an aeroplane to a foreign country for the first time to face the harsh gaze of television in a vast auditorium can only be described as highly stressful for anyone let alone a young child. The main purpose of this exercise was to have personal accounts which could not so readily be dismissed as the lies of adult activists by the South African government. In addition it is clear that public testimony by children and parents can have a powerful impact on a normally complacent public.

There is obviously a dilemma here. One wants to exert whatever pressure one can for change, and the testimony of children is likely to be moving enough to possibly shock the world into some form of action. But one is troubled by the

possible psychological consequences for the children and their questionable ability to give fully informed consent to their participation. Do larger political imperatives have to override such concerns at the present time? This is a difficult question indeed. The testimonies were particularly harrowing and did serve to dramatically raise the awareness of delegates as to alleged practices of the security forces.

Another concern was the safety of the children on their return home. The conference organisers declared their intent to monitor the childrens' situation on their return, so as to protect them from possible harassment and intimidation.

In the final analysis while the children received support at the conference, and while their testimony had a tremendous impact, I would not support such a practice with children below the age of sixteen. At least at that age there is a greater possibility of assessing their capacity to understand the implications of their agreement to testify.

On a completely different level of course, the presence of the A.N.C. gave the conference an added dimension. I can only describe the experience as being akin to being in a post-apartheid time warp! As is well known, President Tambo addressed the conference and the South Africans

present. The level of warmth and human concern for South Africa, its people and its future that were expressed by Tambo and other members of the A.N.C. was extraordinary.

Very little was said regarding ANC policies on health and mental health systems and it seems as though the movement has not given great consideration to these areas as yet. What does seem clear is that the ANC favours a nationalised health service with a particular emphasis on primary health care, preventive services and rural services.

While future mental health policies were not discussed, mental health personnel from the ANC presented papers on their work with refugees from South Africa. They reported high incidences of stress related disorders in this population. They also stated that frequently youths experienced initial feelings of relief at having left South Africa, but they became clinically depressed as the full impact of the loss of family, friends and home was realised. Other young refugees emerged from South Africa having been physically abused. In this group it was not uncommon for virtually uncontrollable rage to be present.

Many of these individuals required therapeutic assistance of some kind, varying from medication to the use of guided day-dream techniques in order to facilitate a cathartic release of emotion associated with such experiences as torture.

Finally it was gratifying to meet other psychologists from West Africa and abroad who expressed great interest in Psychology in Society (P.I.N.S.). They voiced their admiration for and support of the work that progressive mental health personnel are undertaking in South Africa. It was clear that in many ways our thinking on the application and researching of psychology in African and third world contexts is ahead of ideas elsewhere in Africa. This support was a highlight for me and will hopefully give added encouragement to colleagues who feel somewhat beleaguered in these embattled times.

Mental Health in Zimbabwe: Are there Lessons for South Africa?

Melvyn Freeman

University of the Witwatersrand

The notions of an appropriate or relevant psychology and mental health service for South Africa has recently become a major issue of concern and debate. (e.g. oasssa conference on Apartheid and Mental Health 1986; Dawes 1986; Foster 1986). A potentially informative contribution to the debate is to look at and analyse Mental Health in other African Countries. This is not to say that any other country is exactly the same as South Africa and would therefore have answers directly applicable, but nor is South Africa so unique that it cannot learn from the experience of others. Zimbabwe could be regarded as a good starting point as it is a country which suffered many years of apartheid rule, where care was given inequitably and where, at least theoretically, this should have changed. Secondly, again at least in theory, consideration would be given to issues of individual and group democracy. And importantly, Zimbabwe is on South Africa's borders and accessible to South African passport holders.

Since independence in 1980 there have been various 'adjustments' in mental health services in Zimbabwe which, although important, are not particularly significant to the so-called 'relevance debate'. For example, services which were racially segregated have become non-racial; the incarceration of psychiatric patients in concrete courtyards without prospect of review, rehabilitation and discharge has been stopped; the compulsory shaving of heads for patients is a thing of the past; windows were put into the punishment cells at psychiatric hospitals and more staff

have been employed. This more humane treatment of psychiatric patients is so widely accepted, though, that it does not enlighten the concern with relevance for South Africa. Zimbabwe's plan for mental health, however, needs serious consideration. It is also important to consider the process of implementation of those aspects of the plan of action which have been set in motion. Lessons for South Africa from Zimbabwe will thus be considered from two points of view, first, from Zimbabwe's plan of action for mental health itself, and second from the way principles of this plan are being put into practice.

Zimbabwe's plan for mental health was devised at an "intersectorial, interministerial" workshop held in 1984. The workshop was attended, significantly, by high ranking officials of almost every ministry of Zimbabwe - thus including representatives of ministries seemingly unrelated to health, such as agriculture, transport and defence. Representatives from organizations such as the Zimbabwean National Traditional Healers Association and the Zimbabwean National Mental Health Association (a non-government body) attended. Other African countries also sent delegates. The workshop was run under the auspices of the World Health Organization, who were represented by delegates expert in Third World health.

Before outlining the plan of action itself there are two points of ideology which need mention. Both fall under the broad category 'primary mental health'. In the background policy to the mental health plan it is noted firstly that

"Prior to the attainment of independence, Zimbabwe was characterized by imperialist exploitation and racism which led to

under-development and a biased care system... In view of this it is significant that the government of Zimbabwe has chosen scientific socialism as a superior socio-economic system that places the interest of the previously exploited and oppressed majority in the forefront, thereby creating conditions conducive to their mental health". (Zimbabwe Mental Health Plan of Action (ZMHP) Pg 4).

In tune with this thinking, various changes ostensibly unrelated to mental health are noted as changes which have already, and will continue to have, positive effects on the mental health of the population. Among these changes are:-

1. The introduction of a policy of reconciliation.
2. The abolition of racial segregation.
3. National primary school education and non-racially biased opportunities for further education and training.
4. Development of health facilities including free health services for those earning less than \$150 per month.
5. Establishment of Worker committees, and the formation of the Zimbabwean Congress of Trade Unions.

The second (related) point of ideology is that in order to achieve the Zimbabwean, (and indeed WHO,) goal of "Health for all by the year 2000" emphasis should be placed on achieving a system which would be

"scientifically sound, socially acceptable to all the people of Zimbabwe, affordable and (which should ultimately) provide full participation by communities themselves" (ZMHP, p4)

Thus it is seen that social, economic and political conditions are perceived as central to mental health, that all government departments are recognized as having an important part to play, and that community participation is regarded as fundamental.

A summary of Zimbabwe's plan for mental health follows. The plan involves both principles which are seen to embody the ideology and some proposals as to how these should be realized.

1. Community participation and mental health education - individuals and families, armed with appropriate information should assume conscious responsibility for their own health, welfare and development and those of others in the community.
2. Education through mass media - the target population and the nature of the medium should be carefully selected and then transmitted.
3. Consideration should be given to techniques such as films, psychodrama, role-plays to communicate and deal with mental health issues.
4. Programmes for the prevention or amelioration of alcohol and drug abuse, and other forms of potentially self-destructive and anti-social behaviour should be undertaken as part of a general programme around "Education for Responsible Living".

5. Mental health education could be advanced by programmes for pre-school groups, youth organizations, women's clubs, adult literacy classes, and primary schools.
6. Campaigns should be undertaken to promote child spacing so as to facilitate healthy psycho-social development.
7. Individual and community well-being and good mental health should be facilitated by suitable housing, employment and recreational facilities, strengthening of social support systems and, where necessary, social skills training.
8. Workers' committees could promote mental health and positive attitudes towards it. The possibility that one member from each workers' committee undergo a brief training in basic mental health skills should be considered. Such a person could also identify problems and know when and where to refer.
9. The positive attitude of the government to issues of mental health should be communicated to the general public.

At the workshop, it was recognized that mental health problems could be identified and recognized even before birth. Programmes should thus begin here and continue through the different developmental stages.

It was suggested therefore that the following programmes be set up:

- (a) Peri-natal mental health care - Mothers should be assessed as to whether they are able to care for a child. Child abandonment for

example could be avoided by dealing with the mother's depression beforehand. Mothers at risk for bearing children with mental retardation, brain damage etc. because of, for example, malnutrition in the mother, need to be recognized and helped. If recognition occurs too late to intervene with the mother an early stimulation programme with the child should be implemented. Traditional birth attendants should be trained as this could improve peri-natal care and reduce the likelihood of mortality and brain damage.

- (b) Child mental health - Teachers should be trained for the early identification of specific disabilities in schoolchildren. Aspects of mental health should be introduced into educational material for use in schools generally. Greater liaison should be set up between physical and mental health personnel so that the 'whole' child is dealt with.
- (c) Adolescent mental health - 'Walk-in' centres tied to general youth centres should be opened to deal with adolescent crises related to family, career, drugs, alcohol, etc.
- (d) Treatment and after-care facilities - Psychiatric units need to be upgraded and new ones built at provincial and district level. Halfway houses and sheltered employment facilities need to be set up.
- (e) Decentralization - Accessibility to mental health resources would be ensured through district hospitals and village health workers trained in mental health. Aspects of mental health care should be given in village development committees and schemes for urban, commercial farming and mining areas.

- (f) Rehabilitation - Provision should be made for devising resettlement schemes for discharged psychiatric patients.
- (g) Traditional healers - Traditional healers should be encouraged to refer "severe and treatable" mental disorders to the formal sector, and "equally health workers in the formal sector may gain from greater understanding of the effectiveness of traditional healers in dealing with psycho-social problems" (ZMHP, p9)
- (h) Occupational mental health - Trade unions and workers' committees should be involved in the prevention and management of accidents which result in mental and physical disability. Heavy-duty truck drivers should undergo psycho-physiological examination.
- (i) Mental health in prisons - Offenders serving prison sentences should be regularly assessed and should be exposed to programmes aimed at psychological rehabilitation.

It is recognized that in order to realize these principles, personnel would need to be trained. Whereas before independence there was no clinical psychology or psychiatry specialization offered in Zimbabwe, courses have now been established in these disciplines. A course in psychiatric social work and a one-year psychiatric training course for medical assistants have been introduced. Student intake for psychiatric nursing has been increased. Psychiatric nursing was introduced into general nursing and medical assistant training. A diploma in psychiatric health for doctors going to work in district hospitals was also set up.

In terms of the outlined principles though, it is obvious that more than

mental health professionals would need to be trained or given skills - this too was recognized. Two such groups were identified. Firstly non-psychiatric workers who are in professional contact with the community, and secondly individuals who through their normal social interaction have effects on others' mental health. In the first category three subgroups are mentioned:

- i) non-psychiatric health staff (referred to in the previous paragraph)
- ii) workers such as teachers, rehabilitation officers, personnel in children's homes etc.,
- iii) workers whose duties are directed towards the community, such as police, judicial personnel, leaders of youth groups, trade unionists, rural development officers etc.

The training of these people would in general incorporate such skills as counselling, communication and motivation, early identification and referral of persons with mental-health problems, management and support of the mentally ill and handicapped, basic administration skills, and logistics and data gathering. The training of such personnel would be done by people skilled in the area. As part of the process of decentralization, those already working nearer the periphery would be delegated as trainers. The emphasis of the training would be towards "doing" rather than "knowing" - in other words it would be "task-oriented and competency based".

In the second category (individuals in contact with others through their normal social interaction) the mother is identified as the prototype

primary mental health worker. Mental health education should also include increasing individual's ability to cope with personal problems as well as helping people to deal effectively with crises in the community.

A further suggestion for dealing with mental health problems would be to place a "nurse counsellor" at general medical outpatients. The need for such a service is supported by the fact that throughout the world approximately twenty percent of all patients arriving at out-patient clinics with identified medical problems are in fact suffering solely from psychological ones. (WHO quoted in ZMHP) In summary, Zimbabwe aims to improve mental health on the one hand by changing general socio-political and economic structures, and on the other by embarking on a back-up primary mental-health-care system. This would involve not only those working in health per se but the population and government as a whole.

LESSONS FOR SOUTH AFRICA

Lessons for South Africa from Zimbabwe will be evaluated in terms of three criteria which may be considered fundamental to a relevant mental health. These criteria are also either directly or implicitly contained in the Zimbabwean ideology around mental health. Firstly the mental health of the population should be improved. Secondly there should (ultimately) be community participation and control of mental health, and thirdly the therapeutic model should be appropriate to the situation. As mentioned, lessons can be taken on two levels; from the plan of action itself and from the process of carrying out this plan. As it is not possible to comment on each and every principle of the plan and to evaluate each step that has taken place, this discussion will be limited to general points.

The Link to the Political Economy

The first significant lesson for South Africa is in the fact that Zimbabwe recognizes that mental health cannot be divorced from socio-economic and political conditions. Zimbabwe has taken the Southern African lead in acknowledging that blaming the individual, or seeing the problem as lying solely within the individual, does not offer an adequate explanation of mental ill-health. The call for this to be recognized in South Africa made by De Beer (1984) around general health and echoed by Vogelmann (1986) for mental health, has been made reality in mental health policy in Zimbabwe.

The second important lesson concerns inter-ministerial co-operation around mental health. That Zimbabwe is taking this seriously is reflected by the fact that almost every ministry attended a workshop on mental health and that these delegates delivered papers on how their departments may contribute to mental health. Through this conference the various ministries and the government as a whole have shown themselves dedicated to working together and improving mental health in Zimbabwe. Such co-operation is crucial to better mental health for the population.

Mental Health Care

The policy of prevention rather than cure is fundamental to Zimbabwe's mental health plans and indeed to any primary mental health programme. The plan of action makes provision for this through its various mental-health-education plans as well as through, for example, its perinatal, child and adolescent programs. It is important to recognize that prevention goes much further than mass education, if fact goes further than education itself. A shift of emphasis to prevention rather than cure is necessary if South Africa is to have an impact on the mental

health of the majority of its people. Certain of Zimbabwe's specific intended programmes could certainly form the basis for such programmes in South Africa.

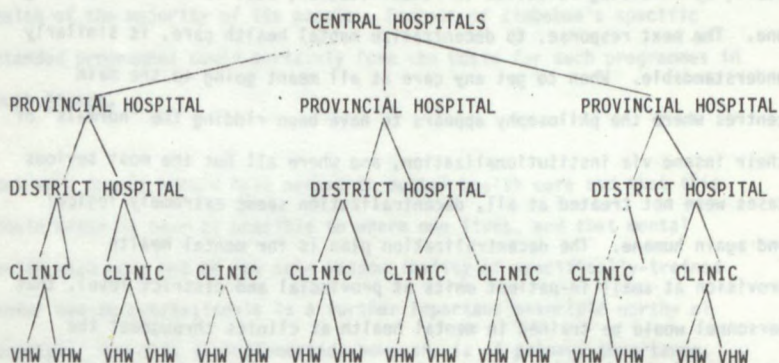
That more people should have access to mental health care and that this should occur as near as possible to where one lives, and that mental health care need not be the sole responsibility of specifically-trained mental health professionals is a further important principle worthy of adoption. How this is implemented, however, is of primary importance. Zimbabwe is in the process of implementing this plan from a particular viewpoint and the next section of this article will outline this approach and consider some of its advantages and disadvantages, taking into consideration that models relevant to South Africa are being sought.

The model adopted in Zimbabwe did not occur in a vacuum and it is necessary to briefly look at the mental health system that was inherited at independence and examine how aspects of the model presently being implemented have come about. At the time of independence, psychiatric problems were dealt with at a centralized level. Besides the odd private practitioner who served the white elite, there were three mental hospitals in Rhodesia. Two in Salisbury and one in Bulawayo with a section for blacks and a section for whites. The black hospital in Salisbury had no psychiatrist, no psychologist, and no occupational therapy or physiotherapy. The hospital was run by psychiatric nurses and aides. Ingutsheni, the main chronic hospital situated in Bulawayo was little better.

In view of this situation, that the initial response after independence in the area of mental health, was to "humanize" the hospitals by increasing

staff, by involving relatives in rehabilitation, etc. is not a surprising one. The next response, to decentralize mental health care, is similarly understandable. When to get any care at all meant going to the main centres where the philosophy appears to have been ridding the "normals" of their insane via institutionalization, and where all but the most serious cases were not treated at all, decentralization seems extremely logical and again humane. The decentralization plan is for mental health provision at small in-patient units at provincial and district level, that personnel would be trained in mental health at clinics throughout the country and that health workers in the community, already being trained in general health, i.e. Village Health Workers (VHW) would eventually be trained in mental health as well. This policy dovetails very nicely with the principles contained in the mental-health plan to involve psychiatric professionals as well as non-psychiatric personnel in mental health care. It also makes less of the fact that so few professions exist and that it takes so long and is so expensive to train professionals.

The model as conveyed then, appears to mean that the most disturbed people would be referred to the more central hospitals while the less disturbed would be treated closer to their homes and by less qualified personnel. The structure for mental health care would thus diagrammatically look as such:



It is envisaged that those further from the centre would be trained by those nearer to it. Seeing that so few professionals exist in the first place though, initially at least, the focus would be on the training of professionals. It is envisaged that, once enough personnel have been trained, there would be at least one psychiatrist at each provincial hospital, or if this were not possible one General Medical Officer (doctor) with a one year course in psychiatry. At this level too, there would be two community psychiatric nurses. These nurses would train non-specialist workers at district and village-health-worker level, visit each district hospital in the province once a month or, at least once every two months, to diagnose problem cases and prescribe medication, and work at the provincial hospital. Whilst this is the goal which is being striven towards, at present there are neither trained medical orderlies nor the required trained psychiatric nurses at all the provincial hospitals, though they have begun to operate at certain centres.

Given this explanation of the structure of the service or intended service, two crucial issues need to be addressed : community control and therapeutic model. The point that will first be explored is whether the

decentralization notion and the way it is being set up is at least moving in the direction of the ideological goal of full participation and involvement by individuals and communities in mental health.

Community Control

The model being set up is a filter one. As stated above, depending on severity, one would be treated closer or further away from one's home after having been seen and referred by those less centralized. It seems that this may act against community involvement and indeed may act against the intended education programme which would be set up against the notion of the insane being in need of institutionalized treatment - or at least treatment outside the community. Secondly it would seem that rehabilitation back into the community is made much more difficult if the patient (such a person no doubt is a patient) has been taken away for treatment of his/her madness. Community acceptance of the mentally ill is certainly not likely to be enhanced by this system.

One could also quite easily land up with a psychotic/neurotic distinction, whereby a neurotic (less severe) is treated in the community while the psychotic (more severe) is treated at a central hospital. This idea is reinforced by the notion which is widely speculated in Zimbabwe, that neurotic problems can be treated by a nyanga (traditional healer) while psychotic problems should be left for advanced western medicine.

It is not the task of this paper to offer suggestions as to how mental or emotional problems should be treated in the community either in Zimbabwe or in South Africa, but it certainly hasn't always been true that mentally ill people have had to be treated outside their community, and more cognizance should be taken of past solutions as well as looking forward to

new ones.

Perhaps more important though is the fact that communities who should participate in decision-making - a major principle of primary mental health - are not involved. Primary mental health should mean that the people themselves must build up organizations and decision making systems at local level and be involved in strategies for the prevention and cure of health problems. The Zimbabwean model does not begin with this principle even though this is the intention once the level of VHW is reached. This is problematic in that by the time the community's involvement is called upon the system already exists, the structure already exists, much money has already been spent, people's interests would invariably have become involved, and lastly a system which has been set up to improve and extend mental health to all is extremely difficult to reject.

Furthermore, even at the level of the village health worker, community participation is not guaranteed. Two of the hallmarks of VHW are meant to be selection by, and accountability to, the people whom they are to serve. But there is not always full and direct participation in either of these. Even within communities hierarchies exist, with those people who have slightly more privilege (be that in terms of education, wealth or tribal status) becoming the representatives of the people and hence the power - this often means bureaucratic rather than community control over the VHW. This reflects differences between direct and representative democracy.

One may at this point be tempted to reject the notions of participation, selection and accountability by communities as an unworkable pipedream.

However, there is evidence that direct democracy in such issues is possible. Before national liberation in Zimbabwe, certain semi-liberated zones had been set up where everyone had a direct say in decision-making through mass meetings and direct democratic structures. Since independence, the democracy has moved to be a representative one rather than a direct one. The initiative and participation of the people was undermined by an increased bureaucratisation with decisions mainly being filtered down to the people rather than up from them.

This is not meant as an attack on the Zimbabwe government, they are in a very difficult position of attempting to accommodate class interests. While wanting to encourage the people's control, the government needs at the same time to encourage industrial and agricultural entrepreneurs. The resultant effect has been largely a continuation of a class (though not race) divided society with little direct people's democracy. It would seem then that, for the present at least, the objective of more mental health for more people has taken priority over the goal of community participation.

Therapeutic Model

The second point of caution concerns the therapeutic models themselves. The history of therapy is one of specific models having been developed for specific societies. Therapy as it is presently known and practised in Western society is "infused by bourgeois ideology" Hayes (1986). While some people think that all the theory underlying therapy, as well as the therapy itself, should be done away with, it seems more common nowadays to consider the possibility of "transformations" of models (Hayes 1986), or a "radical overhaul" of psychology (Dawes 1986), rather than dismissing psychology as a whole.

That a primary health care system is a radically different way of looking at mental health is undeniable, but this does not in itself offer a model for direct treatment of psychological problems. Treatment, as it is being set up in Zimbabwe, is predominantly "medical model". The least time-consuming, and considered by many the most effective treatment of psychological problems, is medication. Further, if one accepts that Nyangas can treat neurotic but not psychotic problems and that a large majority who seek psychiatric/psychological help have previously been, or are simultaneously being, treated by an nyanga (information received through various interviews with psychiatrists and psychologists in Zimbabwe) then the medication argument is enhanced.

The medical model, however, reinforces the 'individual blaming' syndrome. In many cases, treatment with medication confirms the belief that the problem lies within the individual rather than being societal. This does not mean that drugs are not useful or important, only that the patient is made to identify the problem within him/herself through having to take medication for the 'illness'.

Problems of the medical model extend beyond this though into issues of control, power and dehumanization. This is carried through beyond psychiatry into other mental health disciplines. In the clinical psychology course for example, while emphasizing in the course outline the "cultural bases" of clinical populations and that "there's a decided orientation towards community psychology", the models used are those developed in western psychology where to a large extent the power and control reside with the therapist. The course puts a fairly large emphasis on problem-management. Behaviour therapy techniques to deal with, for example, anxiety, depression, alcohol and drug addictions,

sexual disorders, etc. are taught. Behaviour therapy has often stood accused regarding the extent of the therapist's power and control. Kovel (1983) sums up these arguments rather well. Comparing behaviour therapy to other kinds of therapy, he says :

"...only behaviour therapy fetishizes the process of reinforcement itself. And by making behaviour into an idol, it turns the human subject into an object of manipulation while correspondingly inflating the behavioural standards of the given social order." (p 282)

This approach is difficult to reconcile with the ideological one which states that "individuals and families, armed with appropriate information should assume conscious responsibility for their own health, welfare and development of themselves and those of others in the community."

Behaviour therapy is certainly not all that is offered in the clinical psychology course, but nowhere is there a component in the course which has, or is attempting to, radically transform either the theoretical models or the practise of traditional psychology in terms of the ideological goals. Although a large block of the internship placement is spent in a community setting, this does not in itself mean a different way of working. In this case, it seems to mean rather, the same way working, just a different setting. The theory and practice, it would seem, lack "a social theory of personal life". (Hayes, 1986). At the same time, though, the emphasis on practical methods of treatment rather than methods which require extended time and a helpee with a certain degree of sophistication is laudable. For "relevant" psychology, however, the practical approach would need modification towards a practice based on an understanding of a "socially constructed person" and where more control lies with the individual.

I have noted two areas in which Zimbabwean directions in mental health do not fully serve to endorse their ideological mental health goals directly. The question that now arises is whether the achievement of more services to more people (which Zimbabwe's direction has already achieved and will continue to achieve more of) is a model appropriate for South Africa to adopt, given that this is seen as a process towards reaching the ideological goals.

Structuring Mental Health Care

The drastically impoverished mental health care system inherited at independence in Zimbabwe has been shown, and hopefully the logic of choosing to reach more people as the priority over issues of community control and transformation of therapeutic models, has been conveyed. While there is no doubt some sense in the argument that such moves are "worse than useless" in that professional control and bureaucratic structures are being entrenched, to simply negate the people who are helped is being smug in the extreme. Taken together with the intended preventative changes there can be no doubt that Zimbabwe's achievements in mental health are important. On the other hand, this does not mean that the direction which Zimbabwean mental health has taken should be replicated in South Africa.

In mental health it is an exacting task to achieve both direct community participation and a service which is going to be available quickly and efficiently to the majority of the population. These two things are not mutually exclusive, or at least should not be. What is more important, though, is the emphasis. Does one embark on a type of decentralized structure such as Zimbabwe has chosen, with the ultimate goal as in the stated ideology, or does one attempt from the time that one is conscious

of the ideology to build structures which reinforce that ideology from the first instance, at the possible risk of a slower process?

Such questions, though, cannot be asked in isolation as it seems that mental health achievements run parallel with achievements in other spheres - notably the political and economic. Unless there is direct democracy as it relates to political and economic control, mental health is unlikely to be different. Zimbabwe, for example, sees itself of the road to scientific socialism, and perhaps when there is change in political and economic relations, then mental health too will have greater direct participation and a model more in line with a changed historical situation will be developed. At present though it seems that mental health in Zimbabwe, in spite of the achievements made, is not able to implement certain of its ideological goals because of the historical position that it is in and the particular historical process which it is going through. South Africa's mental health structure is, and will be, similarly linked to broader processes of change.

Nevertheless a truly democratic country must have concomitant changes in its social institutions - mental health being one such institution - and ways of implementing this structure within mental health need to be investigated. I believe that there are pointers in this article which suggest that if a choice has to be made between more services for more people in the immediate future (Zimbabwe's choice) or a slower process of community involvement and devising new therapeutic models through working with those who are to receive the service through a dialectical process, then the latter is preferable.

Conclusion

For South Africa, then, there are a number of lessons to be learned from Zimbabwe; many from its achievements and intended plans, but also from analysis of the direction which is being followed. That mental health is inextricably linked to socio-economic structures, that inter-disciplinary co-operation is fundamental, that preventative programmes should be prioritized and that mental health care need not be the sole domain of mental health professionals are just some of the important lessons to be learned from Zimbabwe. A crucial point to be learned also is that the task of putting an ideology into practice is extremely complex as it does not just depend on decisions within a discipline such as mental health. Nonetheless, those working in the mental health field cannot sit back and wait to see what political and economic changes occur before planning mental health structures. It has to be ensured by those in the mental health field that participatory mental health does not lag behind economic and political participation. Furthermore the momentum towards true democracy is enhanced by those working towards this goal in every direction - mental health included.

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Professional Neutrality: In the Service of the Clients and/or the Professionals

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"Ideology is a process accomplished by the so-called thinker consciously, it is true, but with a false consciousness. The real motive forces impelling him remain unknown to him; otherwise it would simply not be an ideological process" (Engels, 1893).

Intellectuals are an important component in establishing and maintaining a ruling class, as well as being key elements in contesting and overthrowing the dominant order (Gramsci, 1957). It can thus be expected that as the conflict in South Africa deepens, the struggle over the role and position of intellectuals will intensify. The broadening of the economic sanctions campaign to a cultural boycott that includes intellectuals is but one example of this struggle which has brought into focus the issue of the neutrality of intellectuals and the professions. In the words of a senior United Democratic Front official "as part and parcel of the white minority power structure", the "university and intellectuals is not, and cannot be, a neutral observer of the struggle unfolding in our country" (George, 1986). On the other hand, in Western capitalist countries intellectuals and professional associations often claim that knowledge, and its modern day corollary, science, is value free and in the service of mankind e.g. the practise of psychology, law and medicine transcends class, race and creed (Silva and Slaughter, 1980).

Thus far in South Africa, the debates have been conducted mainly from theoretical position usually following the lead of theorists such as Gramsci (1971), Althusser (1971), Sarte (1985), Habermas (1974) and Gouldner (1979). Although it is only through a theoretical analysis that comprehension beyond the observable can be obtained, it is necessary to

Psychology in society, 1988, 9, 44-65

combine theory with specificity for a greater understanding of a phenomenon in its particular context. This is what seems to be absent in South Africa, especially in the social service areas (Louw, 1986; Louw, in progress).

To do such a micro analysis, we used a university based professional association called the Society for Student Counselling in Southern Africa (SSCSA). The investigation looks at how their material interests are advanced, the papers presented at their conferences, the composition of the executive, tensions that surfaced during conferences and political alignments.

This paper focuses on a category of labour that can be called professional because the entrance requirement is a post graduate education and the majority of the members are registered psychologists. By being located mainly within universities, the student counsellors are also not completely separated from academia because many have teaching commitments.

Although there are certain differences between this group and professionals practising outside the university, most of the implications regarding the issue of neutrality apply to both groups. The same goes for academics or the professional intelligentsia, whose discipline based associations are also grappling with problems of neutrality and autonomy. Although this analysis emphasizes neutrality, autonomy is never absent because they are two somewhat different sides to a coin that has been, and still is, crucial to the practices of professionals and to the process of advancing their self-interests.

A more precise description of professionalization can be found in the article by Louw (1987) in this same issue. Since he also addresses the issue of neutrality, but from a somewhat different perspective, it is suggested that these two papers be read in conjunction.

Unproductive labour requires patronage

After four informal meetings, which started in 1972, the SSCSA was established at a meeting of delegates from 15 universities in November 1978. According to the constitution, the objectives for establishing such an association were to enhance co-operation among student counselling services, promote professional services to students, and to establish an organised group of student counsellors. The above aims, with an emphasis on client services, are fairly standard for a professional association.

The first two objectives put the focus on client services, which foster the ideas of altruism and objectivity. While these qualities have become almost synonymous with the service professions (at least in the minds of the professionals) it should be remembered that they are also residual categories of the growth of the entrepreneurial professions in the liberal or competitive phase of capitalism (Ozga & Lawn, 1981). This can be illustrated by a brief consideration of the historical development of the professions in capitalist societies.

During feudal times the small group of intellectuals who were not landowners depended on patronage. The process of secularization and the breakdown of feudalism and the old regime corresponded with the growth of a market for intellectual wares (Gouldner, 1979). The price for liberation from feudal patronage was dependence on the market (Conrad & Szelenyi, 1979). To trade with knowledge means that it has to become a commodity. Knowledge acquires exchange value on the basis of real or purported contributions to the social production of goods and services. The kinds of knowledge accumulated through a lengthy and costly education "assume the form of capital in the sense that their accounted application routinely and legitimately produces incomes" (Disco, 1982; p 815). The 'cultural capital' of the intellectuals is thus a commodity that is exchanged to the highest bidder on the 'free market' (Conrad & Szelenyi, 1979).

The possessors of cultural capital want to control their own rates of exchange and their share of the surplus product and want incomes

independent of the productivity of their capital (Gouldner, 1979). The cultural bourgeoisie protects their capital and advances its market claims through credentialling, qualifying associations and professionalization (Disco, 1979). The market, however, also allowed intellectuals to participate in the broader process of socialization (or collectivisation) of unproductive labour that occurred in Europe and the USA during the 18th and 19th centuries (Abercrombie & Urry, 1983). While manual or productive labour usually organize or unionizes around material interests (working conditions, salaries, etc), the professional associations do not organize directly around 'bread and butter' issues. That does not mean that it is not an important issue, but because of the location of the professions as a stratum in the dominant class (Wright, 1978), they do not need to contest material interests in such an adversarial way as manual labour. Rather, material interests are catered for in a complex alignment that is beneficial to both the bourgeoisie and the intellectuals (Disco, 1979). The SSCSA's objectives must be understood in the context of this historical schema.

At the formation meeting of the SSCSA the two main issues were the role and place of a counselling service within the university context and in securing and advancing the service conditions of its' members. This was reflected in the resolution passed at the end of the conference which stated that the new executive committee must inform, in writing, the Committee of University Principals that student counsellors should be regarded as academic personnel. No resolution was taken on how to improve student services. Promoting the interests of the profession was however, apart from the founders meeting, never an important theme of discussion (Cloete, Pillay & Swart, 1986). The only contestation really was whether counsellors should be regarded as academic or administrative staff. With near parity in salaries between these two groups, the only benefit to be gained was academic holidays. The last resolution regarding this matter was taken in 1980.

If the counsellors did not openly promote their profession, who or which factors did? There are in our view, three main factors that have contributed to the advancement of student counselling during the previous two decades.

The first was the tide of humanism emerging from American universities in the late- and post- Vietnam period. Its' focus was on the 'humanization' of college environments with an emphasis on the self development and self-actualization of 'whole' individuals. This trend was fairly generally accepted by university administrators, which is illustrated by the fact that by 1978, 15 universities in South Africa already had student psychological services. It was much more this zeitgeist than a scientific demonstration of efficacy that established counselling services at universities. The issue of empirical evidence demonstrating efficacy is, and remains, controversial in the areas of therapy or counselling (Eysenck, 1966; Kiesler, 1973), study skills (Cloete & Shochet, 1986) and career guidance (Bluen, 1981). A contradiction is that while the objectivity of science or positivism forms the basis for the ideology of neutrality, counselling can produce little scientific evidence that its practise meets the demands of positivism.

The second factor that contributed to the expansion of counselling was that the Committee of University Principals conference of 1978 and the two commissions determining funding formulas for universities (Van Wyk de Vries, 1984 and South African Post Secondary Education (SAPSE), 1985) accorded psychological services a valuable role in optimising talent by reducing failure and making career and curriculum choice more effective. The role of counselling in optimizing efficiency in the new era of technocratic education has been fully endorsed by the state-supported De Lange (1981) commission into education and is embodied in the SAPSE funding formula.

The third factor that secured the professional interests of counsellors was Act 56 of 1974 that legitimized clinical and

counselling psychology as fully fledged professions.

From the above it can be concluded that advancing and securing the guild interests of student counsellors did not, in contrast to the interests of less skilled workers, require contestation and struggle. These were being looked after by university administrators who had accepted the potential importance of counselling services, and by the state itself. The state did this directly by legitimizing the profession and indirectly through its funding formulas for the universities.

Professionalization can be seen as having brought real advances in the development of knowledge and services to the public. At the same time it has resulted in a certain degree of autonomy for educated labour. To intellectuals, autonomy appears to be a pre-requisite for effective mental labour, just like say health and safety are necessary for productive labour. However, professional autonomy, which is a workplace gain, is also used by mental labour to advance their interests and as a smokescreen for concealing their ties to the ruling class. From the open dependency on the monarch or the church, mental labour has developed a much more complex and intangible connection to the rulers of modern society. Neutrality and autonomy have become key elements for the obscurification of patronage.

The state and the university administrators are two important patrons for student counsellors, which means that they can advance their own interests best by serving, or at least not antagonising, these two constituencies. In the following section we will explore this aspect of the relationship between the SSCSA, the university administrations and the state.

The containment of critical energy

Conference papers are public indicators of some of the issues that associations concern themselves with as well as of the different theoretical and/or political stances of the membership. The dominant themes of the 44 papers delivered at six SSCSA conferences from 1978 to

1985 were career development and choice (29,5%), study methods (22,8%), adaptation to university (20,1%), role of counsellors (18%) and psychotherapy (9%). For a more detailed breakdown of these figures, see Cloete, Pillay and Swart (1986; p 30). We would like to analyse some of the papers and themes with regard to acceptance/rejection of the status quo and also to look at whether there were other important issues during the period 1978 to 1985 that were not addressed. Intellectuals do not only serve their own interests and those of the order to which they aligned by providing services and legitimacy, but also through silence or a "containment of critical energy" (Disco, 1979; p168).

The only paper that referred to the role of the university was represented by the principal of the University of Port Elizabeth at the 1978 conference. Considering the conservative politics of this personal friend of the late John Vorster, it is no surprise that he did not oppose the status quo or foresee a role for the university beyond producing as many graduates as possible to supply more high level white person power. The role of the university as a propagator of liberal values and freedom of thought and association was and has never, been discussed.

In papers dealing with the role of the counsellor the overriding concern is moderate reform of the university structure. The state, within which the university is located, has not been mentioned. The main themes emerging from these papers are attempts to increase the contribution of the counsellor in the development of the student as a whole person, and to assist university policy-makers in planning for the development of the whole student. Essentially the attempts are to increase the role of the counsellor in a university environment that will be more conducive to student development. This reform initiative is illustrated by the position of Couperthwaite (1983).

He argues for getting the university to become more student centred through "campus ecology management" and for developing the student as a whole person, i.e. not only intellectually but also morally and ethically.

Another role propagated for counsellors by Couperthwaite (1984) is to "influence the planning and policy makers in the university...towards the development ethos" (p 41). He also says that as we become "more aware of our campus environment, we can foster a better "fit" between students and institution" (p 41).

A fairly obvious critique is that there is little if any direct criticism of university administrators. The often commented about impersonal, non-student centred, modern degree factories are not really challenged. Either the students must be helped to adapt better to an inhumane, alienating environment or the policy makers must be assisted in adopting a more developmental ethos. A very contentious issue that has received no attention is the discrepancy between the lip-service that many university administrations pay to student services and their practise of fund and resource allocation. Despite the profession's proclaimed acceptance of a client or student centred approach as a basis for services, very apparent is the absence of even hot air directed towards administrators who are often patently "un-student" centred.

The most often discussed theme among the papers was career development and choice, but not a single reference could be found to the fact that in South Africa there was no real freedom of vocational choice for the majority of the population. A state based on the explicit policy of securing a continued supply of cheap black labour (O'Meara, 1983) drafted legislation that barred blacks from numerous higher level jobs. The student counsellors did not express a single objection to this violation of freedom of choice - one of the most basic premises of their discipline. Consistent with their belief in non-involvement, they also did not express support or encouragement to the state when it started relaxing job reservation policies in the late seventies and early eighties.

Discrimination in the labour market is only one important facet of the whole issue of racism, which is the dominant feature of South African society. Racism, which pervades all areas of peoples' existence, was a

prominent theme in the international counselling literature of the last decade. Despite its importance, not one SSCSA paper or discussion session dealt with the effects of racism and discrimination on aspects such as self-actualization, study at university, admission to university, or even the problems associated with a white counsellor seeing black clients.

One of the most apparent consequences of discrimination in South Africa from 1976 to 1985 was the increasing crisis and collapse of black education. Not a single reference in a paper or the minutes of the association could be found to indicate that students counsellors were aware of this occurrence. While the black universities were frequently closed and students and staff were being ruthlessly and systematically detained and suspended, delegates from these universities were listening to and participating in discussions about student and career development, self-actualization and the acquisition of relativistic moral stances.

In South Africa where oppression and exploitation are so apparent, it is very difficult to argue that counsellors were not aware of social conditions. A much more plausible explanation is that the ideology of professional neutrality led them to believe that it was not their task or role to address these contradictions. Such an ideology is not just a belief system, but stems from a particular location in society (Larrain, 1979). Thus the belief in neutrality is derived from being part of a group or class who has certain interests to defend. One of the functions of a false consciousness is to obscure to the adherents the relations of production on which their privileges are based.

Gouldner (1962) regards value - freedom as an occupational ideology which has utility for advancing professional privileges. The belief that it is not the business of the psychologist or sociologist to make value judgements "is useful to those young, or not so young men, who live off sociology rather than for it, and who think of sociology as a way of getting ahead in the world by providing them with neutral techniques that may be sold on the open market to any buyer" (p 12). This does not mean

that intellectuals will necessarily sell their knowledge only to the highest bidder; their limited autonomy and interest in truth is a counterweight to becoming just "a venal elite that prostitutes its skills for gain" (Gouldner, 1979; p 21). Rather, there is an ambivalence between self-interest and an interest in universal truth and service to the public (Disco, 1979). But it is never only the latter, as many intellectuals would like society to believe.

Free agents in an unfree society

Most professions operate within a dominant paradigm. A paradigm does not become hegemonic only because of its superior truth value or its greater utility to the client population, but also because it serves the interests of its practitioners. A good example is the ascendance of positivism in the social sciences (Conrad & Szelenyi, 1979; Silva & Slaughter, 1980). This type of knowledge has utility and appears to be value free, which enables intellectuals to provide a service without entering into a contestation about the values of a particular society (Conrad & Szelenyi, 1979).

According to Silva and Slaughter (1980), the literature suggests that professionalization is a key determinant in deciding the outcome of the struggle between paradigms. Professionalization encourages the development of "an occupational subculture and an ideology guiding conduct and thought along common lines" (p 783). It is when this happens that the knowledge of the intellectuals also reflect their own interests, and when they become an organized profession their knowledge is subordinated to those interests (Conrad & Szelenyi, 1979).

The dominant paradigm in the counselling profession in South Africa is liberal humanism. In psychology, humanism is understood to denote a particular concern and value for the individual subject. Although humanism has certain political implications, it contains no explicit political programme. To give it political substance, it is often aligned with

liberalism, which shares most of its basic tenets.

The values inherent in liberal humanism are that all persons share a common humanity, are naturally good, capable and responsible for shaping their destinies. To allow men or women to become self-actualizing, self-directed agents in control of their lives, freedom of thought, expression, movement and opportunity is required. The individual is of supreme importance and his or her legitimate interests should not be subordinated to those of the community. The role of the state is to nurture and protect individualism. Individual freedom and development should be linked to the emancipation of disadvantaged groups in a process of evolutionary change (Leat, Kneifel & Nurenburger, 1986).

In humanist psychology the emphasis on the individual has resulted in a separation of the subjective from the objective or the individual from the society in which s/he lives (Jacoby, 1975). In this process the individual becomes disconnected from the process of production and the social relations arising from the mode of production. By fetishizing human subjectivity while ignoring objective social reality, liberal humanism allows the social service professionals to humanize individuals in an alienating, repressive social system. These self-actualizing individuals then become atypical 'normals' in an abnormal society. In the words of Rogers "the encounter group movement will be a growing counterforce to the dehumanization of our culture" (Jacoby, 1975; p 66). The aim is not the dissolution of dehumanization, but to humanize those who can afford to attend encounter groups. The fundamental question about why the objective social condition is a dehumanized culture is seldom asked or addressed. Thus "both the causes and cures of contemporary society are reduced to the realm of the individual" (Jacoby, 1975; p 68). However adverse the material or social conditions of a woman, she must take it, transcend the situation and fully realize her potential.

By being concerned only with the problems of the subject and not with the conflicts and problems of groups, it is not too difficult for

counsellors to believe that the service is in the interest of all individuals. Under the "name of humanism the true condition of the workers and peasants and the class struggle is concealed from them" (Sarte, 1985; p241).

The status quo is maintained both by the absence of a challenge to it from the professionals and through encouraging clients to seek individualistic solutions. The professional thus provide a service to certain individuals in the society, usually those more directly connected to the power structures and also ensure that discontent is not translated into a collective challenge to the existing order. For Althusser (1971), this is how the professions, forming part of the ideological state apparatuses, actively participate in reproducing the existing relations of domination and exploitation in society.

White afrikaner males in control of a neutral association

The organization of the SSCSA's annual conference is controlled entirely by the executive committee, which decides on a theme, selects papers, draws up the programme and appoints chair-persons for all the sessions. Obtaining control of the executive is thus crucial for determining the position and direction the association will take.

The composition of the executive between 1978 - 1985 is illustrated in Table One. The figures show that at the founders' meeting in 1978, which had the same executive as in 1980, the proportional representation of afrikaans, english and black universities seems fairly equal. However, if one considers that the black universities were 'represented' by a white afrikaner male, then the afrikaans (60% in executive and 40% of membership) and english (40% executive and 33% membership) fractions have a somewhat disproportional representation. Members from the afrikaans universities obtained virtual total control of the executive in the period between 1982 to 1985 while representing only approximately 40% of the membership. In contrast, representation from the english universities dwindled from 20% to

0% during the same period. The proportional representation of the black universities in the executive remained constant (20%) from 1978 to 1985, but it was only in 1984 that a black person was elected to the executive. He left the association during the same year to become a cabinet minister in a homeland. Afrikaner male domination was also reflected in the chair-person and vice chair-person positions, which were without exception filled by them from 1978 until the 1985 coup.

COMPOSITION OF EXECUTIVE COMMITTEE IN RELATION TO
ACTUAL REPRESENTATION WITHIN ASSOCIATION

Year	No. Institutions Present	Afrikaans Universities		Members in Executive		English Universities		Members in Executive		Black Universities		Members in Executive	
		No	%	No	%	No	%	No	%	No	%	No	%
1978	15	6*1	40	2	40 (60)	5	33	2	40	4	26	1*2	20 (0)
1980	18	7	39	2	40 (60)	6	33	2	40	5	28	1	20 (0)
1982*3	15	6	40	3	60 (80)	4	26	1	20	5	33	1	20 (0)
1983	19	7	37	3	60 (80)	5	26	1	20	7	37	1	20 (0)
1984	16	7	44	4	80	4	25	0	0	5	31	1*4	20
1985	17	6	35	0	0	4	23	4	80	7	41	1*5	20

*1 : UPE and UNISA classified as Afrikaans

*2 : From Black university, but representative in white afrikaner male

*3 : Zimbabwe and Durban Westville stopped attending

*4 : First black on Executive

*5 : First Woman

*6 : Affiliation is by Institution, not Individual

The question arises as to whether the afrikaner male hegemony can be explained in any other way than a deliberate, politically motivated mobilization to ensure majority representation. From a meritocratic position, fundamental to professional excellence, it could be argued that they had participated the most actively and had thus been elected on merit. A review of the papers presented between 1978 and 1985 shows that there were 19 (43%) presented in English and 25 (57%) in Afrikaans. A 14% difference hardly supports a meritocracy argument. It is thus very difficult not to conclude that deliberate caucusing had been taking place

at conferences with the intention of securing afrikaner control over the direction and deliberations of the association.

During the early phase of the 1985 conference, with 100% control over the proceedings, the insensitivity of the 'ruling elite' drove the simmering antagonism of the english and black members to a head. The main bone of contention was the language issue. The associations constitution states that the "language medium of the society will be the two official languages of the Republic of South Africa". In 1980 the language issue had reared its ethnic head when the author of a paper that had been accepted for presentation was requested to translate it into Afrikaans. When he refused, the executive committee withdrew the paper from the programme (Conradie, 1980). Language was in this instance regarded as more important than academic merit. This incident was one of the first concrete indications that certain political values would be more important than professional standards.

With complete afrikaner control of the executive, the first part of the 1985 general meeting was conducted entirely in Afrikaans. When dominance leads to arrogance it often precipitates a counter reaction that contests that domination. A woman member of the association, who did not understand Afrikaans, asked that certain important points be translated. When the request was ignored without even comment from the chair, a small group of black and white women walked out. This was the first time that women had really made their presence felt in the association. It is worth speculating whether this was simply a reaction to the insensitivity of the chairman, or whether it was part of a broader realization in South Africa that afrikaner men may not be preordained to rule forever.

At this conference, during the good english tradition of sundowners, certain participants from english and black universities caucused to overthrow the dominant minority. It should be noted that quite a few people expressed reservations about this tactic, because it was a professional association and not a political organisation. After

considerable conscientization (and a few more rounds) a strategy was formulated. The resultant action was that for the first time in the history of the organisation an english and black dominated executive was elected (Table One). Equally important, the first ever english chairperson was elected and a black woman became vice chairperson. At the end of the meeting most members were aware that some of the political tensions in the country were also present in the association.

The 1986 opening address, by a well respected moderate from the Rand Afrikaans University, stressed that it would be naive to politicise a professional association because it would be a waste of energy. He concluded with a strong plea for unity in our 'harmonious small family'. The very next paper on the programme entitled; "The Pro-active Counsellor : Is Neutrality Possible", was a deliberate attempt to dispel the myths of neutrality and consensus (Cloete, Pillay & Swart, 1986).

The first aspect discussed by Swart asked whether counsellors wanted to remain embedded in institutional world-views that help to maintain authoritarian social systems or will "pro-active counsellors try to lift ourselves up by our bootstraps and risk facilitating the development of 'inter-individual' type democratic systems amongst the people of this land" (p 12). In the second part of the paper Cloete and Pillay addressed the ideologies of professional neutrality and liberal humanism. They concluded that neutrality was a false consciousness and that counsellors had not only been serving their clients, but also their self-interest and those of university administrations and the state. Regarding the dominant paradigm of liberal humanism, the conclusion was that it is more conducive to the interests of the profession and capitalism than to the welfare of the clients.

In the discussion that followed the muted applause, the first objection was that the paper had not dealt with bread and butter issues such as study skills, which was the purpose of the conference. Secondly, the question was raised as to whether it was relevant to review the history

of ones own association. Thirdly, the dominance of afrikaner men in the executive was said not to be a conspiracy but the result of a lack of volunteers to serve on the executive. Fourthly, the paper was criticised as un-scientific, which disturbed the delegates from Potchefstroom who had come for a scientific discussion about student services.

All four arguments bear in somewhat different ways on the issue of neutrality. For example, the assertion that a conference should not look at political issues or the history of the organization assumes that only aspects dealing with clients should be examined, because the counsellors are objective and neutral administrators of services. This is a classic example of how intellectuals attempt to obscure their own role and interests (Gouldner, 1979).

The crux of the neutrality argument however, is in the demand for science, which was clearly equated with positivism. This demand had nothing to do with the paper, which actually used the categorization of conference papers and the composition of the executive as empirical data. Rather, it had to do with the way in which 'science' has become a knee-jerk reaction by intellectuals who want to obscure their political interests. In any case, to require science for a discipline that is not scientific in the positivistic sense shows the absurdity of the argument. According to Habermas (1981), making a fetish of science is an attempt to justify a particular class's interest in domination.

Some of the positive comments included support for the contention that counselling did not occur in a vacuum and that the paper was 'profoundly important' because it challenged counsellors both on ethical and theoretical grounds. Also, that papers such as these were necessary to counter the dominant technological 'nuts and bolts' approach. Despite the numerous charges of irrelevance, the controversy was serious enough to warrant a special afternoon session.

At this meeting the need for more scientific papers was reiterated, the executive was criticized for wasting the short conference time on

irrelevant papers and the University of Cape Town delegate, who wanted something practical from the conference, threatened to vote with his feet and disaffiliate. It was also rumoured that some universities were contemplating withdrawing from the association and Stellenbosch and Medunsa disaffiliated after the conference.

Apart from the criticism of the paper, the other most notable feature of this session was the call that 'mature adults' should be able to accept individual differences and that the 'association was bigger than individuals'. The call for unity resulted in the re-election of the existing executive with an English-speaking male as chairperson and a black woman as vice-chairperson. They were nominated by Afrikaans speaking delegates.

With regard to political differences it had been postulated before the conference started, that the Cloete, Pillay and Swart paper would cause a "verkrampste - verligte" split that transcended the predominantly ethnic and racial divisions that had been the basis of the tensions in the association. Such an ideological division would be fairly similar to what was happening in the broader society. Contrary to this expectation, the 'radical' challenge to their neutrality and the paradigm on which the association is based forged a unity that transcended ethnic and racial barriers. The response was much more along the lines of the intentions of the state's reform policy, namely middle - class unity.

It became clear that 'boer-brit' and 'black-white' differences could be pasted over quite quickly, at least by the 'moderate majority', when faced with a threat to expose professional bias, a challenge to the paradigm on which the profession is based and a demand to rethink political alignment. This is quite a dramatic demonstration of how class and guild interests can predominate over ethnic and racial divisions.

In the next section we briefly want to explore the ambivalent relationship between a purportedly neutral association and the SADF.

Alignment and silence in exchange for workplace autonomy

Despite its claims to neutrality, in 1982 the SSCSA undertook, as part of the conference, an SADF sponsored visit to the 'boys on the border'. This was justified as becoming more aware of the problems of a certain client constituency. However, the 1983 conference minutes expressed disappointment that another visit could not be arranged and R300.00 was donated to the SADF fund.

Lt. General Holtzhausen's paper at the 1982 conference appealed to counsellors to advise school leavers to regard military training as their first commitment. He concluded his speech by saying that "we stand...shoulder to shoulder in the same survival struggle" (p11).

Apart from the objection by one counsellor, Holtzhausen's appeal was accepted with great applause. By supporting the survival struggle, the association and its leadership gave a clear political signal that they were 'shoulder to shoulder' with a component of the states' repressive apparatus that is not known for cherishing individual freedom and self-actualization.

The tension between neutrality and open alignment surfaced again at the 1986 conference. Certain counsellors raised fears about the states' violation of professional confidentiality. Examples given were that the medical files at a number of clinics and hospitals had been confiscated and that, at a black university, security force personnel had insisted on sitting in on counselling interviews. It was suggested that a motion be put forward that would condemn security force actions on the black campuses and the violation of professional confidentiality. During the ensuing discussion the most blatant example of how contradictorily the ideology of neutrality can operate was provided by an ex-chairperson of the association who asserted that politics had no place at a scientific conference. In the next breath he stated that radical students from the left and the right must take the consequences of their actions and should not receive counselling.

The rising tensions in the 'harmonious family' were dissipated by a proposal that the issue was not political, but one of professional ethics. It was only after this 'principle' had been accepted, that a motion was passed "respectfully" protesting to the Minister of Law and Order that:

"infringements of privacy and personal freedom are totally incompatible with the professional principles of confidentiality as espoused by psychologists and counselling psychologists and as laid down by the professional rules of conduct of the Medical and Dental Council of South Africa" (September, 1986).

The resolution is an example of how a professional association will circumvent political issues, not only in the society at large but even at the workplace. The violation of human rights and the disruption of the education process by the military on certain campuses and in the society is not contested; what is challenged, however meekly, is the invasion of privacy and professional autonomy. What this shows is the juxtaposition of autonomy and alignment. As a category of labour which can provide a real service, intellectuals can also bargain with the patron for certain workplace benefits and freedoms. A difference between mental and manual labour is that for the former, benefits are obtained through contestation but never by challenging the existing order. Manual labour on the other hand often has to contest with, and challenge the dominant class.

For intellectuals, alignment is part of the struggle for autonomy. The question is thus not autonomy or alignment, as it has been presented so often in recent debates, but autonomy with alignment. Construed in this way, the issue then becomes: alignment to whom and what are the conditions or benefits?

In the short-term, for a middle-class association such as the SSCSA, who has a clientele located in the same class, the benefits of aligning with the state are fairly obvious. However, if one accepts Disco's (1979) claim that "traditional intellectuals are a self-conscious stratum with a foot in the past and an eye to the future" (p 164), then the interesting

question becomes when will the professional intelligensia on the sinking apartheid ship start inflating the life-rafts of neutrality and autonomy.

Conclusion

In the above sections we have shown that it is a false consciousness to believe that the SSCSA is a neutral professional association striving only to improve student services. The association has in the past promoted its own interests mainly by not confronting the powers that have directly and indirectly protected and promoted its interests. This has been done in a variety of ways such as remaining silent about those values and practices of their patrons that are often fundamentally contradictory to those of the profession. It has aligned itself fairly openly with the state through the political affiliation of its executive and by sending signals of support to the SADF. Lastly, the dominant paradigm within the association is one that also serves the interests of the profession while not presenting a challenge to the racial capitalist state. The associations alignment to the class in which it is located thus manifests itself through its practices, through its silences and in open alignment.

Like all forms of labour, the SSCSA advances its professional and self-interests through a variety of strategies and alignments. In this sense it is no different from any other category of labour, because to go consciously against self-interest on moral grounds alone is something that occurs very seldom. It should thus not be dismissed as an idiosyncratic, afrikaner dominated association aligned to racial capital from whom other associations have nothing to learn.

Although it could be argued that the SSCSA often conducted their affairs in a rather overt and crude manner, many of their responses to a number of important issues are very similar to those of most of the professional and academic associations in South Africa, and indeed, all over the Western world. Afterall, the SSCSA did not create the ideology of neutrality, it has only been interpellated to it in social conditions that make it easy to expose the contradictions.

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Professionalisation as a Moral Concern

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"We reject ... the whole idea of 'experts' and professionals holding forth on how we should accept our disabilities, or giving learned lectures about the 'psychology' of disablement. We already know what it feels like to be poor, isolated, segregated, done good to, stared at, and talked down to - far better than any able-bodied expert. We as a Union are not interested in descriptions of how awful it is to be disabled. What we are interested in are ways of changing our conditions of life, and thus overcoming the disabilities which are imposed on top of our physical impairments by the way society is organized to exclude us. We look forward to the day when the army of 'experts' on our social and psychological problems can find more productive work".

This quote is from the policy statement of the Union of Physically Impaired against Segregation in Britain (Hales, 1982). It reflects a point of view that in recent years has found more and more support, namely that professionalization is not without its hazards in society. This paper follows this tradition of unease about the effects of increasing professionalization of large sections of modern society. It is concerned with professionalization as a general phenomenon, and

not with South Africa in particular. I believe, however, that South African psychologists will recognize very readily how these considerations directly touch upon the growth of the discipline in this country. No prescriptions or guidelines as to how to proceed from here are offered, but Andy Dawes (1986) presented a number of specific local suggestions, while Hales gave three examples of an "alternative" use of professional expertise. Finally, I do not claim too much originality for the arguments advanced here: as the references will indicate, I drew heavily on the work of Bledstein, Geuter, Habermas and Gouldner.

Background

The nineteenth century was characterized by a search for a general knowledge. Likewise, psychology developed mainly as a theoretical enterprise. Wundt's search for a single theoretical psychology serves as a good example: "es gibt nur eine Psychologie". Wundt's well-known contention was that one first had to construct a systematic, general and theoretical psychology before it was possible to have an applied psychology. The search was for general laws governing "mind" or "behaviour", and the work of Ebbinghaus and Titchener was in the same tradition. Thus one can say that academic psychology emerged in Germany in the latter half of the nineteenth century, with little concern for solving society's practical problems.

This soon changed, however, as men like Galton and James McKeen Cattell, and later on Münsterberg, G. Stanley Hall and Walter Dill Scott, concluded that one could do something with psychology. It became clear,

especially in educational practice, that psychology could be useful for its activities. As a result, psychology was converted into a practical and applied discipline.

World War I and World War II accelerated this process of changing psychology from an academic-theoretical to an applied-practical discipline. The work of American psychologists like Yerkes and Terman during World War I for example is well known, and it demonstrated that psychology had something to contribute to the solution of society's problems. The direction of psychology would now change from the search for general and theoretical knowledge to a search for knowledge which is useful to and applicable in society. World War II was especially important for the growth of sub-disciplines like ergonomics and clinical psychology. In the USA, for example, clinical psychology received a tremendous stimulus through the involvement of psychologists in the War Veteran's Administration.

The important point here is that the rapid growth of the applied and practical aspects of psychology created the possibility for psychologists to practice their discipline professionally, and to be more than just academicians at universities.

Professionalization

The concept "profession" normally incorporates aspects such as the following (see Bledstein, 1976):

- *A full-time occupation in which one's principal source of income is earned.

- *Mastering an esoteric but useful body of knowledge through time-consuming training.

*Completion of theoretical training before entering practice or apprenticeship.

*Receiving a degree or licence from a recognised institution.

*Technical competence, superior skill, and high quality of performance in one's work.

*Embracing an ethic of service.

According to Geuter (1984), the professionalization of psychology as a historical process, includes the following dimensions:

Dimension 1: The institutionalization of psychology as an academic discipline. This refers to the establishment of separate and independent departments of psychology at universities.

Dimension 2: The development of systematic knowledge within the discipline that could be applied. From the many psychological theories and methods, some were more important than others for professionalization - not all psychological knowledge was and is equally applicable.

Dimension 3: The application of this knowledge and the demand for its trained workpower. At certain points in time problems arose in society, which demanded concrete solutions from experts. Parts of the discipline became relevant at the level of the practical solution of socially-defined problems. According to Geuter, psychologists then intervened via the application of their knowledge in those societal problem areas.

Dimension 4: The strategies of the occupational group to have its careers recognized and legitimized. This own activity of the practitioners is often seen as the driving force behind the process of professionalization. Legitimation refers to the attempts to argue the justification or necessity of the group's actions to important addressees.

Dimension 5: The regulation of qualifications and educational policy. When the consumers of scientific products included not only scientists themselves but also clients from the general public, the control of competence became necessary. Thus emerged a state system of licensing or registration to protect the consumers of professional activities from "quacks".

Dimension 6: The prevention of the discipline's professionalization by rival professional groups. Changes in the professionalization of one discipline influenced other professional groups in the network of disciplines. Most of all, they did not want to accede problems within their fields of expertise to other groups. Often a process of struggle and persuasion had to take place, in which groups of people attempted to negotiate the boundaries of an area of expertise and establish control over it (see Freidson, 1977).

Dimension 7: Subjective suppositions of the members of the occupational group. Professionalizing the discipline gives the members a sense of belonging to a high status occupation, of union, but without necessarily creating consensus within the occupational group. More often than not, divisions continue to exist or are created between, for example, academics and practitioners (see Louw, 1987, for an example of a political split in the South African psychological fraternity).

Judging professionalization

In order to evaluate professionalization it is necessary to address the question of the benevolence of the professional actions of psychologists. Two arguments will be advanced: (i) professional practice is at least morally ambivalent; and (ii) it is not neutral or impartial in its interventions.

- (i) Under the seductive spell of practice, psychologists are called upon (or present themselves) to assist in solving some of society's problems. An underlying supposition (often given as self-evident) in this is that psychologists' actions help people. Professionals present themselves as dedicated to apply their skills in the service of others, having only the client's best interests at heart. Gouldner (1979) has demonstrated very clearly how this dedication to service and skill does more than just serve the needs of the client: it also contains elements of an ideology. The ideological function of the emphasis on service and skill is to stress the autonomy of the profession, to show how it is separate and independent from business and political interests. By highlighting the value of their skills in the service of society as a whole, the experts are at the same time staking claims to public power and influence in society: "Professionalism silently installs the New Class as the paradigm of virtuous and legitimate authority, performing with technical skill and with dedicated concern for the society-at-large" (Gouldner, 1979, p. 19). A further example of this is the emphasis on more stringent preparation and higher standards of licensing: such increases would on the one hand ostensibly protect the public, but on the other hand it would also restrict the number of practitioners and thereby raise incomes.

What is clear from the above, is that the professionals' activities are at least morally ambivalent (Gouldner, 1979). On the one hand, they claim to work towards the collective interest in a disinterested, impersonal way. In this, they present their technology ideologically as an impersonal and autonomous societal resource. On the other hand, they simultaneously advance their own interests and power, their own guild advantage. This ambivalence is neatly summarized by Gouldner (1979, p. 21): "The New Class's occupational culture is neither the caricature of the devoted professional selflessly sacrificing himself in the service of others, nor is it the stereotype of the venal elite that prostitutes its skills for gain".

As an aside, it can be noted that education fulfills an important role in this, as it imparts the skills and techniques of the profession, as well as the obligation to attend to the welfare of the collectivity. The autonomy of the profession is therefore grounded in the specialized knowledge transmitted by the educational system. Larson (1977) elaborated on why education, particularly at university, is so important in professionalization: it gives the university-based professions the means to control their own cognitive base (i.e. the body of knowledge and techniques, the required training, and so forth).

- (ii) The postulation, that both the application and practice of psychology are humane, or at least neutral and impartial, lies at the heart of psychology as a technology and as a profession. The codification (or standardization) of knowledge via university training, mentioned above, forms an important basis for the professional's activity to

appear neutral. It provides a scientific basis to the profession's language and knowledge, and since science appears to be objective and value-free, this is transferred to the profession's knowledge and skills. Hence the superiority of a scientific base for the profession. A good example of how even the skills and techniques of psychologists are not neutral in their application in society, is provided by the relationship between form of therapy and social class. Brinkgreve, Onland and De Swaan (1979) presented evidence from The Netherlands that clients from a low income, low educational, and low occupational background, are likely to receive behaviour therapy; other forms of therapy barely being presented. In contrast, clients from higher socio-economic levels, have a much higher chance to receive interpretive, psychodynamic forms of therapy.

It is, however, possible to examine this issue at a more theoretical level, and Jürgen Habermas' theory of communicative action may provide the concepts with which to do this.

Western society, argued Habermas, is the product of a rationalizing process, in which our understanding of the world became less and less dependent upon traditional definitions of reality and on religiously sanctioned norms. The concept of rationality is central in Habermas' theory; that is, the extent to which actions or expressions can be criticized; when good reasons can be given or expected for actions or expressions.

Thus our understanding of the world becomes increasingly dependent upon the interpretive actions of social actors themselves. Actors take responsibility to reach agreement on the interpretation of situations

in which they find themselves, through a process of demanding and supplying good reasons for actions or expressions.

Habermas distinguished two forms of rationality which individuals or groups can employ: cognitive-instrumental rationality and communicative rationality. In the world of material things, cognitive-instrumental rationality reigns. It is characterized by the efficient organisation of means to increase one's own advantage. Individuals or groups intervene in the world to realize certain goals, and the only criterion for success is the effectiveness of the intervention, as it leads to further possibilities for control of the situation. Communicative rationality, on the other hand, is a characteristic of the actions of the social actors when they strive towards the goal of a communal ("gemeenschappelijke") definition of the world. In communicative action the intersubjective relation of actors is central, as they negotiate about the interpretation of their situation, and try to come to mutual or shared understanding. On the other hand, if a communicative rationality characterizes the social interaction of the participants, shared understanding is the result.

Thus it is possible for actions to extend the discipline and control over the material situation - if a cognitive-instrumental rationality forms the basis of the actions. This type of rationality, if employed by actors in the social domain, creates further possibilities for manipulation of one group or individual by another. Cognitive-instrumental (or means-ends) rationality entails a repression of ethics, argues Habermas, and the stress on instrumental efficiency has a de-moralizing effect. This will be exacerbated by

possible power differentials between the actors in the interaction. Communicative rationality is only attainable if the only form of coercion between actors is that of the best argument. There must be symmetry in the opportunity that the participants have to choose and execute actions.

One can therefore ask the question: Do the actions of professionals lead to greater control and discipline, or do they lead to a real enlargement of the potential of participants to influence their situation via discourse and argumentation? I believe that this question lies at the heart of the dissatisfaction expressed in the opening quotation to this paper, and closer to home, the formation of alternative associations like OASSSA. Along with Van Hoorn (in press), I maintain that the increased emphasis on application and professionalization of psychology, often in an unholy alliance with powerful social institutions, are at odds with the contribution psychology can and should make to a healthier way of life. Psychology's aim of "prediction and control of behaviour", in an economic order where greater efficiency, productivity and profits are the most important considerations (cognitive-instrumental rationality), is much too close to social discipline and control for comfort.

The theory of communicative action provides another moral warning to the professions. One of the aspects of cultural rationalizing is the establishment of fields of action as professional fields of action. Thus certain fields of action become differentiated from one another, and become independent from the daily communicative practice. Actions and expressions in these spheres are no longer open to communicative

interpretation, as the claims that are made in each of them can only be judged by experts. Those who have the authority, in our case in the form of professional, science-based competence, do not have to argue their validity claims. They can give binding reasons; they are actors with influence. In so doing, they establish cognitive-instrumental knowledge, and jeopardize the reaching of shared understanding.

This forms a threat to the communicative infra-structure of our shared knowledge of a situation, in that it implies a kind of a cultural impoverishment. Forms of knowledge are developed by experts in independent spheres, reducing the extent to which all members of society share in these new cultural contents, and thus fragmenting the everyday consciousness. At a very concrete level, one can see this independence of the professional in the display of their equipment, instruments and symbols. These symbols of the profession (e.g. diploma's on the wall, microscopes, stethoscopes, psychological tests, etc.), emphasize its complexity, its forbidden nature to the lay person. They increase the client's awe, and reinforce the notion that s/he is dependent upon the professional.

The technical language of the professions is another important factor setting the professional apart from the public at large. What Gouldner (1979) called the "culture of critical discourse" is a common bond between members of the "New Class", establishing boundaries and unifying elements. While this makes it easier for members of the professional culture to communicate with one another, it also makes it more difficult to do so with people who do not speak that technical language. Thus it unifies those who use it, and establishes distance

between themselves and those who do not. Those who do not use the technical language therefore do not have equal access to it. The technical language in itself becomes an expression of cultural power (see Bledstein, 1976; Gouldner, 1979). Edelman (1977) used the term "therapy" to give a telling example of the subtle bearing of language on status and authority of professionals: "Mental patients do not hold dances; they have dance therapy. If they play volleyball, that is recreation therapy. If they engage in group discussion, that is group therapy. Even reading is 'bibliotherapy', and the professional literature warns that it may be advisable to restrict, supervise, or forbid reading on some subjects, especially politics and psychiatry. To label a common activity as though it were a medical one is to establish superior and subordinate roles, to make it clear who gives orders and who takes them, and to justify in advance the inhibitions placed upon the subordinate class. It ordinarily does so without arousing resentment or resistance either in the subordinates or in outsiders sympathetic to them, for it superimposes a political relationship on a medical one while still depicting it as medical" (p. 60).

As a discipline becomes professionalized, the divisive issues that it deals with, such as race, capitalism, labour, deviant behaviour etc., are removed from the public domain and are isolated within the sphere of the professionals. The anti-nuclear movement is a good example of a popular revolt against this development: the issues raised by the nuclear industry are not simply technical problems to be left to the experts, but there are also moral considerations in which society as a whole should have a say.

To conclude, the two main thrusts of the argument can be summarized as follows: Firstly, the claim of the professionals that they have unique skills and techniques has a moral ambiguity to it: it contains an element of service to society, as well as an element of self-advancement and self-interest. Secondly, Habermas' theory of communicative action warns against the tendency of the professions to extend discipline and control over groups and individuals, and to remove certain issues from public debate. This elitist tendency contained in professionalization undermines public decision-making, as it stands in the way of a more effective role for the general populace in "the practical discourse of public life" (Gouldner, 1979, p. 39).

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OUT OF AFRICA ?

A REVIEW OF G A TYSON (Ed.), INTRODUCTION TO PSYCHOLOGY: A SOUTH AFRICAN PERSPECTIVE., JOHANNESBURG: WESTRO EDUCATIONAL BOOKS, 1987.

Ian Moll
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With the publication of Introduction to Psychology (hereafter ITP), Graham Tyson and his co-authors appear to have taken a step that has been spoken of for so long in the struggle to produce and to teach a psychology relevant to a South Africa in transition. At a time when the production of knowledge is, even to the most experimental of observers, increasingly implicated in the struggles of either the oppressors or the oppressed in South Africa, an introductory psychology textbook motivated by a concern "about the relevance of psychology in South Africa" (ITP, p. iii) and a desire to move away from "a traditional American approach to psychology" (ITP, p. iii) must be welcomed.

Why then my intense disappointment upon reading the text ?

In his preface, Tyson sets out the "restrictions" which he placed on authors who contributed to the book in order to overcome the failings of the hordes of American programmed texts that have been the fare of South African Psycho I's up to now (ITP, p. iv):

- (A) "that they should make the material as relevant to the local situation as possible."
- (B) "...that they should provide a solid foundation of knowledge, rather than a very broad and superficial overview."
- (C) "...that, in view of the fact that many students do not have English as their first language, they should express their material as clearly and simply as possible."

Agreed. In descending order of importance, these are the crucial Psychology in society, 1988, 9, 81-91

questions which face the serious student (and teacher) of psychology in contemporary South Africa. And there is no doubt that an introductory psychology text which seriously engaged this context would be described in general terms by the above. There is also no doubt that most American introductory psychology texts do not in general terms meet the requirements of (A) and (B), although in my perhaps limited understanding of the problem, there are amongst them a number of exceptions in regard to (C).

The problem with the contributions to ITP is that they remain trapped in this very general understanding of relevance in South African psychology. I want to argue that they fail completely to meet the requirements specified in (A) (and indeed mystify the issue completely), that as a whole they only partially succeed in meeting up to (B), and that their obvious strengths in relation to (C) do not by themselves constitute an adequate "South African perspective" on psychology.

Let me comment on the relatively uncontentious (C) first. Tyson appears to have done an excellent editorial job in keeping contributions accessible and simple (without allowing them to become simplistic, a criticism that I think we can level at a number of too child-centred American texts). There is the usual array of technical jargon associated with psychology, but with the very helpful glossary included at the end of the book, it is improbable that either first- or second-language English speakers will spend hours in dictionary-assisted translation exercises which alienate them from psychology and its perspectives. But it needs to be said that fulfilling (C) is a necessary but not a sufficient requirement of a relevant South African psychology

text. If ITP's treatment of (A) and (B) is not adequate, (C) makes the book neither South African nor relevant.

With regard to (B), there is no doubt that ITP represents an improvement on the "very broad and superficial" (my emphasis) accounts of psychology offered by the average American equivalent. By approaching specialists to write each substantive section within their own problematics, and by selecting a limited and coherent range of topics, Tyson has managed to avoid the extremely piecemeal, atomistic presentation of psychology on which I was initiated (see Moll, 1983). In particular, the sections on Motivation and Emotion by Lachenicht and Physiological Psychology by Tollmann each display a sustained theoretical integration throughout, while the section by Sharratt reflects to an extent the theoretical unity which is needed to overcome the notion that studying psychology is just the accumulation of facts about psychology.

But ITP has only partially responded to the problem in its South African context. One has only to glance at the pages of previous issues of Psychology in Society to realise that intense epistemological and methodological dispute lies at the very heart of the crisis in South African psychology. But no sense of this is conveyed by ITP: nowhere do contributors question a naive positivist appropriation of knowledge, i.e. a catalogue of experiments, hypotheses and verified theories which, added together, supposedly constitute the knowledge that psychologists have.

Instead ITP offers new psychology students nothing more than its

American predecessors did, namely the straightforward notion that psychology is the science of the behaviour and experience of individuals. That there is no sense of a debate on the issue is a disservice to South African psychology students, given the turmoil of our society and the agony of psychologists attempting to relate seriously to it. Whatever the merits of positivism in psychology, the fact that ITP does not broach the question of paradigmatic, theoretical and ideological dispute in psychology means that it sidesteps most of what must urgently be engaged by psychology students in this country. ITP, unfortunately, does not provide the solid foundation of knowledge that it might.

This brings us to requirement (A), that a South African textbook in this field must present "material as relevant to the local situation as possible" (my emphasis). The advertising brochure issued by Westro Educational Books makes it even clearer what role ITP sees itself playing in the South African context: having acknowledged the problem of "the heavy American orientation" of textbooks used up to now, the brochure claims of ITP:

- (A1) "wherever possible the material is made relevant to the local situation." (my emphasis)
(Westro, 1987, p. 1)

And it goes on to inform the prospective reader how this is achieved:

- (A2) "This is done through the use of South African examples and by focussing on research of a cross-cultural nature. In addition, certain topics and issues which are relevant to students in South Africa have been included... psychology in Africa, cultural factors in perception, thinking and culture, differing forms of psychopathology in different cultures, African diagnostic categories and the relevance of social psychology for the third world."

(Westro, 1987, p. 1)

On the face of it, this might appear to be an admirable

contribution to the education of South African psychology students. But I am afraid that ITP does not, even on the face of it, meet its own perception of the role it should be playing.

It can hardly be said that the material is made relevant to the local situation through the use of South African examples wherever possible, as the following review of ITP's contents will reveal:

Chapter 1 The Nature of Psychology (J W Mann) pp. 1-24.

Mann proceeds through topics such as the scientific status and objects of psychology, the history of psychology, its methods and methodological errors, all without a mention of South African examples. The only reference to the supposedly unique concerns of ITP is a two-column comment on "psychology in Africa" (pp. 11-12) which comes accross as a piecemeal addition to the chapter, rather than as its substantive concern. The chapter is all the weaker for the fact that some of the points made in passing in this comment (e.g. "researchable issues" unique to South Africa, and the emergence of a radical tradition in local psychological circles) do not impact on the contents of the rest of the chapter at all.

Chapter 2 Physiological Psychology (Shirley Tollmann) pp. 25-58.

Tollmann presents a sound theoretical and empirical introduction to physiological psychology and neuropsychology, but this chapter is sparse on South African examples. Besides a pertinent section on malnutrition, the "South African perspective" is tacked on to the beginning and the end of the chapter rather than seriously theorised.

Chapter 3 Perception (E J Hammond) pp. 59-88.

Hammond again leaves the impression that South African concerns have been tacked onto the end rather than carefully integrated into the chapter. The major part of the chapter is standard occidental fare on the psychology of perception, and issues of enormous theoretical significance for a truly (South) African psychology are passed by without mention. For example, the "active or indirect nature of perception" discussed in relation to Jastrow's duck/rabbit problem (p. 79), and the usual array of illusions which illustrate technical aspects of perception, all raise important questions about the way in which abstract formalism structures perception in capitalist society. The specificity of economic exploitation and oppression in this country insists that perception cannot be dealt with in such general terms within "a South African perspective" on psychology. To conclude the chapter, a short section on social and cultural factors in perception is added. Because it is a piecemeal addition rather than an integrated part of the overall argument, it traps itself in one of the most problematic of western psychology's blindnesses: African people, somewhat statically, cannot perceive depth in pictures, photos and line drawings!

Chapter 4 Thinking (Pamela Sharratt) pp. 89-140.

Sharratt uses more African and South African examples than any other author in the book, although they are still only dealt with in short comments which are few and far between, and could on the whole have more depth. Nevertheless, Sharratt's treatment of two issues in particular provides exemplars of what might have been achieved in the rest of ITP:

(i) the comments on the Whorf hypothesis (p. 95), while avoiding

complex theoretical elaboration inappropriate to an introductory text, critically orientates the student to the difficulties and problems which the study of language and thought in South Africa will entail;

(ii) the section on "culture and thought" (pp. 97-98) is unique within ITP for the depth and rigorous conceptualisation it offers, although it still appears in the context of the chapter as a whole to be tacked on to mainstream discourse in psychology.

Chapter 5 Developmental Psychology (Philippa Clark) pp. 141-182. In a terrain as rich in South African issues, problems and examples as is child psychology, this chapter is disappointing. Barring some comments on apartheid education (which are political rather than psychological) and some not very central references to malnutrition and compensatory education, local children are hardly mentioned.

Chapter 6 Learning and Conditioning (Alma Hannon) pp. 183-210;

Chapter 7 Memory (E J Hammond) pp. 211-224;

Chapter 8 Motivation and Emotion (Lance Lachenicht) pp. 225-262.

Despite the strengths of Lachenicht's contribution mentioned previously, and indeed despite Hannon's pre-eminence amongst teachers of behavioural psychology in South Africa, these three chapters fail completely to meet the stated aims of ITP (see A1 and A2 above). They do not utilise South African examples at all (Lachenicht's oblique reference to Barling and Biesheuvel on p.246 notwithstanding), yet it is surely not difficult to conceive of instances of life under apartheid which could illustrate and perhaps defend some of the claims they make.

Chapter 9 Personality and Psychopathology (David Edwards)
pp.263-320.

Edwards' contribution conforms to the general pattern established in preceding chapters. We are taken perhaps too sketchily through a dozen or so personality theorists and broad approaches to personality theory, with no mention of South Africa (except somewhat artificially through presentation of the heart-attack statistics of our compatriots and the insertion of Nguni names into originally non-South African examples). Two very brief sections on "personality and psychopathology" and "culture and psychopathology" then conclude the chapter. It is in the latter that South African examples abound, and the indisputable importance of traditional African healing practices aside, one cannot avoid a cynical response about the way that a cultural anthropology has simply been added to the introductory concerns of the usual American psychology text, as if that will suffice.

Chapter 10 Social Psychology (G A Tyson) pp. 321-349.

There is almost no dissonance between this chapter and the general thrust of the rest of ITP. Tyson proceeds competently through a standard presentation of experimental social psychology, inserts Nguni names into examples, and adds short sections on the relationship between culture and attitudes and on "prejudice in South Africa". Only the brief comment on "social psychology and the Third World" (pp. 324-325) suggests that there might be crucial theoretical problems endemic to the very practice of a South African social psychology. Tyson agrees with Jahoda that "traditional social psychology has little relevance to the Third World" (p. 324), and argues that a practical and theoretically rigorous social psychology is urgently needed in countries like South Africa. The rest of the chapter, however,

seems to be blissfully unaware of this need.

Now what all of this reveals is that the explicit aims of ITP (captured in A, A1 and A2 above) have not really been adequately met by the contributions that make it up. It is more American in character than Tyson hopes for in his preface: ITP is in fact a mainstream introductory psychology text which draws only minimally on examples from the South African and African contexts.

Now while a greater depth and breadth in content specific to South Africa would strengthen the "South African perspective" of ITP, the book suffers from a much more fundamental problem with regard to requirement (A). At the heart of Tyson's project in ITP is a serious misrepresentation of what constitutes a South African psychology.

On first reading, it would appear that the established discipline psychology (let me term it "Western Psychology") and "(South) African Psychology" are culturally separated practices. The Westro advertising pamphlet is perfectly correct in its claim that (A2) is the manner in which ITP believes that it achieves (A) and (A1), as the above review of chapters shows. But there is an enormous problem in the notion that (A2) satisfies the requirements of (A). This notion suggests that what is central to the constitution of an "African" or a "Third World" psychology is a collection of cultural forms which are not usually commented upon, analysed or experimented upon within the mainstream South African (or American) practice of psychology. So they are concerns that need to be added to the mainstream discourse of

psychology, as extra and "relevant" content, usually under a title that expresses some kind of relationship between a standard category of psychology and "culture."

But in fact "Western Psychology" remains theoretically, methodologically and politically dominant within ITP, constituting the space within which "African Psychology" can be expressed. And given the dominant conception that psychological knowledge is the accumulation of psychological facts, "the local situation" is presented as a collection of new facts which are "cross-cultural" in character (A2).

The effect of all of this is what Paulin Hountondji (1983, see also 1985) has termed the "valorization of cultural plurality" - the burning questions (say of psychology) in South Africa become questions of a distorted cultural difference:

"...culture is reduced to folklore, its most obvious superficial and flashy aspect. Its deeper life and internal contradictions, the fruitful tensions by which it is animated are all neglected, along with its history, development and revolutions. Culture is petrified in a synchronistic picture, flat and strangely simple and univocal, and is then contrasted with other cultures which are also trimmed and schematized for the sake of the comparison." (1983, p. 160)

And so the material conditions and struggles of South African life, surely the real basis for a psychology rooted in South Africa, are conveniently sidestepped. ITP does just this: crucial questions such as the relationship between institutionalised psychology and apartheid, the potential contributions of mainstream psychology in a post-apartheid South Africa, the nature of an emancipatory psychology, and the transformation of psychology in the context of a national liberation struggle find

no place in this introductory textbook. It is on these grounds, then, that I believe that ITP does not meet the requirements of (A): the material it contains fails to be "as relevant to the local situation as possible".

There is in fact no "Western Psychology" nor any "African Psychology", and relevance in the South African context cannot come from a simple addition of the latter to the former. What there is is an emerging South African psychology, a psychology in transition, embedded in the transition of society at large. Sadly, ITP does not introduce its students to this reality.

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