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Psychology in society (PINS) 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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EDITORIAL

The organisation of psychology has been a very vexed issue in South Africa. It has mostly been contained within the politics surrounding professional organisations. The history of the politics of association in psychology has been dominated by the conflict and debate between SIRSA, SAPA, and PASA. In other words, the history of the organisation of psychology in South Africa has been inextricably linked to apartheid ideology and discourse. This had made it difficult for other organisations and groups to penetrate this reactionary hegemony. OASSSA (Organisation for Appropriate Social Services in South Africa), the predominantly black constituency of the "Psychology and apartheid" group, and even this journal **PINS** have been "outside" of the mainstream of defining the nature and practice of psychology.

The central problem for mainstream psychology in South Africa is a crisis of legitimacy, what Johann Louw in this issue calls "cultural legitimacy". Over the past ten years or so of ever heightened political struggle, many psychologists (not only professional psychologist, but many others working on what may be termed the psychological terrain) have become estranged from the officially recognised organisation of psychologists - PASA. Broadly speaking, but not necessarily inaccurately, PASA has tended to side with the status quo of apartheid South Africa, and has not seriously challenged the imbalances of power and privilege in this society.

The crisis facing the organisation and future of psychology has never been more evident and urgent than it is at the moment. The current social and political, not to mention economic, crisis facing this country is so fundamental that it affects many other sectors of the society. There are serious discussions going on about negotiating the resolution of the crisis in the country. Discussions and debates about the necessary restructuring and reconstruction of the social fabric. This crisis in the cement of the society where there is clearly a crisis of hegemony with the (old) ruling class no longer able to rule (legitimately), and the opposition not able to offer a convincing enough alternative, also has effects on psychology.

PINS is keen to stimulate debate and discussion on the issues affecting psychology, both in a substantive sense as well as in organisational terms, with regard to the broader restructuring of society. We are concerned to ask what the organisation of psychology means to different constituencies? There is more to the organisation of psychology than restricting the terms of debate to PASA and the professional board. We don't have much time, but we have the opportunity now in ways in which we might not have it a few years down the road to question the social articulation of psychology. In its ten years of existence it has been rare that **Psychology in society (PINS)** has formally taken up the matter of the organisation of psychology in South Africa. It is true that we have carried many articles about the possibilities of a progressive clinical psychology, and more often a progressive mental health practice. This is not because the editors of **PINS** thought that this was the only issue worth discussing in the organisation of psychology, but rather that this reflected the debates in the country - mostly around the formation of OASSSA and its concern to engage with the politics of the mass democratic movement - and who was prepared to write about these issues.

We are therefore especially pleased to be able to focus the debate about the organisation of psychology in a more open way. We publish two articles on the problems of the organisation and reinvigoration of psychology. The first is by Johann Louw (of the University of Cape Town), and the other is by Gabriel Louw* (of the University of Potchefstroom). It might be said that Johann Louw's is a critique from "inside" PASA. Johann Louw challenges PASA to face their crisis of cultural legitimacy, and he presents some detailed suggestions about how PASA might restructure itself in view of the political realities facing South Africa. Gabriel Louw's argument on the other hand could be said to be much more radical. While much of his focus is on mental health practitioners, what he says about the profession of psychology would largely apply to the other areas of psychology as well. He makes an argument for the democratic participation of all parties involved in the terrain which is encompassed by psychology: consumers, practitioners, training agencies, and the state). It is not too often that psychologists in this country have championed the cause of democracy at this level, nor thought it essential to include the state in its analyses.

The article by Haysom, Strous, and Vogelmann** on involuntary confinement is a useful critique of the Mental Health Act and "evaluates whether it [the Act] provides sufficient protection against deprivation of the rights of persons alleged to be mentally ill, and to examine the claim that confinement is justified by its therapeutic value". Their argument suggests that the Mental Health Act needs to be written, as much as other aspects of the law, in

ensuring that it is consistent with the democratic ideals of a non-racial and egalitarian future government. The Law, and the state as Gabriel Louw suggests, have to be incorporated into the discussions involving the restructuring and reconstruction of South African society and its implications for (the organisation of) psychology. So while Haysom et al are discussing a different issue, important in and of itself, their analysis complements the debates about the organisation of psychology.

Ilana Korber makes an important contribution to the understanding of the processes of (the socialisation of) violence. She says that her research was "motivated by the desire to understand how ordinary people become participants in legalised killings". Military violence cannot be separated from the general political violence sweeping the country, and so through Korber's analysis we are able to get a glimpse of one of the many contributory factors in the maintenance of a "culture of violence". It is well worth remembering the words of Ronald Aronson when he said that we cannot begin to hope about a decent society in the future unless we are prepared to understand the "dialectics of disaster" of our past and present. The role and impact of the military in the support of apartheid is surely one of the major disasters which we have to try to dialectically understand. Ilana Korber continues this process.

We conclude this (late) issue of **PINS** with four book reviews. The books are all quite different, and yet many have links with the articles in this issue - **PINS 16**. Yogan Pillay's review of the **Psychology and apartheid** collection brings our attention to a constituency of disaffected psychologists who are critical of PASA, OASSSA, and **PINS**. The debate on psychology and its organisation - theoretically as part of social studies and practically as a profession - will need to incorporate all perspectives on the issue if there is going to be any possibility of cooperating and working together. Etienne Marais's review of the Manganyi and du Toit edited collection on political violence and the struggle in South Africa focuses to a large extent on how psychology intellectuals have tried to engage with the political issues of the day from a "professional" psychology vantage point. He questions, in his review of this important book, what it means to talk of a progressive psychology. Although "progressive" had a particular political meaning during much of the 1980s, the issue of a transformed, democratic, liberatory, or in Bhaskar's language, emancipatory psychology awaits critical discussion. The "political violence" text also has many overlaps with the concerns raised by Ilana Korber about military violence. The discussion about "psychology in society" is certainly going to hinge on how narrowly or how broadly one defines psychology. Bless and Solomon's review of **Developing people** raises an issue which always debilitated OASSSA discussions, and is also present in

current discussion about mental health policy, and that is the whole question of development. Can we seriously discuss the future of psychology in a country like South Africa, with its chronic history of uneven development and resultant poverty, without engaging the problems of social development. It seems that Bless and Solomon think not in their critical review of **Developing people**. The final book review is by Cathy Campbell who discusses a book on the "new" area of "men's studies". While there are some fascinating articles in this collection from a conference on "men's studies", Campbell suggests that feminists found much wanting in this work on social theory and gender. We hope that the debates in the organisation of psychology are aware of gender issues, and do not merely assume that the reconstitution of psychology is a "male thing", or that we don't have to say anything about gender because it doesn't operate in this sphere of social life.

Psychology in society (PINS) has restructured its editorial board in the interests of greater efficiency, and a more frequent publication of numbers of the journal. **PINS 17** will be the other issue for this year, and we hope to publish three numbers in 1993 - the 10th anniversary of the journal. The first issue of **Psychology in society** was published in September 1983.

SUBSCRIPTIONS AND SUBSCRIBERS. With the continual rise in printing and postage costs, independent journals are particularly hard-hit to keep the price of their copy down. Our rates will be changing from **PINS 17**, and in **PINS 17** we shall be asking for people to become **DONOUR SUBSCRIBERS** by contributing as much as they would like to afford beyond the regular subscription rates so as to support the continued publication of what we consider to be an important contribution to psychology and related discussions.

*Gabriel Louw's paper has been published in Afrikaans. This is not because **PINS** has decided to become a bilingual journal. We shall continue to remain an English language journal. This is not meant as a statement of linguistic and political arrogance, as we are quite aware of the complexities of the language issue in South Africa at the moment. Our decision is more pragmatic, as we do not have the editorial resources, as an independent journal, to publish in two languages. We assume that many of our readers and subscribers are conversant enough with Afrikaans to be able to engage with Louw's article. We consider it important to promote debate about the organisation of

psychology, and hence were prepared to publish this article in Afrikaans. Neither Gabriel Louw nor the editors of **PINS** have the resources to translate the article, and in any case this would have delayed the publication of the article quite considerably.

****We would like to thank the South African Journal of Human Rights for allowing us to reprint the article by Haysom, Strous and Vogelmann. "The mad Mrs Rochester revisited" was first published in the South African Journal of Human Rights, 6(3), 341-362, 1990. We believe that this issue warrants greater exposure among psychologists, and hence the decision to republish this article.**

THE MAD MRS ROCHESTER¹ REVISITED: THE INVOLUNTARY CONFINEMENT OF THE MENTALLY ILL IN SOUTH AFRICA

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INTRODUCTION.

The involuntary confinement of the mentally ill describes the legal process by which a person is imprisoned for an indeterminate period not because they have committed any criminal act but because they are allegedly ill. The consequences of such imprisonment may be extreme on the person so detained. They lose not only the capacities and liberties of a free citizen, but may also lose the right to refuse "medical" treatment including electro-convulsive therapy.² The mere committal to a psychiatric institution is stigmatising and potentially degrading. Although the allegedly ill person opposes or denies the need for incarceration and treatment, the initial decision ordering their committal takes place without their knowledge and is subsequently confirmed in their absence. The committal process, we argue, despite a legal veneer, is essentially an administrative procedure relying on the diagnosis and opinion of medical practitioners. The consequences of a faulty diagnosis are severe, and there is much evidence to suggest that psychiatry has not reached a stage where faulty diagnosis is unlikely.

1 Mrs Rochester, the deranged wife of Jane Eyre's employer, in Emily Bronte's *Jane Eyre*, is an enduring literary archetype of the mentally ill. Her demonic presence is underlined by her confinement in the attic. A literary attempt to rehabilitate the mad Mrs Rochester is contained in Jean Rhys' celebrated novel *The Wide Sargasso Sea* (1968).

2 The rights of mentally ill patients and the process of committal is discussed fully below.

Transposing this procedure to the criminal justice system or even to the hospitalization of the physically ill is inconceivable.

The confinement of the mentally ill relies on two related justifications: the mentally ill may be dangerous to themselves or to others; and that the confinement of the mentally ill will lead to their recuperation or convalescence. There has been sharp debate in the western world concerning the assumption that psychiatric diagnosis has the same scientific certainty as the medical diagnosis of the physically ill. In regard to the compulsory confinement of the mentally ill the debate has concerned the failure of psychiatry to predict or detect dangerousness, the scientific worth of psychiatric labels, and the value of psychiatric treatment. Until recently, for example, homosexuality was a listed mental disorder.³

It is notable that in South Africa the Mental Health Act⁴ and its operation has received little critical comment and evaluation.⁵ Part of the blame lies with s66A of the Act which has inhibited or stifled public debate and commentary on the conditions in mental institutions.⁶ It is appropriate now, during a renaissance of a human rights discourse, to revisit the Mental Health Act and evaluate whether it provides sufficient protection against deprivation of the rights of persons alleged to be mentally ill, and to examine the claim that confinement is justified by its therapeutic value. We argue that the "medicalization" of the committal process has undermined the capacity of patients to assert their rights, while simultaneously introducing an unwarranted complacency by a collaborative legal establishment that confinement is synonymous with hospitalization. The shift in emphasis in the

3 See below notes 77, 78 and accompanying text.

4 The Mental Health Act 18 of 1973, (The Act).

5 The exception to this general proposition is the position of the psychopath. See for example D M Davis 'The Psychopath and Criminal Justice - A Critical Review' (1983) *SACC* 259; J P Roux 'Are Psychopaths for Real' in 1981 (5) *SACC* 49 - 55. Even here the debate has been more concerned with criminal justice considerations. D M Davis 'Are Psychopaths for Real - or just another Ideological Obfuscation?' (1982) 6 *SACC* 143; J Goldberg and N Morris 'The Psychopath in Criminal and Mental Health Law' (1976) 9 *CILSA* 30. J H van Rooyen 'The Psychopath in Criminal and Mental Health Law' (1976) 9 *CILSA* 7.

6 See s 66A of Act 18 of 1973 which prohibits the publication of false information concerning the operation of mental institution and casts the onus on the publisher to establish that steps were taken to ensure the accuracy of the allegations. An analogous and similarly worded provision in the Prisons Act of 1959 s 44(1)f has imposed a harsh standard which the publisher must meet to discharge that onus, and in consequence has effectively prevented debate on prison conditions for the last two decades. See K Stuart *The Newspaperman's Guide to the Law* (1986) 156; Ken Owen 'Once Again the Poor Lunatic Looks like Being Last in Line' *Business Day* March 1990.

statutory authorization for the confinement of the mentally ill, both in South Africa and elsewhere, from mere confinement to treatment, is welcome if it entails greater attention to care and rehabilitation. However, it is also a dangerous one from the perspective of the potential patient if it broadens the justification for her/his indeterminate confinement and denies the relevance of legal "rights" on the grounds that confinement is necessarily beneficial.

The authors are acutely aware that there are persons in our society who need to be confined and that the major problem facing the mentally ill is gaining access to appropriate mental health care rather than the readiness of institutions to accept them. However, the proper allocation of resources to mental health care will not be improved by the administrative incarceration of the mentally ill in unsupervised institutions.

THE MENTAL HEALTH ACT OF 1973.

The two most important influences on the context in which the Mental Health Act of 1973 was drafted was the assassination of Dr Hendrik French Verwoerd and a resurgence of confidence in the scientific capabilities of psychiatry.

The genesis of the Mental Health Act lies in the public panic which followed the assassinations of Dr HF Verwoerd, and to a lesser extent that of John and Robert Kennedy. The commission of inquiry into the assassination of Dr Verwoerd by Demitrio Tsafendas reported that:

"It is probable that a large number of assassinations, if not the majority, are committed by mentally disordered persons. They are pre-eminently the ones who could be used to commit a murder."⁷

In accordance with this commission's recommendations, a second commission of inquiry was appointed to investigate the efficacy of the law regarding the prevention of dangerous acts by mentally disordered persons. This commission, the Rumpff Commission,⁸ duly recommended the appointment of yet a third commission of inquiry into the Mental Disorders Act of 1916. It was this third commission of inquiry, the Van Wyk

7 Report of the Commission of Inquiry into the Circumstances of the Death of the late Hon Dr H F Verwoerd under Mr Justice J J van Wyk, RP 16/1967 (The Verwoerd Commission).

8 Commission of Inquiry into the Responsibility of Mentally Deranged Persons and Related Matters under Mr Justice F L H Rumpff, RP 69/1967 (The Rumpff Commission).

Commission,⁹ which proposed the amendments to mental health legislation which eventually found expression in the Mental Health Act of 1973.

According to Kruger, the Act marked a distinct shift in the approach to the confinement of the mentally ill.¹⁰ The discernable concern to facilitate the identification, capture and incarceration of the mentally ill found its ideological justification in the notion that confinement constituted "treatment". The notion that involuntary detention constitutes a form of hospitalization casts the Mental Health Act as an enlightened and humane Act whose emphasis is on rehabilitation and treatment. The concern to protect society from the mentally ill informed in the late sixties by re-awakened primal fear of the deranged lunatic¹¹ has been represented by the apparent concern to cure the mentally ill.

The clear sentiment in the van Wyk Commission that the objective of the Mental Health Act should be to equate the position of the mentally and physically ill¹² indicated a greater confidence in psychiatry than that expressed by Judge van den Heever in *R v von Zell*¹³ that psychiatry is "a speculative science with rather elastic notation and terminology, which is usually wise after the event".

INVOLUNTARY CONFINEMENT IN SOUTH AFRICAN LAW.

This article is concerned with the procedure for the enforced confinement and committal of persons deemed to be mentally ill. The article does not directly

9 Commission of Inquiry into the Mental Disorders Act 38 of 1916 and Related Matters under Mr Justice J J van Wyk, RP 80/1972 (The Van Wyk Commission).

10 A Kruger *Mental Health Law in South Africa* (1980) 26-8. In the first place the Act, following the Van Wyk Commission report, places greater emphasis on consent and voluntary patients. Secondly, the Act expressly refers to the necessary 'treatment' of patients, and not merely their control and confinement. See also Van Wyk Commission, note 9, 3.8.2.

11 The Verwoerd Commission, for example, recommended that all medical practitioners be compelled to submit the names of all their dangerous mentally ill patients to a Commissioner of Mental Health RP 16/1967 para 10.20. This sentiment found statutory form in s 13 of the Act which requires that practitioners report such persons to a magistrate. See also s 14(2) of the Act which allows for the police detention of persons suspected of being dangerous and mentally ill. Section 13, understandably, provoked a controversy at the time of its enactment on the grounds that it constituted an invasion of the privacy of the doctor - patient relationship and that persons might not seek medical assistance out of a misapprehension that they would be reported. See S A S Strauss *Doctor Patient and the Law* (1984) 87.

12 Report of the Commission into the Mental Disorders Act 38 of 1916 RP 80/1972 para 3.8.2.

13 *R v Von Zell* 1953 (3) SA 303 (A) at 311.

concern itself with the position of voluntary patients,¹⁴ nor those deemed incapable of consent,¹⁵ nor with those held as State President's patients after a determination to this effect in the criminal courts.¹⁶ Before critically evaluating the provisions of the Mental Health Act relating to involuntary committal it is necessary to outline the three phase committal procedure set out in the Act.

The first phase provides for the initial committal of a person alleged to be mentally ill to a mental institution for observation. Any person over the age of 18 years who believes that another person is suffering from mental illness "to such a degree that he should be committed to an institution" may apply to a magistrate for an order that the person be detained at a mental institution.¹⁷ This application, setting out the grounds for the application, may be accompanied by a medical certificate and must be handed to the magistrate within seven days after the date it is signed by the applicant.¹⁸ The magistrate in turn calls to her/his assistance two medical practitioners who provide him with a written record of an examination of the allegedly mentally ill person: provided that if only one medical practitioner is available the magistrate may rely only upon this single practitioner's certificate.¹⁹ provided further that s/he need not call for any further certificates if the accompanying certificate has been compiled within 14 days of the application.²⁰ The magistrate need not personally examine the allegedly mentally ill person although s/he may, if s/he so wishes, conduct further inquiries and examine the patient. The proceedings are conducted in private. After due inquiry the magistrate may order the committal of the person if s/he is "satisfied that such person is mentally ill to such a degree that he or she should be detained as a patient".²¹

14 Dealt with in Chapter 2 of the Act.

15 Section 4 of the Act contemplates admission by the superintendent of persons who do not understand the meaning and effect of institutionalisation but who do not 'oppose' such treatment.

16 Dealt with in Chapter 4 of the Act. A State President's patient is one who is committed to a mental institution on the order of a criminal court when the accused is found not guilty by virtue of insanity or is found to be incapable of understanding the legal proceedings. Sections 77 and 78 of Act 51 of 1977.

17 Section 8 (1).

18 Section 8 (3).

19 Section 9(1).

20 Section 9 (7).

21 Section 9 (3).

A notable feature of the decision to commit or order the reception of a person is the broad definitions of "patient" and of "mental illness". A patient is a person who is mentally ill:²²

"to such a degree that it is necessary that he be detained supervised controlled and treated. It includes a person who is suspected of being or is alleged to be mentally ill to such a degree".

Mental illness is defined in equally broad terms as:²³ "any disorder or disability of the mind and includes any mental disease, any arrested or incomplete development of the mind and any psychopathic disorder".

The restrictive qualification that the person be so mentally ill that it is "necessary that he be detained, supervised, controlled and treated" (author's emphasis) is rendered nugatory by the inclusion of persons "suspected" or "alleged" to be so mentally ill. It should be mentioned that this first phase may be short circuited by a special urgent procedure in terms of which the allegedly mentally ill person is committed directly to an institution upon application to the superintendent.²⁴ After reception the committal process is brought into operation.

The second phase of the committal procedure commences after the issue of the reception order. The reception order authorizes the detention of a patient for a period not exceeding 42 days. During this period the patient is examined by a medical practitioner or the superintendent of a medical institution. This report is then transmitted to the Attorney-General who is referred to in the Act as the "*official curator ad litem*".²⁵ The Attorney-General may require further reports on the mental condition of the patient but usually simply remits the certificates and reports to a judge in chambers.²⁶

The third phase involves the final determination on the fate of the patient by a judge in chambers after considering the reports and certificates submitted to

22 Section (1).

23 Ibid.

24 Section 12 provides for the superintendent of a mental institution to receive a patient in need of care or control urgently, upon application directly to him. The superintendent thereafter notifies the magistrate of the admission.

25 Section 18.

26 Section 19.

him or her. The judge may inter alia make an order for the further detention of the patient, generally indefinite detention,²⁷ or direct that the patient be discharged immediately or that a further inquiry be held. This procedure is also conducted in private,²⁸ even if the patient is not present. If the detention is confirmed the patient is confined in the institution until discharged by either the Director General, the hospital board, the superintendent or a medical practitioner at the institution.²⁹

SAFEGUARDS AGAINST INAPPROPRIATE CONFINEMENT.

It is clear from this procedure that the courts must rely on the opinions of the medical practitioners for the determination not only as to the existence of any mental disorder, but also in regard to the second requirement that it is necessary to control, supervise and treat the patient. These may be general practitioners and are not required to be psychiatrists and may not be psychologists.³⁰ The principle safeguards in the Act against a *mala fide* committal, unjustified detention, or continued confinement after confinement is necessary, exist in three forms. First, the position of the Attorney-General as an official *curator ad litem*. Secondly, the Act allows the person concerned or any relative or guardian to apply directly by petition to the court for an inquiry into the mental condition of the person detained.³¹ Thirdly, s23 prohibits a variety of persons who may have an interest in the committal of a person from giving a medical certificate required for the committal of an allegedly mentally ill person.³² The disqualified persons include relatives or partners, or officials of the institutions or households or dwellings to which a patient is to be admitted.

The Act should attempt to balance and protect the interests of society, persons accused of being mentally ill, and persons confined on account of a finding that they are mentally ill. The adequacy of the Act's attempt to do so is best assessed by reviewing the relative provisions cumulatively. Our

27 Ibid. See, too, Kruger note 10 at 68.

28 Ibid.

29 Section 25 (4), s53 (3).

30 Section 8 (3), 9(1). See note 44 below.

31 Section 21.

32 Section 23 prohibits medical certificates given inter alia by the applicant's close relatives, certain members of the institutions which will receive the patients, or persons closely related to the medical practitioner furnishing the certificate.

submission that the Act fails to find a proper balance does not hinge on the failure of any single provision, but on the general assumptions underlying the process.

First, the definition of "mental illness", and of "patient", is so broad, even circular,³³ that it can never have been intended that it would guide the judicial officer responsible for committing or confining the patient. This broad definition places the magistrate entirely in the hands of the medical practitioners on whose report he or she relies. The magistrate and the judge respectively can only rubber stamp the opinion of the medical expert. In effect the medical practitioner will be required to make two findings: that the patient is mentally ill; and that the patient requires control, confinement, supervision and treatment. In regard to both findings the medical doctor will have to rely on her/his own experience and diagnostic manuals.

The broad definition of a mental illness reflects, as Professor S A Strauss comments, that:³⁴ "Today, the isolation of the mentally ill is a medical and administrative rather than a judicial activity." South Africa is not alone in opting for a wide definition of mental illness. South Africa has followed the United Kingdom in deciding that it is "unnecessary for the purposes of law to attempt to define the concept of 'insanity'" and also that it is undesirable.³⁵ The Rumpff Commission cited, in support of this option, the remarks of Lord Blackburn:³⁶

"I have read every definition of insanity which I could meet with, and never was satisfied with one of them, and I have endeavoured in vain to make one satisfactory to myself. I verily believe that it is not in human power to do it."

The Van Wyk Commission similarly recommended that the expression "mentally ill" should be wide enough to include "all possible classes of mentally disordered or defective persons".³⁷ The failure to provide a specific

33 'In circular fashion the law defines mental illness as a psychiatric or other disease which substantially impairs mental health.' R Slovenko *Psychiatry and the Law* (1973) 208 cited in Kruger op cit note 10 at 49.

34 S A Strauss *Doctor, Patient and the Law* (1984) 78.

35 Rumpff Commission para 9.79.

36 Ibid para 9.77.

37 Kruger op cit note 10 at 49.

definition of mental illness touches on the heart of the matter. Brenda Hoggett comments:³⁸

"defining mental disorder is not a simple matter, either for doctors or for lawyers. With a physical disease or disability, the doctor can presuppose a state of perfect or "normal" bodily health and point to the ways in which the patient's condition falls short of that. A state of perfect mental health is probably unattainable and certainly cannot be defined. The doctor has, instead, to presuppose some average standard for normal intellectual, social or emotional functions, and it is not enough that the patient deviates from this, for some deviations will be in the better than average direction. Even if it is clear that the patient's capacities are below the supposed average the problem still arises of how far below is sufficiently abnormal, among the vast range of possible variations, to be labelled a 'disorder'."

As we shall argue, it is not our contention that the medical diagnosis of a patient should be the task of the judicial officer. Rather, it is submitted that the law should establish a framework within which expert opinion is properly based and tested. A review of the British Mental Health Act of 1959, published by the United Kingdom Department of Health and Social Security, reported in 1976 that the interpretation of mental illness is a matter of "individual medical opinion".³⁹ The wider definition in the South African Act broadens the powers of compulsory admission even beyond that contained in s4(1) of the British Mental Health Act of 1959.⁴⁰ For our purposes it is necessary only to note the difficulties faced both by medicine and the law in offering a definition of mental illness, and the consequent reliance on individual medical diagnosis that this has caused. The challenge to the law is to provide a framework whereby any individual medical diagnosis is properly assessed and tested, recognising the fallibility and even subjective nature of such diagnosis. Does the Mental Health Act meet this challenge?

One means of meeting the challenge to test medical opinions would be to allow the resisting patient an opportunity to contest the certification of her/his mental health at either of the judicial stages. However the Act makes no provision for notice to be given to the patient, nor is he or she made aware of

38 B Hoggett *Mental Health* (1976) 59 cited in Kruger op cit note 10 at 49.

39 *A Review of the Mental Health Act 1959* Department of Health and Social Security (1976) para 1.9 (the Review).

40 Ibid. The British Act lists several sub-categories of mental illness. A general definition as in South Africa broadens the powers of the committals according to the Review.

the contents of the reports furnished to the judicial officer. The patient is not present at the enquiries, and the Act makes no provision for the judicial officers to allow him or her/his psychiatrist to contest the reports furnished. That it was possible to introduce some elements of an adversarial approach to the determination of mental illness is clear from the provisions relating to the committal of psychopaths. Here the regulations allow a psychopath to be present at the inquiry into his or her committal and to be legally represented.⁴¹ The law also requires additional certificates, in regard to the committal of psychopaths, from a social worker, a clinical psychologist and a psychiatrist.

A second means of meeting the challenge to test the diagnosis would be to ensure that any medical reports are subject to independent corroboration. In this regard the Act implicitly recognises a possible divergence of opinion by allowing for three medical certificates prior to the order to commit a patient. However this process is undermined by the proviso which provides that one certificate will be sufficient. The problem of relying on a single report, or, in the case of a committal order, two reports, is compounded by the fact that the Act only requires that such certificates be filled out by a medical practitioner. Black patients are interviewed by white doctors or psychiatrists through an interpreter, thus compounding the errors in perception which may occur not only where there are vastly differing patient populations but very different behavioral norms between diagnostician and patient. This is of particular importance where diagnosis must rely on the assessment of the patient's behaviour as a symptom of a hidden disease which has no other outward manifestations.⁴² There is no requirement that the medical practitioner need have experience in psychological or psychiatric care. Indeed the Van Wyk Commission deemed it advisable that a clinical psychologist be used, at least for the reception order:⁴³ "Registered clinical psychologists are frequently better qualified than the general practitioner to report on the mental state of the patient."

This recommendation was rejected by the Minister of Health who stated:⁴⁴

41 Section 2 of the general remarks to the Regulations to the Mental Health Act 1973 GN R565 Reg Gaz 2127 GG 4627 of 27 March 1975.

42 J E Wild "Mad or Bad": The Psychiatrists Discretion' in M C J Olmesdahl and N C Steytler (eds) *Criminal Justice in South Africa* (1983) 224 at 231.

43 Van Wyk Commission para 3.8.6.1.

44 Cited in Kruger op cit note 10 at 64.

"The medical practitioner on the other hand receives a comprehensive training and is best equipped to make a correct diagnosis... It could well happen that a person could be certified as mentally ill while his illness could have been cured by means of surgical or other medical procedure."

While a certificate from a general practitioner is preferable to an examination and diagnosis performed by the magistrate himself it is not an adequate basis for a decision overruling the will of a patient to undergo treatment. The Minister's remark reveals an astonishing faith in the psychodiagnostic capabilities of general practitioners.

Where the Act does seek to introduce a restrictive provision on the furnishing of certificates it is directed not so much at verifying the diagnosis, as at establishing the *bona fides* of the doctor. Thus, s 23, in inhibiting or restricting the classes of persons who may furnish a certificate, places the emphasis on the prevention of the improper committal of persons to secure personal gain. This constitutes some recognition that wrongful committal is perfectly possible within the framework of the Act once a doctor is prepared to furnish a report supporting certification. In a similar vein the court's supervision of the operation of the Act has focused on strict formal compliance with the provisions.⁴⁵

The Act does provide for access to the courts. How effective are the channels provided? First, the reference to the Attorney-General as a *curator ad litem* is a misnomer. Kruger, commenting on his own experience in the Attorney-General's office is of the view that, in regard to this function, the attorney-general in reality plays the function of a registrar,⁴⁶ and does not look after the interests of a patient in any adversarial sense. Letters to the attorney-general by the alleged lunatic are simply referred to the judge.⁴⁷ This does not amount to an application to court. The person or her/his relative or guardian may however apply directly to court which would ensure that the application is formally considered. It would seem however that for most persons committed, particularly black patients, adequate access to the court is barred by a lack of means and possibly by lack of knowledge of any remedy.

45 *Rutland v Engelbrecht* 1952 (2) SA 338 (A); *Day v Minister of Justice* 1913 TPD 853.

46 A Kruger 'Die Amptelike Curator ad litem van Geestesongestelde Persone' in 1977 (40) *THRHR* 260. 'Registrar', here, is a reference to a legal, not medical, registrar.

47 *Ibid.* The letters are simply and informally given to the judge who decides whether 'he thinks any action should be taken'. *Ex parte Trimble* 1958 (4) SA 22 (N) at 23.

For the first three years and thereafter in the fifth year, the eighth year, and every three years thereafter, the superintendent of the mental institution in which a patient is being held submits a report to the Director General of Health and Population Development as to the mental condition of the patient.⁴⁸ A patient may be released as a result of one of these reports, or by the hospital board after proper inquiry but there is little onus on an institution to justify the continued detention of a patient. Indeed the general shortage of space at such institutions and the lack of adequate psychiatrists to serve at these institutions means that, in all probability, it is the pressure to accommodate patients in need of hospitalization that is likely to secure the release of an inmate.⁴⁹

Finally, regarding the treatment of patients and conditions at institutions, it should be noted that mental institutions are treated in the same way as a prison in regard to reporting on conditions in such institutions. Section 66A of the Act casts the onus on any person who publishes incorrect information on a mental institution to establish that s/he has taken reasonable steps to verify the truth thereof. The analogous provision in the Prisons Act⁵⁰ has been interpreted in a way that has stifled and restricted reporting on prison conditions. It is clear from the absence of public awareness on conditions in mental institutions that the same is true for mental institutions. One of the justifications for a provision in the Prisons Act which limits legal supervision of prison conditions is that judges have access to prisons for the purposes of inspecting conditions therein and receiving complaints from prisoners.⁵¹ There is no provision for judges or magistrates to visit mental institutions. Hospital boards, however, are required to visit the institution in respect of which they have been appointed at least every two months.⁵² The board reports on the outcome of its visits to the Minister of Health and Population Development. The authors remain sceptical as to whether a member of a board would have the same authority and stature as a judicial officer. The monitoring of the treatment of the mentally ill is all the more important in that

48 Section 25.

49 E P Nkhabele *The Attitude of Mental Health Professionals Towards Primary Mental Health Care* (unpublished BA Hons dissertation 1989) 38. A psychiatrist interviewed by the author referred to overcrowding and the 'revolving door' syndrome as this institution was compelled to release 200 patients a month.

50 Section 44(1)f of Act 8 of 1959. See note 6.

51 In *Goldberg v Minister of Prisons* 1979 (1) SA 14 A this safeguard is cited to justify the limitations on access to the courts. See also G Marcus 'Prisons: A Judicial Obligation' 1984 (3) *Bulletin of the Lawyers for Human Rights* 67-78.

52 Section 49.

the South African law, unlike in the United States, has not recognized a clear right of a medical patient to refuse treatment.⁵³ If, as Ken Owen suggests, patients are, "drugged until their condition stabilizes, and then discharged onto the streets"⁵⁴ and potential abuses in mental institutions escape public exposure, those who are responsible for the decision to commit the mentally ill should at least be aware of the conditions in mental institutions.

In short the Mental Health Act has, by medicalising the committal process, undercut the potential for patients to resist confinement and treatment. This has been accomplished by establishing a correspondence between the diagnosis and treatment of the physically ill and the diagnosis and treatment of the mentally ill. It is not suggested that the judiciary should be involved in taking medical decisions, but that due process elements could and should be incorporated into the process in order to ensure that compulsory confinement and treatment is administered only when it is necessary to disregard the opinion of the patient himself. It can and has been argued that a due process, or "regstaatlike", approach to the committal of the mentally ill is entirely inappropriate.⁵⁵ To this extent we can talk of a due process -social control debate in the area of mental health care and psychiatric confinement.

THE DUE PROCESS - SOCIAL CONTROL DEBATE.

The due process approach argues that as long as a patient is competent to understand the nature of psychological treatment, he or she should also be able to refuse treatment. Such an approach holds that, contrary to popular belief, mentally ill patients do not necessarily show the poorest comprehension of consent information and do not reach irrational decisions more often than others.⁵⁶ If the goal of psychological intervention is the achievement of a patient's contentment, it is questionable whether a patient who is comfortable with him or herself should be treated. The adherents of

53 The US federal court recognized at first a qualified and subsequently an absolute right to refuse treatment. *Rennie v Klein* F Supp 1342 (DC Mass, 1979); *Rodgers v Okin* 4 F Supp 478 (DC Mass 1982) cited by Wanck B 'Two Decades of Involuntary Hospitalization Legislation' in 1984 (141) *American Journal of Psychiatry* 33. In South Africa consent is required for drastic treatment or for an operation but this is to be provided by a relative. See s 60A. Indeed the certified patient's consent is irrelevant.

54 Ken Owen note 6 above.

55 M Zajc 'The Right to Refuse Antipsychotic Medication: Who Decides?' (1987)6 *Medicine and Law* 45; see S A Strauss op cit note 34 at 87; see, also, notes 62 - 66 below.

56 H L Packer 'Two Models of the Criminal Process' 1964 (118) *University of Pennsylvania Law Review* 163, though Packer refers to a due process - crime control model.

the due process approach see in the supposition that the "adequate functioning" of a patient should be a criterion for their discharge, the denial of the patient's volitional ability and worth as well as a potential for psychiatric autocracy.⁵⁷ Stressing that sane but dangerous criminals are released after serving their sentences, the due process approach stresses the importance of limiting, or supervising the exercise of official power and insists on a formal, adjudicative, adversarial, fact finding elements to the committal process. They argue that current procedures render the due process element vacuous since the judicial decision is pre-determined by the judge's limited knowledge of mental illness, their faith in the medical model, and the assumption that treatment cannot hurt.⁵⁸

Those who favour the social control position stress the danger posed by the "deranged" and lunatics, not only to ordinary members of society but to themselves. It is further argued that immediate internment and treatment may allow patients greater autonomy by re-establishing the ability to think rationally.⁵⁹ This position suggests it is more benign to concentrate on developing the patients' general competencies than to focus on their immediate rights.⁶⁰ Internship will increase patients' coping skills and will eventually heighten their independence and autonomy in the outside world. They stress the importance of judicial deference to medical evidence and argue that a due process approach will result in a challenge to medical autonomy and an even greater danger that judges will take on the role of psycho-diagnosticians.⁶¹ The underlying assumption behind many of these assertions is the belief in the therapeutic efficiency of psychiatric care, and the inappropriate intervention of legal procedures in the administration of such care.

It is be wrong to view this debate as a professional battle between psychiatrists and lawyers. On the one hand the medicalization of the committal process relies on the happy collaboration between both professions.

57 M Zajc op cit note 55 at p49 citing Barry R Furrow 'Public Psychiatry and the Right to Refuse Treatment' 1984 (19) *Harvard Civil Rights Law Review* 21.

58 Rosenberg and Rosenberg 'Psychiatry: the Lost Horizon' in 1981 *Legal Medicine* 82; D Mechanic *Mental Health and Social Policy* (1969) 27.

59 D Mechanic op cit note 58 at 128.

60 M Zajc op cit note 55 at 48 citing Appelbaum and Gutheil 'Drug Refusal: A Study of Psychiatric Inpatient's' (1980) *American Journal of Psychiatry* 137.

61 Ibid.

On the other hand critiques of the social control protagonists have emanated from within psychiatry itself. It is necessary to deal with only two of these criticisms: first, that psychiatry is frequently incapable of accurately predicting dangerous conduct or of detecting the mentally ill; secondly, that the treatment actually delivered to the mentally ill does not necessarily warrant the faith placed in it by the judges who commit patients, the doctors who treat them, or the public which takes comfort from their committal.

PSYCHIATRIC DIAGNOSIS: SCIENCE OR SPECULATION.

In regard to the first criticism, there have been several research programmes conducted for the explicit purpose of measuring the accuracy of the psychological categorization of a patient as dangerous. Perhaps the best known is the *Baxtrom* case in which a natural experiment occurred as a result of a Supreme Court decision ordering that prisoners detained as psychologically disturbed and dangerous be released. Nine hundred and sixty seven patients were transferred mostly to civil mental hospitals and thereafter released into the community. Follow up research revealed that only two percent were returned to institutions for the criminally insane.⁶² Furthermore Kozol's research has indicated that it is necessary for the effective incarceration of the dangerous to detain two false positives (persons who would not commit a dangerous act) for every one positive (a person who would commit a dangerous act).⁶³ One of the reasons for the inability to accurately predict violence is that violence in itself has a situational quality. It does not necessarily inhere in certain dangerous individuals. It may erupt in crisis situations (although it is accepted that different persons have differing potentials for anti-social conduct).⁶⁴

More fundamentally, various studies have challenged the reliability and meaning of such terms as sanity and schizophrenia. What is viewed as normal in one culture may be seen as quite aberrant in another. Or, put differently, can the sane necessarily be distinguished from the insane, and can degrees of insanity be distinguished from each other? The psychiatric establishment believes the answer to both questions is in the affirmative, as Rosenham commented:⁶⁵

62 Horowitz 'Court Legislated Reform: Viable Approach or Paper Victory' in R Castel, F Castel and A Lovell (eds) *The Psychiatric Society* (1982).

63 F Goldberg and N Morris 'Psychopaths in Criminal and Mental Health Law' 1976 (30) *CILSA* 46.

64 H Kozol *Crime and Delinquency* 371.

65 Goldberg and Morris op cit note 63 at 47.

"From Bleuler through Kretchmer, through the formulators of the recently revised diagnostic and statistical manual of the American Psychiatric Association, the belief has been strong that the patients present symptoms, and that those symptoms can be categorised, and, implicitly, that the sane are distinguishable from the insane."

More recently, however this belief has been questioned. Based in part on theoretical and anthropological considerations, but also on philosophical, legal, and therapeutic ones, the view has grown that psychological categorization of mental illness is at best misleading, and at worst perjorative. Rosenham set out to test this thesis by submitting eight pseudo-patients to a mental institution.⁶⁶ If their sanity was detected it would be *prima facie* evidence that a sane individual can be distinguished from the insane context in which he or she was found. The eight sane people gained admission to twelve different hospitals. Despite their display of sanity the pseudo-patients were never detected. Admitted, except in one case, with a diagnosis of schizophrenia, each was discharged with a diagnosis of schizophrenia "in remission". It was however quite common for fellow patients to "detect" a pseudo-patient's sanity. An institution which doubted the results of this research survey was informed that one or more pseudo-patients would attempt to be admitted into that psychiatric hospital and each staff member was asked to rate each patient who presented himself according to the likelihood that the patient was a pseudo-patient. Forty one patients out of 193 were alleged with high confidence to be pseudo-patients by at least one member of the staff. Actually no pseudo-patient presented himself at the institution. Rosenham concludes:⁶⁷ "One thing is certain; any diagnostic process that lends itself so readily to massive errors of this sort cannot be a very reliable one."

The more radical critique of the diagnostic process relates to the psychiatric labels themselves. The most radical of these critiques emanates from the anti-psychiatry movement. The movement's leading protagonist, Thomas Szasz, stated:⁶⁸

"A disease of the brain, analogous to a disease of the skin and bone, is a neurological defect, not a problem in living. For example, a defect in a

66 D L Rosenhan 'On Being Sane in Insane Places' in (1973) 179 *Science* 251.

67 Ibid.

68 Ibid at 252.

persons visual field may be explained by correlating it with certain lesions in the nervous system. On the other hand, a persons 'belief' - whether it be in Christianity, communism or in the idea that his internal organs are rotting and that his body is already dead - cannot be explained by a defect or disease of the nervous system."

Szasz criticized western psychiatric practise on the basis that it controls behaviour which deviates from the psychological norm by labelling it mental illness. Labelling persons as mentally ill serves the function of unifying the rest of society, identifying scape goats and in isolating deviant behaviour.⁶⁹ In particular the anti-psychiatry movement viewed the concentration of power in the hands of selected mental health professionals, coupled with the development of new and sophisticated techniques for behavioral control, as a threat to individual human rights. In the hands of Szasz and French philosopher Michel Foucault,⁷⁰ the confinement of the mentally ill was part of a more elaborate form of controlling aberrant behaviour and they considered that mental institutions are institutions within a broader social disciplinary framework. Although the claims of the anti-psychiatry movement that mental health is a social construct have been appropriately criticized for their denial of an organic base to some forms of mental illness and for their denial of the real need to care for others who are incapable of caring for themselves, Szasz was the first to draw attention to the cultural and historical relativism in the diagnosis of mental illness. In his view mental illness could be and was used to punish those with merely inappropriate belief systems.

Although Szasz argued against the mainstream psychiatric establishment in the USA, his view that psychiatric labelling was intrinsically susceptible to political manipulation appeared to be corroborated by revelations of the internment of dissidents in the Soviet Union. There are numerous documented cases of the use of psychiatric abuse in which dissent was categorised as a form of schizophrenia or a form of pathological paranoia.⁷¹

One case which illustrates this viewpoint is that of General Pyotr Grigorenko.⁷² Son of a peasant family in the Ukraine, Grigorenko rose to the

69 T Szasz *Ideology and Insanity* (1974) 13. For Szasz just as societies sought out witches in the 17th century, today it seeks out the mentally ill.

70 M Foucault *Madness and Civilization* (1967).

71 E Stover and E Nightingale *The Breaking of Bodies and Minds* (1985) Part II 'Psychiatric Abuse'.

72 W Reich 'The Case of General Grigorenko: A Second Opinion' in Stover and Nightingale op cit note 71.

rank of major-general and was the author of more than 60 articles on military science. He was rewarded with numerous decorations including the order of Lenin and 11 other military medals. After he called for the democratization of party rules in 1961 he was stripped of his post at the military academy and in 1963, after he called for a return to Leninist principles, he was arrested and charged. Instead of a formal prosecution he was sent for observation, found to be ill and in need of compulsory hospitalization. In 1969 after testifying in favour of Tartar dissident leaders he was himself charged, and again sent to a psychiatric commission for an examination (which found him sane). He was later moved to the Serbsky Institute in Moscow for a second examination which reported as follows:⁷³

"Grigorenko is suffering from a mental illness in the form of a pathological (paranoid) development of the personality, with the presence of reformist ideas that have appeared in his personality, and with psychopathic features of the character and the first signs of cerebral articular sclerosis. Confirmation of this can be seen in the psychotic condition present in 1964 which arose during an unfavourable situation which manifested itself in ideas, with strongly affective colouring, of reformism, and of persecution. Reformist ideas have taken on obstinate character and determine the conduct of the patient: in addition, the intensity of these ideas is increased in connection with various external circumstances which have no direct relation to him, and is accompanied by an un-critical attitude to his own utterances and acts. The abovementioned condition of mental illness excludes the possibility of his being responsible for his actions and controlling them: consequently the patient must be considered of unsound mind."

In support of this general analysis the Serbsky Commission found that Grigorenko exhibited "paranoid interpretation of neutral facts", "over-estimation of his own knowledge and capabilities", and that Grigorenko was "irritable and unable to bear contradiction". As a result the Serbsky Institute found him mentally ill as a result of paranoid delusional development of the personality combined with the first signs of articular sclerosis of the brain.

The documented instances of psychiatric abuse in the Soviet Union was evidence of exactly the phenomenon Szasz and others had warned was capable within mainstream mental health care in the United States.

A related challenge to the assumptions underlying psychiatric care was that which contested the ability of mental institutions to provide any therapeutic

benefits for their patients. Goffman's celebrated work *Asylums*⁷⁴ illustrated that mental institutions, and other "total" institutions such as prisons, were capable of shaping or re-shaping inmate behaviour in conformity with the institutional culture. The institutional culture in turn imposes behavioural patterns on inmates which conform to the custodian's view of how the inmate should perform. The principal effect of Goffman's study was to suggest that mental institutions damage inmates by reducing their sense of self-worth, stripping them of self-autonomy and stigmatising them as mentally incompetent.

From this perspective the Fourth Annual North American Conference on Human Rights and Psychiatric Oppression held in Boston in May 1976 adopted the following resolution:⁷⁵

"We reject compulsory commitments to mental hospitals. We reject the mental health care system, because it is by nature despotic and acts as an extra-legal police force for the suppression of cultural and political dissidents. We reject the concept of mental illness because it is used to justify involuntary commitment, and in particular we reject the imprisonment of people who have committed no crime... We reject the use of psychiatric terminology, because it is intrinsically stigmatising and degrading, non-scientific and magical."

There are various flaws with this radical approach. Far from encouraging the provision of mental health services it ignores the possible benefits of psychiatric care. It provides no alternatives for those individuals who are not capable of caring for themselves and by categorising mental illness as a social construct it ignores the possibility that mental illness may indeed have an organic base. The movement is however important in revealing that the meaning of mental illness is often "rooted deeply and widely in the ethical/legal notions of our culture, rather than a special esoteric or technical notion".⁷⁶ Thus, for example, the second edition of the *Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association* (DSM II), a widely read psychiatric handbook, categorized homosexuality as a mental disorder.⁷⁷ The fact that a more socially

74 E Goffman *Asylums* (1968).

75 Castel et al op cit note 62 at 251.

76 H Fingarette *The Meaning of Criminal Insanity* (1972) at 23.

77 DSM II *The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association* (1968) 2 ed.

permissible attitude has led to the de-classification of homosexuality as a mental disorder (except in its ego-dystonic form)⁷⁸ in the current edition of the manual, DSM III, must surely underline the concern of the anti-psychiatry movement that psychiatric diagnosis and treatment can confuse social with individual problems. It was this perception which informed the deviancy theorists of the 1970s who sought to unmask the claims by positivistic sciences to be value free. The rhetoric of psychiatry they argued was a means of social control which offered "a cloak of scientism to justify policy decisions".

A related but different criticism of the conventional approach to the psychiatric care of the mentally ill emanates from those psychiatrists and psychologists who locate at least part of the cause for mental illness in the social, political and economic conditions of the patient's community.⁷⁹ Such an approach argues that a purely individual approach to the problems of the patient removed from the context in which the aberrant behaviour takes place, is incapable of understanding the causes of the behaviour or of remedying the conditions which gave rise to it. The community social action model and the community health model argue that it is insufficient to institutionalise an individual whose mental health is a function of societal conditions. The community health model argues for the provision of services to the community as an alternative to institutionalization, and the diversion of patients from psychiatric hospitals to such organizations as community mental health centres. For the purposes of this article it is well to note that mental health may be infected by the social conditions in which people live. Any model which relies solely on the incarceration of individual deviants can provide only an illusory sense of security from dangers caused by the social system.

If nothing else, the critics of psychiatric diagnosis have served to warn society of the potential manipulation of diagnostic labels, and of the doubt which should exist in their intrinsic heuristic value. This should not be a novel insight. Our courts regularly witness eminent psychologists doing battle in an attempt to assert the application of one or other psychiatric classification to an accused persons' personality or her/his conduct. The courts are more willing to accept diagnostic classification uncritically in civil committal cases

78 DSM III *The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association* (1980) 3 ed.

79 For a Community Mental Health Model see B Bloom 'Community Mental Health' in O Grusky and M Pollner (eds) *The Sociology of Mental Illness* (1981).

because, we suspect, of an implicit belief in the therapeutic efficiency of institutionalization.⁸⁰

If institutions are incapable of giving patients suitable therapy, proponents of a social control approach may have greater difficulty in validating the need for institutionalization. Furthermore if there is a question mark over the ability of institutions to provide basic and appropriate care, it would seem that the dangers of deviating from procedures of due process are greatly exacerbated.

MENTAL AND PSYCHIATRIC CARE IN SOUTH AFRICA.

Section 66A of the Mental Health Act has greatly inhibited discussion about mental health services in South Africa. In the 1970s both the American Psychiatric Association (APA) and the World Health Organization (WHO) voiced concern that blacks were receiving inferior treatment in South African psychiatric institutions.⁸¹ Both the APA and the WHO reports focused primarily on the inadequate services at the government funded psychiatric facilities at the privately owned Smith-Mitchell and Company institutions.⁸² The Smith - Mitchell facilities under contract to the South African government provide racially segregated care on a *per diem* basis for involuntary psychiatric patients transferred from state institutions. The APA report found:⁸³ disparate amounts being spent on mental health care for white patients and for black patients; the psychiatric care provided at the Smith-Mitchell institutions for black patients to be inadequate; the psychiatrists working at Smith-Mitchell institutions could speak none of the black languages; the facilities for patients were converted mine compounds with insufficient ventilation; toilet facilities were inadequate and dining facilities overcrowded; and that the number of beds provided were insufficient. The Department of Health had informed officials of the APA that there was a shortage of beds because blacks preferred to sleep on the floor. The

80 In the criminal justice setting Jennifer Wild has shown how the courts defer to the psychiatrist's view on the ability of the accused to appreciate the wrongfulness of his/her actions. Of 20 criminal cases in which the accused's mental health came under consideration, the court accepted official psychiatrists report in every case. In 18 of these cases the psychiatrist was not cross-examined. J Wild op cit note 42 at 231. In civil committal cases there is no adversarial examination of the psychiatrists views, and not one to address the prejudice which the patient may suffer.

81 World Health Organization *Apartheid and Mental Health Care* MNG 77,5 (1977); American Psychiatric Association (APA) 'Report of the Committee to visit South Africa in (1979) 136 *American Journal of Psychiatry*

82 Now known as 'Life Care' facilities.

83 See note 81.

Department also argued that patients without shoes preferred to go bare foot. Patients interviewed reported having been beaten or assaulted by staff or having witnessed other patients being assaulted. The staff were grossly inadequate to provide decent rehabilitative treatment and nurses were under-trained. There was a high number of needless deaths among patients. Finally, the report concluded, the decision to transfer patients to Smith-Mitchell facilities was predicated on the economic constraints predicated by apartheid.

In this regard reference should be made to the segregation and fragmentation of health services in South Africa. In 1988 the R 2.9 billion public health care budget was split between a bewildering assortment of departments including own affairs ministries, provincial administrations, and separate health departments in the self-governing and "independent" homelands.⁸⁴

The report of the World Health Organization⁸⁵ found that whereas the majority of white mental patients in South Africa received care in state hospitals and clinics, the vast majority of black patients received care in inferior private institutions. Moreover, while 17 per cent of the white patients were admitted on a voluntary basis only 2 per cent of black patients were voluntary patients. The report also found that because privately owned facilities for black patients operated on a profit-making basis which was dependent on the number of patients detained, and because patients were admitted under involuntary procedures, the system was technically open to abuse. Particular vehicle for abuse lies in the fact that the very same company who owns the institutions also owns a drug company which may lead to a preponderance of use of drugs as opposed to other forms of therapy.

The Society of Psychiatrists of South Africa, in a statement on 8 March 1989, distanced itself from the principle of treating certifiable patients in private institutions.⁸⁶ It claimed that these institutions could not be classified as hospitals. The head of the Department of Psychiatry at the University of the Witwatersrand, Professor George Hart, said that certifiable patients were "voiceless and unable to stand up for themselves".⁸⁷ The Society has also noted that although Baragwanath Hospital was one of the southern hemisphere's largest hospitals, it had no in-patient psychiatric ward.

84 'Lady with a Limp' *Financial Mail* 3 June 1988.

85 See note 81.

86 *The Star* 9 March 1989.

87 *Ibid.*

Sterkfontein Hospital is the only state-run institution of its type for black patients on the Witwatersrand. The others are all privately-owned concerns.⁸⁸

The South African government spends insufficient funds on those in need of psychiatric care. In 1986, the Department of National Health and Population Development reported a shortage of psychiatric nurses, a lack of funds and personnel, and an increased workload on already over-burdened personnel.⁸⁹ Because of a lack of adequate facilities, a mentally ill black child may have to wait five years before being admitted to an institution according to Dr Alwood of Baragwanath Hospital.⁹⁰ On a research visit made by Vogelmann to a Smith-Mitchell institution on the East Rand in the Witwatersrand area in 1986, he found that approximately five hundred patients were being tended to by one fulltime occupational therapist, one fulltime physiotherapist and a few nurses. A medical practitioner and a psychiatrist each consulted at the institution only once a week. In the case of the institution mentioned above if the psychiatrist and psychologist were each to tend to each patient only once a week, this would mean that they would see at least one patient per minute. The Smith-Mitchell institution's huge standing population of both chronically ill and mentally retarded patients does not derive the full benefits of the care because of insufficient and over-extended staff. A heavy workload on staff heightens the potential for a callous attitude towards patients and their pathology. In 1986 there were approximately 9 500 involuntary patients in the custodial care of the Smith-Mitchell institutions.⁹¹ The inadequate monitoring of patients at Smith-Mitchell institutions was recently demonstrated when the body of a patient was found three days after his death.⁹²

There are approximately 200 psychiatrists in South Africa to care for a population of approximately 35 million.⁹³ Of these, only 5 are black, Indian or Coloured. A similar disproportionate representation of the race groups may be found in the psychological profession. Furthermore this figure disguises the fact that most psychiatrists are concentrated in the urban areas

88 South African Institute of Race Relations 1987 Race Relations Survey at 810.

89 Annual Report of the Department of National Health and Population Development (1986).

90 The Star 25 April 1988.

91 The Star 9 March 1988.

92 Interview Professor N C Manganyi University of the Witwatersrand 20 July 1988.

93 American Association for the Advancement of Science (AAAS) Mission of Inquiry *Apartheid Medicine* (1990) 52.

and some mental hospitals in the rural areas have no psychiatrists at all.⁹⁴ There are only about 10 child psychiatrists in the whole country.⁹⁵ In general psychiatrists work in private rather than in public capacities. Because of the fragmented health system psychiatrists may travel up to 200 kms to see 2 patients of one race and the next day yet another psychiatrist must travel the same 200 kms to see a few patients of another race.⁹⁶ The most recent report by the American Association for the Advancement of Science (AAAS) Medical Mission of Inquiry to South Africa reviewed the development of Smith-Mitchell (now Life Care) facilities for chronically ill and mentally retarded patients. Their report concluded that the life-care/Smith-Mitchell facilities had improved over the past 10 years but that they suffer from a severe shortage of psychiatrists.⁹⁷

In short, in this setting, institutionalization may well benefit the members of the public who feel endangered or inconvenienced by the mentally ill. There is however little basis for any complacent assumption that such hospitalization benefits the patient.

CONCLUSION.

Recently, the Federal Court of Alabama held that:⁹⁸

"to deprive any person of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the very fundamentals of due process."

In South Africa the ethical implications of confining persons to inadequate institutions ostensibly for their treatment and rehabilitation has not been raised in the courts or in legal journals. This may be attributable to the aura of mysticism surrounding "white-coat expertise" which inhibits criticism of the mental health care professionals. In the short term the authors contend that the following statutory amendments are required.

94 Ibid.

95 Ibid.

96 Ibid at 53.

97 Ibid.

98 *Wyatt v Stickney* 325 F Supp 781 (1971) at 325.

- (1) Judges and possibly magistrates, should inspect mental institutions, to ascertain whether they are providing appropriate services. In this regard similar provisions to those contained in the Prison Regulations, dealing with the inspection of prisons by judicial officers could serve as a model.⁹⁹
- (2) Section 66A should be abolished so as to allow for systematic studies of institutional care in South African mental institutions to be concluded.
- (3) The Mental Health Act should be amended to provide that at least two certificates are required prior to the issuing of a reception order by a magistrate. At least one of the reports must be compiled by a clinical psychologist, psychiatrist, or a person with experience in the treatment and diagnosis of the mentally ill.
- (4) A person in respect of whom an application is to be brought on the grounds that he or she requires to be confined and treated should be given notice of such an application and afforded an opportunity, if he or she so desires, to appear before the magistrate or to make representations to the magistrate prior to the issuing of a reception order, and, if necessary, to receive legal aid in order to instruct a lawyer to do so on his or her behalf.
- (5) A person in respect of whom a reception order has been issued shall be afforded the right to obtain an independent psychiatrist, at state expense, for the purposes of compiling a report which report must be furnished to the judge in chambers together with that of the superintendent of the institution who has received the patient.
- (6) The Mental Health Act should be amended to provide for a periodic review procedure whereby confined patients are assessed at regular intervals and may themselves institute, at no costs to themselves, an inquiry into their condition. Such a review board should be comprised of persons other than or in addition to persons connected to the institution in which they are confined.

- (7) The definition of patient in the Mental Health Act should be amended so as to make it clear that a reception order may be issued only where confinement, control and treatment is necessary in the sense that the failure to so confine the patient will result in harm to him or herself or to others.

In the medium term the more appropriate solution to the state of mental health care and treatment in South Africa can only lie in rational and increased allocation of resources, on a non-racial basis, through a central, single department of health. In the long term it may be argued that a complete overhaul of the existing political system is required for the mental health services to operate optimally in a non-pathological social setting. An increased appreciation of the rights of the mentally ill would, in our view, encourage a more sympathetic treatment of their plight, as well as protect society from the potential abuses which may take place in the name of psychiatric rehabilitation.

POSITIONED TO KILL: A NEW APPROACH TO THE QUESTION OF MILITARY VIOLENCE

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Cape Town

INTRODUCTION.

South Africa is a highly militarised society in which all white men, if not all citizens are positioned within a military discourse. This positioning has serious effects on the practices and options available to the subjects. While numerous studies emanating from a host of disciplines have been conducted on the experiences of conscripts and on the SADF in general, little, if any, research has focused on killing itself. As this is so critical an aspect of war and simultaneously one of the greatest taboos of our culture, it seems an important area of investigation particularly in South Africa where young men are conscripted and often forced to participate under threat of harsh consequences.

This research was motivated by the desire to understand how ordinary people become participants in legalised killing. These young men are positioned within a military discourse within which killing and atrocities take place. For those who are concerned about the psychological sequelae of participation in these activities, it is crucial to understand how it is that these men are able to carry them out. This paper attempts such an explanation.

THEORETICAL APPROACH.

Numerous studies have explored the reasons why people kill or display aggressive and violent behaviour. Most focus on the interaction between individual and environmental or societal factors in an attempt to understand their relative contributions to the behaviour under examination. Such approaches share an acceptance of the rational unitary subject who, once exposed to various environmental influences behaves in a manner which is uncharacteristic and unusual.

Research into the field of atrocities has revealed that ordinary people can and do commit atrocities when engaged in atrocity-producing situations (Lifton, 1973; 1987). Such a claim could serve to support the theoretical assumptions accepted by mainstream social psychology with research focusing on the interactional effects of the atrocity-producing situation on the behaviour of the individual. Such a dualistic approach is not, however, the necessary consequence of an acceptance of Lifton's proposition. On the contrary, his conceptual model and methodology are not inconsistent with the theoretical approach proposed and developed by the social constructionists, in particular Henriques, Hollway, Unwin, Venn & Walkerdine (1984); and Hollway (1989).

Lifton's psychohistorical account of those involved in the perpetration of atrocities reveals a complex interaction of psychological mechanisms which operate in atrocity-producing situations. His explanation of the psychodynamics of these processes provides a useful link to a social constructionist approach to the analysis of atrocities.

The social constructionists are critical of the individual-society dualism which is fundamental to the dominant approach in social psychology. They deconstruct the rational, unitary subject and propose that subjects are positioned within a multiplicity of discourses (1). The potentially contradictory subjectivities which result from such positioning suggest practices which might otherwise have been considered "out of character" but which are consistent with the particular positioning of the subject.

This paper attempts an integration of the approach suggested by social constructionism and the psychological mechanisms identified in atrocities research. It traces one subject's history of positioning within a range of discourses which reveals how he comes to be positioned within a killing discourse. In analysing the act of killing itself, as well as other destructive acts such as kraal burning, the paper suggests that the subject's actions are inextricably linked to his unique positioning within a range of discourses, to the balance of investments within the discourses and the psychological mechanisms arising from the subject's psychodynamic processes.

METHOD.

The lack of clarity as regards methodology in social constructionist enquiry resulted in an experimental approach to information gathering. One person was selected for analysis in order to present a detailed account of the discourses and positioning of the subject. The particular subject, Paul, was selected because of the specific nature of his combat experience which appeared to be strongly related to his involvement in the specialised unit to which he belonged.

Arising from the theoretical model proposed, which investigated the subject's history of positioning within discourses, the largely unstructured interview was designed to trace such development. After specific questions were asked about the subject's military and personal background, the interview proceeded to an investigation of four contexts. The subject was asked to describe how he experienced himself with his family, friends, during basic military training and in combat situations. These contexts were chosen as they were considered important positionings in the subject's developmental history which informed his actions.

The transcription was analysed and the four major discourses within which the subject was positioned were identified. Three subsidiary discourses, which arose from the subject's positioning in the major discourses, were also identified. The identification of these discourses was based on a close analysis of the text and the researcher's subjective judgement about the organisation of the material.

ANALYSIS.

The four dominant discourses that arose from an analysis of the text and that are examined include the "military", "Dutch Reform Afrikaner family", "successful macho leader" and "creative". While these discourses interconnect not only with one another but with others within which Paul is positioned, an attempt is made, for the purposes of analysis, to isolate each one in turn and provide illustration. The three subsidiary discourses - the moral, bullying and killing discourses - are also discussed.

The analysis attempts to indicate the balance of investments within and between the discourses in which Paul was positioned and the possible psychological needs served by his positioning. It argues that involvement in a specialised unit made possible the simultaneous expression of the practices suggested by his multiple positioning. The strength of his investments and the consequent commitment to the unit brought into operation a variety of

psychological mechanisms such as disavowal, projection, dehumanisation, numbing and doubling. This combination of positioning, investment and the operation of such mechanisms positioned Paul in such a way that he was willing and able to carry out various activities.

Dominant discourses.

1. Military discourse.

All white, male South Africans are positioned within a military discourse because of the system of military conscription. This is reinforced by registration for national service at age 16 and cadet training at most white schools. The militarisation of South African society has also contributed to the positioning of white men in a military discourse. Within this generalised experience, however, each individual is positioned in a unique fashion.

As a boy, Paul enjoyed reading stories about World War Two and identified with the role played by the protagonists:

"... particularly Sven Hassel ones which were more about a bunch of ex-convicts and they were really barbarous, you know, barbaric and sort of trying to undermine any authority all the time, act quite individually and things like that. So there was a lot of idealism in that for me. Or, well ... I idealised that ... I suppose I was very much ... enticed by that sort of thing". These stories formed the basis of Paul's fantasies about the military while channeling his desire to challenge authority and act in an individualistic manner. The fulfilment of these needs formed part of his investment in all the discourses within which Paul was positioned and was a strong motivation for his volunteering for a specialised unit.

Paul's father was a voluntary member of a civilian unit where he achieved a high rank. Both his parents were proud of his father's participation as well as Paul's later involvement on the border while "doing his bit for the country". Paul considered his father's involvement in the military as a hobby. Once he was doing his national service, however, he developed "a certain amount of respect for rank". His own investment in the military discourse grew as he began to compare his own achievements to that of his father. While such rivalry is not unusual for an eighteen year old male, it is important to note that it was played out within the military discourse with particular practices suggested, such as achieving rank and honour within the army itself.

Paul's experience both at home and at school suggest that the military was not only part of his daily routine from a young age, but that it was experienced as "fun and games" or a "hobby". In other words, Paul was positioned within this discourse in a way that normalised the military as part of every day life.

Paul's particular positioning within this discourse can be understood in the context of his family's pride and involvement in the military, his cadet experience and the orientation of his school, his involvement in the Voortrekkers, his childhood fantasies based on war stories, and his attitude towards national service as an "adventure".

Paul's positioning within the military discourse shifted when he actually joined the SADF during his national service. The practices demanded by his positioning involved more than weekly cadet sessions. He now had to conform to the discipline, routine, harsh conditions and repetitious military training. The degrading experience of being "made to feel like a piece of shit" was compensated for by the "sense of achievement" and pride of his family when he achieved officer status and finally volunteered for a specialised unit.

2. Afrikaner Dutch Reform discourse.

His military experiences had an important effect on his positioning within the "Afrikaner Dutch Reform family" discourse. Paul described his family as a "typical Afrikaner family". The family structure was strictly patriarchal and Dutch Reform. Paul himself was "very religious". He described the Dutch Reform church as "generally very much behind the whole military effort". Once he was in the army the chaplains "really glorified the idea of you not only fighting for your country but you're also fighting for your god". He considered this to be "kind of appropriate".

Paul's family supported the army and the nationalist ideology and were proud of their son doing his national service. During his first year he was expected to attend Church in his uniform so that his family could show him off. Paul's positioning within the "Afrikaner Dutch Reform family" discourse began to shift as his involvement in the army proceeded. His increased exposure to combat situations led to disillusionment "with the whole idea of Christianity" as well as with the "structured Afrikaner way of doing things". In addition, he began to experience the contradiction between "on the one hand being exposed to such sort of extreme stressful situations if you'd like, such as violent combat, and then the people at home on the other side, on the other hand". This resulted in ambiguous feelings when returning home on leave during which he wished to be back on the border.

The shifting locus of power between Paul's investments in the military and family discourses is evident when he began to feel "more at home in the army" and it became "where I would rather be". This illustrates the effect that shifting positioning within one discourse has on positioning within other discourses. Beyond the contradictory positioning which would confront any

conscript in returning home on leave is the fact that Paul began to develop intimate emotional connections, camaraderie and a high level of trust with the men in his unit. Paul felt that "one could exchange emotions and things much easier". Paul's need to secure emotional ties is an important aspect in the shifting of the balance of investments towards the military discourse where such relationships became possible.

3. Successful macho leader discourse.

His increasingly strong investment in the military discourse is closely related to his positioning within the "successful macho leader" discourse. Such positioning can be traced back to his schooldays where Paul was elected cadet leader, prefect, captain of the first rugby team and was "seen in a leadership role". His involvement in the Voortrekkers further promoted his prestige by virtue of his being an Afrikaner. Within the family Paul was pushed to be "first in class and do the best at school and be good at rugby". His father was a professional man and it was expected that he would follow suit. Socially, Paul took a leadership role even though many of his friends were older than he was. Many of them were "the jollers or the heavy types that one tends to idealise when you are 14, 15 years old". From the age of fifteen, Paul developed a rebellious attitude to family traditions and authority in general.

When he began his national service, he volunteered for the officer's course and later joined a specialised unit. Although he had previously rebelled against authority structures, his desire to succeed as an officer influenced his ability to cope with the "incredibly strict discipline" which would otherwise have been "a bad mark" against his name. While in training he felt pressurised to perform by his family.

Paul volunteered for a specialised, elite unit which seemed to operate "on a more informal level" and in which the emphasis on discipline related to "operations" rather than drilling "in a straight line". During his basic training Paul came across men from this unit and it struck him as "being incredibly glamorous". The style of the unit appealed to this rebellious leader and he was finally persuaded by a good friend who convinced him that it would involve "not play war" but "real war". Paul felt that it "sounded exciting, it sounded like maybe this is what war is about and so on. So from the beginning I was very keen on going". The childhood fantasies were about to become reality. His volunteering for the specialised unit clearly emerged as a common meeting point of all three discourses in which he was positioned.

4. Creative discourse.

Paul had a strong interest in culture which he described as "offbeat from a typical Afrikaner upbringing". He also referred to the "joller" friends he had

at school as "offbeat". His cultural interest and inclination towards adventurous, creative and offbeat activities influenced his desire to join a specialised unit which involved working mainly with black troops and required that the soldier learn a bit of Portuguese. Paul was informed that the nature of the activities would be clandestine, the methods of operation unorthodox, and the size of the groups small. Paul felt that it would be "a different unit than an ordinary army unit" in which "mundane things aren't all that important". Paul's creativity was further stimulated in the army where he experienced the mysteriousness of the "fear of dark Africa". He described the ritualistic nature of his experiences with particular reference to his identification with shamanism. When he interrogated civilians on the whereabouts of the guerillas, for example, he frequently wore a bone necklace which was associated with magic and threatened the "suspect" with witchcraft if s/he did not reveal the information he requested.

While Paul's positioning within a "creative" discourse could suggest a range of practices other than volunteering for a specialised army unit, his simultaneous positioning within the military, successful macho leader and Afrikaner Dutch Reform family discourses provide strong motivating factors for his increasingly strong investment in the military discourse and his unit specifically. His involvement in this particular unit simultaneously fulfilled his need for emotional closeness, camaraderie, achievement, elitism, individualism within the confines of authority structures, and adventure. He felt that he was able to "establish my male dominance in a way, and that it was a kind of macho thing to do and that it was different. Not different in the sense that it's different from normal accepted behaviour, but it was different as an aspect of the army or within the army".

Subsidiary discourses.

Once he became a member of this unit, Paul was positioned increasingly within moral, bullying and killing discourses. Before examining how he came to act within these discourses it is necessary to understand Paul's experience of the unit as well as his own history of positioning within the three discourses.

Paul felt privileged to belong to an elite unit and took pride in the fact that "people for no well-found reason would actually treat you with a great amount of respect, without even you having to say anything or even open your mouth". The training for the unit involved drills that were "very unique to the unit", "handling foreign weapons", "specialised navigation" and "unorthodox" methods. Paul discovered that "in order to prove yourself you had to be a bit more creative and actually...counter the training leaders". Once he was placed in the field he experienced the adventure of clandestine

operations which frequently involved operating as a fairly autonomous unit. " ... I could really make decisions on the spot and I had quite an amount of freedom to actually, well within limits, but more freedom than say the ordinary infantry unit would have in the field".

Before joining the unit, Paul thought that most of their tasks would involve reconnaissance work. He later discovered that "mainly quite an aggressive application of the unit" was required. He accepted that this was the case and "just did it". The moral discourse within which he was simultaneously positioned encouraged an unquestioning attitude towards aggression. Paul felt that within the unit nobody had "particular moral stands about warfare. I'd rather say the contrary, that it seemed to be the more cruel you are or the more aggressive you could be the better soldier you are". The commander took "great pride in the fact that (the unit) had supposedly killed more enemy than any other unit".

The moral discourse is apparent more by its absence than by its presence. There appears to have been little morality in the unit and thus the discourse itself might be overlooked. However, it is an important one in terms of Paul's positioning and has been termed a discourse of absence to indicate the disregard for moral concerns amongst the men who were positioned within it. Clearly the mere existence of this moral discourse is insufficient explanation for Paul's positioning within it. However, Paul had a particular commitment to the unit and received payoffs through his involvement. The majority of the men were positioned within this discourse and Paul's investment in the unit recommends, in turn, a possible investment in such absence of morality. It is also important to consider that Paul's pre-army positioning within a moral discourse, as suggested by his religious orientation, was not necessarily inconsistent with "fighting for your god" against the enemy whom he considered to be a sort of anti-Christ.

It should be noted, however, that Paul reported levels of aggression and violence displayed by members of his unit which he did not participate in. It appears, therefore, that there were restraining forces which protected him from such involvement. One such force seemed to be the attitude of the men under his command who did not have a positive opinion of those who allegedly raped and attacked innocent civilians. Paul knew that "they wouldn't do it ... and I suppose I respected that ... there was this kind of more human respect for women and children, old people, whatever". Paul's previous religious convictions might also be considered a restraining force even though they simultaneously suggested involvement to some extent.

Paul's unwillingness to participate fully in the activities of the unit is interesting in light of his preparedness to kill at close range. In part this

relates to the distinction between the enemy and civilians, but also suggests different positioning within a killing discourse and a bullying discourse, the latter involving the application of a different sort of violent act. His ability to muster the numbing mechanism involved when shooting the enemy did not extend to the practice of physical assault.

Paul stated that he was unable to physically assault someone unless he was "really upset or really agitated". As a boy he neither fought with his brother nor exerted himself physically. His distaste for physical violence is interesting in light of the fact that part of asserting his authority over the older black troops, in command of whom he was placed when he joined the unit, involved a degree of physical aggression. He distinguished this from assault, however: "... to be able to exercise authority and sometimes physically hit them ... not assault them but like literally dish ... out a couple of slaps in the face and make sure that he doesn't stand up to hit back type of thing. Just to maintain the group discipline because otherwise it would end up in mutiny".

The physical assertion of his authority is in clear contrast to his attitude towards the "real macho manne" who would beat up those in the group who were not able to perform adequately during basic training, thus causing the group to be punished. Paul described them as "brutes" who were "inevitably these real dumb types that would want to sort things out physically rather than intellectually".

Paul later stated that "throughout the period that I was in the army I never, even in basic training as I said, assaulted someone to get cooperation. I could never really do that". It seems as if Paul did not perceive hitting his troops to maintain discipline as physical assault, whereas assaulting people unnecessarily was so defined. He considered himself to have been trained to take command even though they were considerably older and more experienced than he was. "... it's very intimidating ... but then you think well, you've been trained to a certain extent to take charge here and most of them have never had any proper schooling ... I'd say 50% of them couldn't even read and write properly". Paul's elitist values facilitated the process of dehumanising his own troops to a degree where it became possible for him to be positioned within the bullying discourse. This apparent contradiction can be understood in terms of the doubling process, the "division of the self into two functioning wholes, so that a part-self acts as an entire self" (Lifton, p.418, 1987), whereby Paul's bullying self was involved in certain activities, the reality of which remained unacknowledged. However, it is important to note that Paul was only able to muster the doubling mechanism in a restricted set of circumstances.

Paul's disavowal of his own involvement in inflicting physical harm is apparent most starkly in his discussion of kraal burning. Although he claimed that he was "never involved with physically harming civilians", he burnt their kraals to "teach them a lesson" if ammunition was found in the kraal. He avoided consideration of the fact that leaving people without a roof over their heads could be construed as physical harm. He projected the blame onto the victims themselves and argued that he "wasn't really morally convicted to respecting their houses and so on because they had overstepped the line. So for me it was quite straight forward". He described the kraal burning as "accepted standard procedure" although he could not recall "specific instances where it was put as orders". Paul was simultaneously positioned within a bullying discourse and a discourse of moral absence wherein he was able to act as expected, drawing on the mechanisms of disavowal, projection and doubling (see Lifton, 1973; 1987).

His ability to muster these mechanisms in this situation related to his contradictory attitudes towards the citizens themselves. At one point he distanced himself from the actions of those men who "just went bananas" and destroyed kraals by driving Casspirs through them. "I could never help feeling ... that I'm really intruding when you walk into a kraal and people are sitting around the fire and this is their house, and these are their cattle and things like that". Later, however, when describing the burning of kraals, Paul's attitude to the civilians seemed to have changed. Although he now considered his behaviour to be reasonable, because of the discovery of weapons, he expressed a very different attitude to the people themselves: "I mean their existence is so unbelievably bare and so sort of without any earthly belongings, it's just incredible. In a sense that probably influenced my idea of them as a people. I thought that ... they (are) so uncultured, they just don't have any sense of having, they just don't have any things to prove that they are worthy people, they have just such sort of low, such low class".

The doubling mechanism is clearly evident in Paul's dehumanising of the civilians whom he supposedly respected. Within the moral and bullying discourse he was able to act in an aggressive manner towards people whom he respected when positioned within a contradictory discourse. It is therefore not surprising that his attitude towards victims differed considerably depending on whether he himself was a perpetrator. In order to be able to perpetrate acts which were demanded of him because of his positioning in a discourse within which he was heavily invested, he had to muster mechanisms which enabled him to act by defending him from overwhelming guilt and anxiety.

A similar set of mechanisms were operative when Paul was positioned in the killing discourse and acted in a way which was suggested by his positioning.

An understanding of his history of positioning within this discourse is important in analysing how he was able to kill three wounded guerillas. Paul became familiar with rifles at a young age when he began to hunt animals on the family farm. It was part of the "family tradition" to go hunting which he considered to be "fair game". He enjoyed the test and skill involved in the hunt. As a result of his previous experience with this weapon, Paul felt "quite comfortable with a rifle" by the time he joined the army. Once in the army, he discovered that a rifle "gives you such a lot of power actually over other human beings that you maybe could use it easier and its maybe even a slightly more abstract way of exerting aggression, I suppose, in the sense that it's not really you that's doing it, it's more the rifle".

Paul's preparedness to use a rifle is an important contrast to his reluctance to exert physical aggression. His experience of power when armed with a rifle and his ability to split himself off from this weapon strengthened his investment in the killing discourse and increased the likelihood that he would act as expected. The power he gained enabled him to act while fending off death anxiety. The numbing mechanisms which protected him and enabled him to kill with a rifle were unavailable when faced with directly assaulting someone. This was too physical, too close, too real and the numbing broke down, it could not be sustained despite the dehumanisation. He would be overwhelmed by guilt and anxiety were he not protected by the dehumanising mechanism (see Lifton, 1973; 1987). As he could not muster it when faced with the option of assaulting someone, he could not act and chose other courses of action instead.

However, he was able to rely on these mechanisms when faced with the task of killing with a rifle. In addition to his previous positioning within the killing discourse as discussed above, his attitude to the enemy must be considered in order to observe the dehumanisation at work. Once again he displayed contradictory attitudes towards the enemy who were both "well trained" and "very, very clever" guerilla strategists as well as "inferior warriors" with "inferior training". Paul respected them to the extent that they were dangerous. However, his overriding feeling was that "these guys are so wrong, here they are fighting for communism and they're fighting against Christianity and all this, you know, and how can they be human?".

This dehumanisation is a critical point in Paul's situation because in killing the wounded soldiers he was not acting under orders. On the contrary, his unit "really were encouraged to actually take captives". Yet, when faced with three wounded guerillas, on two occasions, Paul put the rifle next to their heads and pulled the trigger. He explained the reasons for his actions in terms of the physical impossibility of taking the wounded men along with him, that

it became a "security risk and too much of a hassle to have this guy tagged along and maybe you didn't really have food for him".

Additional explanation was offered in terms of his troops' refusal to do it themselves which Paul interpreted as "superstition" as well as acknowledging that "it's obviously not a very nice human thing to do, just finish someone off like that". The troops left it up to him "since I'm in charge, I suppose".

The numbing process is clearly evident both in his explanation of his actions as well as in his description of the activity itself which Paul referred to as "finishing them off" or "cleaning up the area". Paul had been exposed previously to such activity as an observer and had been "horrified" and couldn't "believe this guy just did that". However, he also felt that "it just looks so damned easy". He realised that this was "run of the mill stuff, this is probably what I'm going to have to do next". He thought that he would be nauseous "the first time I would see someone dead by more or less your own hands", but discovered that he "wasn't moved at all. Sort of felt a bit awkward, but I just did it". Paul also reported having gone "blank for a while".

By the second occasion, when he shot two wounded soldiers, Paul said that "I just didn't even think twice about it ... it literally was a question of well, there's nothing else you can do, it took a couple of seconds. I mean I didn't even think twice about it". He didn't feel particularly disturbed and "argued it's better to sort of finish them off rather than leave them half dead". Paul did not consider the fact that the men might survive if left wounded. "It's just that I really thought that this guy's not going to make it. I don't know, it could be that because I'd done it previously that it was just so easy to do again".

The numbing which Paul experienced during the act of killing occurred in the context of the madness of the situation, a type of derealization (Lifton, 1987). "I mean it's in the middle of this sort of really fast moving battle with helicopters flying around, and bombs falling ... so when you get involved in this quick fire fight with somebody shooting at you, then your main aim at that stage is just to keep on moving, you know. It's just sort of one, two, three and then it's over and then you carry on".

The numbing process was essential to Paul's ability to continue with the tasks that were expected. His description strongly suggests a bureaucratised situation in which each person or group completes a part of the task: " ... we were following these guys who were running away ... with helicopter support ... the helicopter would then trace them and say, 'well look, they're about a

hundred meters in front of you' ... Both these guys were injured. And they were lying there wounded, and it was a very hasty thing, we literally sort of kept on running in this file, almost cleaning up the whole area. So it was just a question of finishing them off there and then. You couldn't do anything apart from that. I mean it wasn't a question of well, get out the stretcher bearers and carry them ... I made a spot decision knowing that I had to move on in support of another group and that they might depend on me".

Paul was also aware of the significance of his acts in proving himself to his troops and maintaining discipline. "In a sense also I suppose one has to keep your composure ... it has to do with the discipline of the troops ... It's as if they're very much aware of what's going on and they know exactly what you're going to do. They accept it but they watch you and they want to see how you go about it. If you are as strong, and I suppose not physically strong, but if you have that kind of control to do such a thing".

In addition to the processes of numbing and dehumanisation, Paul projected responsibility for his actions away from himself in an attempt to ward off guilt. "I don't have particular feelings of guilt about it, I'd much rather try to blame someone else for it, either the government or even my family as being part of this sort of system. So I guess that it is escapist in a way but I don't feel particularly bad. I suppose in a sense what might have influenced me was the fact that I was also injured and that I could also have been killed...I'd been in this explosion, maybe I'd paid my dues and that you know, why should I feel guilty about it, look I was also nearly killed".

The relationship between the numbing and dehumanising mechanisms and Paul's particular positioning within a range of discourses becomes increasingly clear through his explanation of his actions. These mechanisms do not operate in isolation but within the context of particular discourses and enable particular people to act in certain ways. His involvement in a specialised unit positioned Paul within a specific moral and killing discourse. He did not think morally about the act of killing and said that it "just seemed like this is what you do especially if you're with this unit". This statement is in stark contrast to his attitude and refusal to participate in certain other activities that seemed standard practice within the unit. He also assumed that "anybody else would have done exactly the same thing in that situation" despite acknowledging his troops' refusal to kill the wounded soldiers.

Although Paul's blocking mechanisms appear to have remained fairly strong, he did not revel in the activity. "I never felt very good about it, but I can't say that I ever felt very bad about it either. It's a sort of rather neutral emotion. I suppose in a similar situation now I would probably even do the

same thing. I think those kind of drills would just come back and if I'm faced with such a situation, I'd probably do exactly the same".

Paul's attitude to these drills which taught the repertoire of behaviours exhibited is ironic. He stated that "one has to adhere to certain drills and certain rules otherwise somebody's going to get unnecessarily killed". Paul's adherence to these drills in fact ensured that people did get killed unnecessarily. However, from where he was positioned, these deaths were unavoidable and necessary. The unnecessary ones to which he refers are those of his own troops. It is interesting to note Paul's positioning within the killing discourse when he was positioned as victim rather than perpetrator.

The process of numbing so evident in Paul's experience and positioning within the killing discourse broke down when confronted with the death of his own men. Ironically, these men were shot by a gunner from their own helicopter who opened fire on Paul's troop. Paul felt "incredibly angry, I was really freaked out ... I mean I really threw a tantrum at the headquarters". His reaction contrasted noticeably with the "rather neutral emotion" he experienced on killing someone himself. Paul reacted to their deaths in a very personalised way, unable to muster the mechanisms so prevalent in his previous positioning. No longer were the men who died "just a hassle". Rather, "it's always a loss, you feel it's a waste, you know. It's like you've been through all this together and that sort of sense of camaraderie and friendship".

The men who died were not dehumanised but were Paul's friends. His attitude to trying to save them was therefore fundamentally different to that in the case of the enemy. His own men were in fact far more seriously injured: "half of this guy's head was blown away, but he still lived for a couple of minutes. I mean that was really disgusting, but I mean in such a situation I don't think I would have considered finishing him off, since he's sort of on your side, you at all costs try to save him. Whereas I suppose the enemy wouldn't really go to such extremes to try and save him".

The deaths of his own men also increased Paul's death anxiety (see Lifton, 1973) because "when somebody else is killed it's also a reminder of, well it could happen to you". This anxiety was fended off partly through the emotional investment Paul had in the group itself. He described how when going on leave the men would visit the wounded from his unit at the military hospital. These visits strengthened the "sense of affirmation of the friendship and camaraderie ... so that I suppose created a sense of belonging, a sense of real security". However, constant exposure to death and mutilation increased his anxiety when he himself was in the hospital. "Every second person was

either without eyes or without legs or without arms, it was just incredible ... every second guy there is mutilated you know and that really got to me eventually. I mean just thinking, 'fuck this is too much', you know".

In order to prevent such death anxiety from becoming overwhelming, the soldier relies not only on mechanisms of numbing, doubling and dehumanisation, but also on killing the enemy in such a way that he is spared the trauma of observing a protracted death. Paul discussed the various methods of killing and concluded that a rifle shot was the most humane not only for the victim, who dies instantly, but for the soldier for whom it "spares the agony of the other person, of having to watch how somebody dies".

It is interesting that Paul's reference to this agonising experience was made in the context of his own men's deaths and not those of the enemy. Perhaps if Paul had observed one of the enemy dying a slow, painful death, the numbing would have broken down. However, this in itself is an unlikely scenario because of his ability to muster blocking mechanisms and to act with his rifle. These mechanisms interlinked with his positioning and investment in the killing discourse excluded the possibility of Paul experiencing the killing of the enemy in a way that might have prevented him from repeating such actions.

CONCLUSION.

This paper has attempted to demonstrate the possibility of integrating some of the theoretical contributions in this field. As such it runs the risk of proposing an explanation for the phenomenon which it examines that is simultaneously too complex and over simplified. The complexity arises in part from the nature of the theory itself as well as the difficulty of attempting to explain the relationship between multiple discourses, positionings and investments without degenerating into total confusion. The simplicity stems from the lack of focus on critical aspects such as the psychoanalytic component.

This research has addressed an issue which has long perplexed social scientists and psychologists alike. It does not claim to have revealed truths overlooked by others. It does, however, suggest an alternative way of understanding the problem which makes sense of the actions of ordinary soldiers rather than attempting to unravel the mystery behind their "uncharacteristic" behaviour. It presents an explanation which avoids and goes beyond the dualistic assumptions which underlie most social psychological analyses. The integration of social constructionist theory with concepts employed in advanced atrocities research provides a potentially more sophisticated analysis of one of the most concerning issues of our time.

The war in which the subjects participated is over, yet its effects continue to pervade our society. Those who were conscripted to fight are faced with the task of making sense of their experiences and negotiating their own peace - with themselves. Perhaps the psychologists' task is just beginning.

Note.

1. The precise definition of the term "discourse" is sometimes unclear in publications. My usage of the term is best outlined by Swartz (1989) who defines it as a "set of terms, statements, or signifiers reflecting a set of attitudes, meanings or beliefs. It moulds the individual's perspective in that particular area, and positions him/her, allowing certain things to be said/ seen/ known/ communicated, and disallowing others. It creates areas of silence, ellipses in knowledge, gaps in lived experience, while drawing attention to experience/knowledge salient to that discourse" (p19).

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"TO RULE AND OWN, OR TO LIVE LIKE SHY DEER": THE DILEMMAS OF A PROFESSION (1)

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At its 1989 and 1990 annual conferences, the Psychological Association of South Africa (PASA), showed the clearest evidence as yet of going through a process of self-examination as a result of changing political realities in this country. At the 1990 conference, this was operationalized as a need to restructure the Association to provide a home for all South African psychologists. Without negating the debates conducted at these annual meetings, I believe, however, that there is an underlying, deeper issue at stake here. For me, this is related to the process of professionalization (2).

Since the essay is not intended as a conceptual analysis of what a profession is, I shall simply use the definition given by Abbott (1988): "... professions are exclusive occupational groups applying somewhat abstract knowledge to particular cases" (p8). By extension, professionalization then is the process via which the occupational group establishes its exclusivity over a specific knowledge domain (see J. Louw, 1990, p14 for a definition of the professionalization of psychology).

Professionalization can be examined at a number of levels of abstraction. For example: in terms of the role of intellectuals in society, or in terms of the division of expert labour in society. At a somewhat less abstract and more empirical level one might consider the process of professionalization as it unfolds in a particular occupation. At a fairly concrete level, one might

examine practical measures a profession has at its disposal to advance its position vis-a-vis other professions, or to provide better services in society. Given the context of this essay, it treats the topic at fairly concrete levels of analysis.

The discussion opens with two theses, which are essential to clarify the contentions made subsequently. These take the form of ten practical suggestions as to how the profession might respond to its current dilemmas.

1. SOUTH AFRICAN PSYCHOLOGY IS EXPERIENCING A CRISIS IN TERMS OF CULTURAL LEGITIMACY.

Cultural legitimacy refers to the acceptance and acknowledgement of the professional group's expertise, and the trust placed in that expertise. It connects the tasks of the profession to central values (such as health, happiness, justice, salvation, etc.) in the larger culture; it allows the members of the profession to do what they claim they are able to do.

But the legitimation of a profession's expertise is a much more fragmentary process than the professions would have us believe. Typically, working relationships or alliances are formed with other professional groups, or with particular groups in society. Very often, as Rose (1985) has demonstrated so clearly, these alliances produce knowledge that is administratively useful - knowledge which is criticized for being a factor in the management and control of the less powerful in society. This is partly what the current dilemma of South African psychology is about: psychologists now realize that they are too closely aligned to powerful groups in society, and want to do something about it.

The formation of alliances is obviously a political process (Danziger, 1990): be it academic, professional or societal politics. Writing about a slightly different point, Danziger had this to say: "... alliances have to be formed, competitors have to be defeated, programs have to be formulated, recruits have to be won, power bases have to be captured, organizations have to be formed, and so on. These political exigencies necessarily leave their mark on the discipline itself, and not least on its investigative practices. The political environment largely determines what types of knowledge product can be successfully marketed at a particular time and place." (p182).

At different times, different audiences or alliances make different demands on the profession. Large scale changes in the balance of political power, for example, introduce new audiences or clients. In fact, audiences called into being by such shifts in the political power balance in particular call questions

of legitimacy into being. After all, it is going to influence whether the discipline will wither away or will develop, since social change can destroy or create professional work (see below for a discussion of the centrality of work).

The crisis of legitimacy therefore may reside in the fact that a group of professionals wish to address a new audience, but its practices, theories and methods are not, or might not be, positively valued by the particular audience or clients. (It is safe to say that community psychology is an attempt to reach such a different audience). This is quite clear when one looks at the criticisms levelled against the practice of psychology in South Africa: the lack of cultural understanding and relevancy; the appropriateness of research instruments and relevance of hypotheses; its irrelevance to social problems; psychological technology as an instrument of oppression; inappropriateness of western models of theory and practices; and so on. (Lazarus, 1988, provided an overview of such criticisms; I have followed the original terminology of these criticisms fairly closely). I believe that the organizational aspects of a profession are equally important in this regard, and ought to be included in the critical re-examination of the discipline.

We tend to view what I have called the production of a new audience (or the formation of new alliances), simply as a response to a perceived societal need. My objection to this would be that problems do not arise out there in society or in specific client groups, independently from the activities of the professional group and ready-made for their interventions. The profession itself at least participates in the definition of these problems, if not in their "social construction" (see Gusfield, 1981, for just one example).

Construing human difficulties as social problems simultaneously calls client groups into being. It is a truism to say that professions need clients; professional recognition presupposes the constitution of a lay public (Larson, unpublished). A lay public, however, must have knowledge in common with the profession, which allows them to understand "the marks of expertise" (Larson's term). Our task, stated in these terms, is to create a new public and new marks of expertise, recognizable by such clients.

Thus to enable us to understand the crisis in South African psychology, and how we can respond to different client groups and their problems, simple needs assessments will not suffice. We also have to look closely at how the profession describes "treatable" clients. In American and European clinical psychology of the 1970s, for example, a shift occurred away from the old and the verbally less skilled as clients, toward young, relatively intelligent, dynamic clients. This is evidence of an unpalatable truth that professionals

have to be alert to: lines of professional demarcation often run parallel to divisions in society in terms of social position and background.

For me the problem therefore appears to be more complicated as simply a matter of access to services and skills, and new responses to emerging needs. Of course these are important considerations in terms of the credibility of psychologists, but it seems to me the question of legitimacy goes much deeper than that. Professions are not simply passive, responding agents in this process - they also create the problem. Psychologists do not provide services simply on the basis of needs in or demands of certain sectors in society; Van Hoorn (1988, p. 68) has argued that it is rather a case of influential elites deciding what the proper functioning of an organization, business, school, etc. ought to be, and then introducing this vision via their professional activity.

2. WORK IS A CENTRAL CONSIDERATION WHEN WE THINK ABOUT THE PROFESSIONS.

In the division of expert labour, professions act to establish and maintain control over defined areas of work. It is often understood that certification and licensing laws are indications of the successful accomplishment of this goal. Such laws constitute a legal recognition of the profession's area of expertise, and establish certain tasks as belonging to its exclusive domain of work.

To establish such an exclusive area of work, psychology had to stake a claim to knowledge and know-how which was uniquely its own. This is a fascinating story in its own right, but not one which can be dealt with here (see Hornstein, 1988, for an illustration). Suffice it to say that psychology has a dual task of demarcation: firstly, it has to demarcate its knowledge, skills and work from those of the lay public. A profession which is suspected of offering little else but dressed-up commonsense does not have a great chance of survival. But at the same time, as argued earlier, psychology relies on the lay public's recognition of its "marks of expertise" for their access to psychological services. Psychology therefore cannot afford to become a profession in the sense of law and medicine for example, which base their practice on esoteric, inaccessible knowledge and know-how. Secondly, psychology also has to demarcate its area of work from that of other professions. This is the element of monopolization in professional work, which leads one to a consideration of the effects of professionalization on society. It is by now a well-known argument that professional organizations, privileged access to political decisions, and institutionalized power relations go together. And it is at this level, I believe, that the recent crisis of

confidence occurred with regard to the social progress and service ethic claimed by the professions.

Professions compete for the control of tasks in the work place, what Abbott called the jurisdiction of a profession. (In simplistic terms, who is doing what to whom). Jurisdictions describe the contents of a profession's work, and therefore are mutually exclusive, with the result that interprofessional disputes about jurisdiction are characteristic of their development. For those who think that this is a trivial issue in the world of work today, working as a psychologist in a general or psychiatric hospital for a while might provide a quite forceful demonstration to the contrary.

It is said quite often that the boundaries between the professions must be dissolved. But in this regard we have to be very careful, even if this would prove to be possible. After all, professionalization is part of historical processes of "the long duration": the increasing use of scientific knowledge for practical purposes; specialization of tasks; the development of industrial capitalism and industrial state socialism; the expansion of state involvement in providing knowledge-based services; etc. Thus we may believe that the boundaries between the professions need to be dissolved, but the outcome will be quite unpredictable, and we might not like the consequences. The best analogy I can think of here would be unilateral disarmament.

Having introduced the notion of cultural legitimacy and the centrality of work in the abovementioned two theses, the discussion now turns to more practical considerations.

3. WHAT CAN PSYCHOLOGISTS DO THEN?

The suggestions made below are stated prescriptively, and might read as if they represent a blueprint for the professional re-organization of psychology in South Africa. That is certainly not the intention; a long-term, radical review of the profession is not intended. These are rather some relatively short-term measures we as psychologists might take to protect or improve the position of our discipline; in political terminology, one may say that a reformist strategy is involved here. It is therefore more accurate to talk of a kind of interim plan; for a more far-reaching proposal the reader is referred to a doctoral thesis by G.P. Louw at the University of Potchefstroom (1990). A final introductory comment: many of the points raised in this essay have been raised by others as well over the years.

1. The future "growth areas" for psychology in this country, in terms of where the greatest demands will be made on psychology, lie in the health and

educational domains. South African psychologists therefore will have to get involved in these particular fields of practice - at a grassroots or primary level - for their discipline to survive and grow. If psychologists can address the demands and needs of the majority of the population in these sectors effectively, a spin-off effect will be that psychology is made more visible to the new audiences, thereby creating more "friends and supporters of psychology". This is a positive outcome in itself, but it also will supply more people with at least some psychological background. Many of them eventually might end up studying psychology for three or four years, and might then work in exactly these areas.

2. The abovementioned consideration has an organizational implication: the national psychological association will have to provide a home for them as fully fledged members of the psychological community. Thus I believe it was a mistake on PASA's part not to make an Honours degree the qualification for full membership of the Association - as I see it, that is the way we will have to go. Already, many people doing psychological work, in education for example, are in this position. Acknowledge them, and draw them into the psychological community. This will strengthen the Association, and it also will be a move towards its democratization, and away from its elitist image. It might even be a small step towards reducing psychology's alliance to a particular social class or grouping. If you think that it might diminish the professional standing of the discipline, keep in mind that the national association is not a professional association; the strictly professional element of psychology in this country is accommodated by the Professional Board for Psychology.

3. The criticism of psychology's close alliance with powerful institutions in society, and providing the administrative technology "to govern the soul", has been extended to South African psychology as well. One might say that the social basis on which South African psychologists constructed their discipline was too narrow, and that we now want to broaden that social basis, by addressing our claims to legitimacy to new, less powerful audiences. We wish to extend our alliances to groups of people who fall outside the traditional ambit of the profession's practice. The difficulty is that it involves a new set of commitments, which the majority of South African psychologists might find very difficult to make. For a start, psychologists will have to produce knowledge which is not simply administratively useful, but which will assist these groups in the process of their own emancipation. From the debates at the 1990 PASA conference, and at forums such as OASSSA, it would seem that the time is more than right for such attempts (see Swartz, Gibson & Swartz, 1990).

It is quite likely that we will respond differently to different audiences or clients; after all, the nature of the difficulty or problem co-determines the knowledge developed to address it. Forming new alliances and responding differentially to different audiences of course is not new in psychology - we have been doing it all along. For example: psychologists have often developed psychometric instruments to address the personnel selection demands of industry; but to address the difficulties experienced by individuals, various psychotherapeutic techniques were developed.

4. Serious consideration must be given to the removal of the section [37(2)] in the 1974 Act which prescribes psychological acts, i.e. the licensing part of the law. (A licensing law restricts certain activities or practices to certified members of the profession only). Experience over the years has shown that it is very difficult, if not impossible, to enforce this section, and attorneys-general have been reluctant to institute prosecutions under the it. A large number of people in any event are exempted from prosecution if they perform these acts in the ordinary practice of their occupation: academics, teachers, nurses, and social workers, for example. Most psychologists agree that this section of the Act does not work well.

If we abandon this licensing part of the Act, but keep the certification element, it would mean that we would still legally protect the professional title "psychologist". For the rest, let anyone claim to be able to cure, to educate, to provide guidance, to give counselling, and so on. What ought to happen then, is that jurisdictional disputes in the different workplaces of psychologists will direct the division of tasks between competing professions. Such disputes take place even with licensing laws in place, so this suggestion is much less radical than one may think. Furthermore, clinical practice is really the only area of psychology where jurisdictional boundaries are fiercely contested. And as for demarcating its professional expertise from non-professional activities, psychologists simply will have to demonstrate over and over again that they are better than others at what they claim to be able to do.

But what about psychological tests and their control?, I can already hear colleagues ask. It is easy enough to control this uniquely psychological technology via measures already in operation, such as those administered by the HSRC or the Testing Commission. Psychological tests would then be released by these bodies only to those who have received specific training in their use. I believe it is a sound principle to judge expertise via training and experience, rather than in terms of categories of specialization.

Paradoxically, by not tying itself down to tasks, a profession gains distinct advantages in the workplace. If it has a clear focus and a clearly established cognitive base (which psychology has), it may be easier to shift to tasks which become available in everyday practice. Again, all professions change continually as a result of various pressures: market demands, cultural values, specialization, interprofessional competition, and so on. If, as argued earlier, the central reality of a profession is its control of tasks, then freedom to adapt to changing demands of the workplace is a distinct advantage. In his address to the 1990 PASA conference, the American psychologist Wayne Holtzman provided evidence of this when he described the development of a community health psychology practice in Texas.

5. Another alternative is to create a register of practice, and only if one's name appears on that particular register, will one be allowed to practice independently. This generally speaking is the route taken by the British Psychological Society. If we examine where psychologists work, it would seem that very few psychologists are in free, independent practice. The trend in the twentieth century for all professions is to gravitate toward corporate or bureaucratic employment: Abbott (1988, p151) states that even American medicine and law are 50 percent salaried today. Furthermore, there is evidence that professionals in corporate employment identify with their position in management, and diminish their professional allegiance.

What is the implication of this for our argument? All indications are that corporate bodies are less interested in the professional registration of a person, and more in what the person can do. At these worksites people are under the primary control of the corporate body; in education, for example, one can foresee very few problems with non-registered persons. Thus we really need a register only for people in free practice (arguably for clinical psychologists as well given the nature of their work in hospitals). For the rest, the possession of a Masters degree in psychology ought to be enough to qualify themselves as psychologists, but not to free practice.

6. The new PASA constitution contains a reconceptualization of interest groups within the Association. To my mind the most significant aspect of this is the notion of multiple divisions (interest groups) - as many as psychologists would like to form. A similar reconceptualization of the registration categories seems to me overdue. If we carry on registering psychologists, as I have argued above, there seems to be two logical possibilities: either a single registration category "psychologist", or a radical proliferation of registration

categories, similar to the divisions in PASA or the American Psychological Association. The attraction of the latter option is that we would take the diversity in psychology seriously, and it would give the profession maximum flexibility to address emerging issues.

7. In line with suggestion 3, it might be worth our while to concentrate on practical rather than theoretical issues, and develop practices within which experiences can be obtained. If this sounds like heresy, allow me to remind you that all practical paradigms in psychology developed like this. In psychoanalysis, for example, new practices developed as a result of the tension between sexual norms and the ways people (women!) lived their lives in the latter half of the nineteenth century. Or in Danziger's (1989) words: "Typically, when psychologists turned their attention to practical, real-life, problems during the first four decades of the twentieth century they developed methods of investigation and modes of conceptualization that were developed *sui generis* and that diverged sharply from the then existing laboratory science of experimental science. This was nowhere more apparent than in the vast new field of psychodiagnostics, but it was just as much the case in such areas as the psychology of school work and the analysis of practical skills".

Thus what I am asking for is a kind of "thinking with one's hands", in which social or cultural problems can be explored on a limited scale. The development of psychological knowledge in practice obviously will cause strain with the academic audience within psychology; but again, that is not something new. The strain ought not to be too severe: after all, this kind of thinking will be informed by psychological knowledge. Psychologists do not enter into a completely symmetrical dialogue with their clients. Thus it becomes a psychology that is also in dialogue with its own audience of academics and theoreticians, and in which the bond between psychological knowledge and its practices is strengthened.

8. One change in the practices of psychology could be to take the knowledge of the lay public seriously. It would involve abandoning the strategy of "As a professional, I know more about you, your personality, your IQ, etc., than you do". This kind of reasoning is little more than an appropriation of the individual's knowledge about her/himself, knowledge which is then used to make important decisions about that person (see Van Hoorn, 1988). I believe it is also typical of a curative and intervention-orientated approach to human ills - but psychologists by now realize that the developments of the late twentieth-century require a preventive psychology. If the prevention of

mental health problems, of educational and labour difficulties, becomes the future task of psychologists, the reasoning implicit in the curative way of thinking is only going to subtract from psychology's contribution. Exactly how psychologists are going to be agents of prevention rather than cure is of course one of the issues of our times.

9. South African psychology must attempt to have one strong central body represent itself, and I believe the concerns involved in the re-structuring of PASA reflect a realization of this fact. Psychologists must not let the opportunity slip by to attract as many people as possible to its central organization (see also suggestion no. 2). If this sounds trivial, the reader ought to contemplate the position of psychology in the rest of Africa: it is certainly not one that inspires confidence. If the discipline takes its own position in society seriously, it must realize that representation by a single psychological organization (which might be quite diverse within itself) is in its own interest.

Furthermore, the more strongly organized a profession is, the more effective its claims to jurisdiction are. In Abbott's words: "The organized profession can better mobilize its members, can better direct media support of its position, and above all, can better support the effective academic work that generates cultural legitimacy for jurisdiction. ... It also possesses, at least in principle, the means to control its members, and can therefore reassure public fears of untrustworthy work. In contests between professions, the profession with more extensive organization usually wins" (1988, p. 82-83). This is also a strong additional argument for a psychological profession that is not governed by the confines of the medical profession.

10. Related to the abovementioned point, is the consideration that psychology must move out from under the wings of the medical profession, and administer its own professional affairs. Thus an independent professional affairs board must be established for psychology. This certainly is not a new suggestion; as early as 1951 the South African Psychological Association recommended this (Chapter 10 of G.P. Louw's 1990 doctoral thesis contains an exhaustive discussion of this issue). At the 1990 PASA conference it was raised again, now somewhat more urgently, and a motion to investigate this possibility was accepted. At present a task force of the Association is conducting such an investigation. If this route is taken, serious thought would have to be given to its constitution: matters such as the presence of members of the public on the board, and a reminder that psychology is not only a health profession, deserve consideration.

CONCLUSION.

Unity in diversity is also the organizational quest of South African psychology in the years to come. Surely it must be possible to identify at least a few commonalities of interest between psychologists - maybe the present vision statement of PASA might be a starting point. But what PASA members will have to realize is that there are hard bargaining days ahead for psychology as a profession and as an academic discipline. Unfortunately, here we will be even worse off than the politicians: psychologists are sharply divided along political lines, as well as along the lines of the different specializations in psychology.

Notes.

1. The title is drawn from Nietzsche's **Gay Science**: "Be robbers and conquerors, as long as you cannot be rulers and owners, you lovers of knowledge! Soon the age will be past when you can be satisfied to live like shy deer, hidden in the woods! At long last the pursuit of knowledge will reach out for its due: it will want to rule and own; and you with it!"

2. This paper was delivered as an address at the 1990 PASA conference. It was a response to the self-examination theme of the conference, and must be read as such. Thus the argument addresses a polemic within the Association, and does not attempt a critique of the process of professionalization itself. Also, the paper is published more than a year after it has been written, and some of the issues may be less pressing than they were then. However, it was felt that the paper should be published in its original form, and that the commentators could provide updates.

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VERNUWE DIE PSIGOLOGIE: DOEN DIT NET WETENSKAPLIK

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RENEW PSYCHOLOGY: ONLY DO IT SCIENTIFICALLY. The promulgation of Act 5 of 1974 succeeded in elevating the South African psychologist from an ancillary mental health practitioner to the status of an independent, self-sufficient mental health practitioner. It has emerged in practice, however, that there are certain professional anomalies which limit psychology. Looked at critically, it would appear as if South African psychology is manifesting symptoms of professional limitation and enclosure. Central to this problem is an urgent need for an adjusted or new professional, curricular and control model. It is clear that the psychologist has come to confront an inevitable reform initiative in his/her profession. S/he can no longer have resort simply to the subjective, contingent and autocratic decisions of selfappointed and uninformed individuals and/or sub-groups in psychology. Only democratic participation of all the determiners (consumers, practitioners, training agencies and the state) in a professional model, system and curriculum can possibly ensure the establishment of an efficient and relevant mental health practitioner for a new South Africa.

'n Historiese perspektief van die Suid-Afrikaanse psigoloog laat blyk dat die beroep van die begin van hierdie eeu af vanaf 'n nederige, wetenskaplik-vae en juridies-miskende beroep ontwikkel het in 'n statutere,

wetenskaplik-verantwoordelike en dienslewerende professie (Louw, 1991). Die promulgering van Wet 56 van 1974 kan gesien word as die eerste amptelike erkenning van professionele psigologie in Suid-Afrika. Die Wet, wat seker as een van die voortreflikste wette ten opsigte van die psigologie in die hele wereld geag kan word, het daarin geslaag om die Suid-Afrikaanse psigoloog teoreties van 'n aanvullende gesondheidsorgberoep tot 'n selfstandige gesondheidsorgprofessie te verhef.

Dit blyk egter in die praktyk dat daar, ondanks die dinamiese eienskappe van Wet 56 van 1974, professionele anomalieë bestaan wat die psigologie as 'n professie ernstig kortwiek en probleme skep wat ongewoon aan 'n selfstandige professie is (Aanbevelings vir, 1987; Beroepsraad vir Sielkunde, 1989; Cheetham, 1970; Louw, 1991; Sinclair & Beaton, 1987; Suid-Afrika, 1979; Van Rensburg, 1975).

B E R O E P S T E R M I N A L I T E I T V E R S U S B E R O E P S W E D E R G E B O O R T E .

Krities beskou, wil dit voorkom asof die Suid-Afrikaanse psigologie simptome van beroepsbegrensing en -bevanging manifesteer. Van al die negatiewe faktore skyn dit spesifiek die huidige psigologiemodel, -sisteem en -kurrikulum te wees wat remmend inwerk en wat tot 'n groot mate vir die psigoloog se beroepsproblematiek verantwoordelik is. Ander negatiewe aspekte rakende die psigologiemodel en -sisteem wat geïdentifiseer kan word, is die kategorieverklewing, die oormatige psigososiale kurrikulum- en beroepsbenadering, die vergenoegdheid met die aanvullende gesondheidsorgklassifikasie en -behandeling asook die ekonomiese lewensvatbaarheidsproblematiek en 'n al groter wordende parapsigologiese mededinging (Louw, 1991). Indien daar gelet word op Ebersohn (1983) se definisie van die professionaliseringsproses, wil dit voorkom asof die psigologie tans as 'n professie beroepsterinaliteit beleef. Die situasie, wanneer dit krities vergelyk word met ander professies soos byvoorbeeld die maatskaplike werk en verpleegkunde, impliseer inderdaad dat die psigoloog nie meer so intens in aanvraag is soos voorheen nie. Laasgenoemde is egter geen ongewone of unieke verskynsel nie. Verskeie ondersoekers (Feingold, 1984; Louw, 1988a) gee te kenne dat die permanente voortsetting van 'n beroep nie gewaarborg kan word nie en dat dit 'n natuurlike verskynsel is dat gevestigde beroepe soms verdwyn.

Die soort som-zero-manifestasie hou primer verband met twee nou ineengeskakelde faktore wat mettertyd in die verloop van 'n beroep kan ontwikkel, naamlik 'n verandering oor die jare in die gemeenskap se behoeftes aan die een kant en die bevoegdheidsvermoe by beroepe om aan

die veranderende behoeftes te kan voldoen aan die ander kant. Hierbenewens is daar ook baie maal mededingende beroepe, wat as gevolg van groter wordende bevoegdheide, tesame met politieke en juridiese sanksionering en effektiewe bemarkingstrategiee, as substituuትeroepe by die vroeere gevestigde beroepe oorneem (Louw, 1991). Dit is duidelik dat Wet 56 van 1974 nie die dinamiese verandering, groei en selfstandigheid wat dit ten doel gehad het en wat baie maal as 'n voldoende feit aan die publiek en selfs die psigoloog voorgehou is, vir die Suid-Afrikaanse psigologie gebring het nie. Die stagnasie en negatiwiteit wat veral sedert 1974 ingetree het, regverdig in 'n groot mate die klassifikasie van die psigologie as 'n terminale beroep (Louw, 1991; Robbertze & Stahmer, 1987; SAPA-Pirsa Congress, 1978).

'n Kritiese ontleding van die literatuur hier ter plaatse toon dat daar nog altyd reaksie was op die onbevredigende situasie waarin die Suid-Afrikaanse psigoloog hom/haar sedert 1900 bevind. Die reaksie, hoewel skynbaar net deur 'n klein groepie psigoloe getoon, dui aan die ander kant daarop dat die beroepsstagnasie en -negatiwiteit wat veral in die vyftigerjare begin intree het en nou besig is om 'n hoogtepunt te bereik, nie noodwendig 'n afsterf van die psigologie as 'n professie impliseer nie. In die verband is dit belangrik om op die onlangse ondersoek van Louw (1988a), getitel **Towards a general model of the professionalization of psychology** te let. Louw (1988a) se navorsing dui daarop dat professionalisering 'n meer komplekse proses is as wat baie maal in die literatuur weerspieel word. Verskeie fundamentele aspekte word nie in die omskrywing daarvan in berekening gebring nie. Tradisionele definisies oor die professionaliseringsproses van die psigologie, soos die deur Ebersohn (1983) geformuleer, is dus ontoereikend en ontoepaslik. Louw (1988a) se ondersoek dui byvoorbeeld daarop dat vier ondersoekers (Camfield, 1973; Geuter, 1984; Napoli, 1975; Van Strien, 1986 en 1987), anders as Ebersohn (1983) wat vyf stadia aantoon, tussen ses en elf stadia of dimensies in die professionaliseringsproses van die psigologie identifiseer. Drie van hierdie ondersoekers (Camfield, 1973; Napoli, 1975; Van Strien, 1986 en 1987) identifiseer twee tot drie verdere stadia of dimensies in die professionaliseringsontwikkeling as Ebersohn (1983) se siklus. In die lig van die bevinding van Louw (1988a) kan daar dus aangevoer word dat die Suid-Afrikaanse psigologie se professionaliseringsgang steeds aan die ontwikkel is. Verskeie nuwe dinamiese tendense in die professionele profiel daarvan kan dus nog in die toekoms manifesteer. Die huidige situasie, hoe ongunstig ook al, moet dus, aan die hand van die nuwe feite, nie as 'n finale of 'n terminale stadium geïnterpreteer word nie, maar hoogstens as 'n gevoerde voorfase in die psigoloog se professionaliseringsgang.

In die lig van die voorafgaande wil dit dus voorkom asof die Suid-Afrikaanse psigologie, ongeag oenskynlike bewyse daarteen, in werklikheid steeds as 'n

professie aan die ontwikkel is en nog verskeie verdere stadia sal moet deurmaak alvorens dit as 'n volwaardige professie erken sal kan word. Die huidige stagnasie kan dus nie as ware terminaliteit van die psigologie gesien word nie. Die Suid-Afrikaanse psigologie moet eerder as 'n beroep-in-krisis as 'n terminale beroep beskryf word. Dit wil se 'n beroep wat negatiewe eienskappe manifesteer wat verband hou met terminaliteit, maar terselfdertyd ook positiewe eienskappe vertoon wat dui op moontlike ongekende groei, mits sekere stappe geneem word om dit te stimuleer. Die situasie van onvoldoende juridiese en ekonomiese beskerming, nuwe samelewingsbehoefes met betrekking tot gesondheid, beroepsvermoe, ensovoorts, skep tans 'n ideale geleentheid tot intense ontwikkeling en veranderinge (Brevis, 1982; Louw, 1991).

Dit is belangrik om daarop te let dat die psigologie, om terminaliteit te ontsnap, in 'n wedloop teen die tyd is. Veral die huidige Suid-Afrikaanse sosio-ekonomiese en politieke milieu vra ingryping en verandering. Die psigologie is in 'n krisis en sal moet verander. Die Suid-Afrikaanse psigologie het hoogstens twee jaar om sy professionele situasie in oenskou te neem en verbeteringe daar te stel. Dit beteken geensins dat alles in die tydperk glad gaan verloop nie. Spanninge, terugslae, opskortings, dooiepunte, oor begin, opbou, konsensus en nuwe besluitneming en konflik is alles deel van 'n proses van ontwikkeling. Die gebeure is egter sekonder en tydelik. Verandering bly die belangrikste en die uiteindelijke doelstelling.

'n Ware beroepswedergeboorte van die Suid-Afrikaanse psigologie is egter net moontlik indien die psigologie-professie sy huidige beroepsdilemma en -nood insien en die toekoms met gerigtheid, dinamiek en verantwoordelikheid aanpak. Die psigologie word bevoordeel deurdat 'n wereldwye begeerte bestaan om die huidige modelle van die algemene gesondheidsorgbeoefenaars sowel as die geestesgesondheidsorgbeoefenaars te verander. Verandering is dus veel makliker as wat baie maal besef word omdat eksterne kragte momentum aan die psigoloog se wedergeboorte gee. Die psigoloog self moet oortuig word dat sy/hy kan en moet verander. 'n Kritiese perspektief van sy beroepsmodel en -kurrikulum is dus noodsaaklik en onvermydelik. In so 'n proses is duidelike kollektiewe riglyne, doelwitte en georganiseerde insette deur al die Suid-Afrikaanse psigoloe te alle tye 'n absolute vereiste.

EVALUERINGS-PERSPEKTIEF.

Strategie tot verandering.

Daar is verskeie aspekte wat dringende aandag verdien indien die psigologie in die toekoms 'n prominente geestesgesondheidsorgberoep wil word.

Voorbeelde van die aspekte is die desentralisasie van gesag in gesondheidsorg, die beroepshergroepering van die psigoloog, die psigoloog se betrokkenheid by die politieke en interkulturele situasie, die uitbreiding van psigologiese dienste, die problematiek van psigologiese dienstekoste vir die Staat, gebrekkige groep- en leierskapsontwikkeling en die ontoereikende bemerking van die psigoloog. Sentraal tot die problematiek blyk egter 'n dringende behoefte aan 'n gewysigde of nuwe beroeps-, kurrikulum- en beheerodel (Louw, 1991).

Die voorafgaande dui op 'n komplekse situasie en vereis 'n eiesoortige benadering ter wille van 'n oplossing. Inderdaad kan van 'n strategie tot verandering gepraat word. Inherent aan die strategie is 'n gewysigde of nuwe model wat moontlik die psigoloog se toekomstige posisie as 'n gesondheidsorgbeoefenaar kan verseker.

By die wysiging of die ontwikkeling van 'n nuwe beroepsmodel en kurrikulum van 'n professie is dit nodig dat sekere aspekte om die situasie vooraf in perspektief geplaas word. Eerstens moet besef word dat beroepsmodel- en kurrikulumontwikkeling onafskeidbaar is. In der waarheid moet dit as een proses gesien word. In die psigoloog se geval sal 'n kurrikulumwysiging of verandering ook 'n beroepsmodelwysiging en -verandering tot gevolg he en vice versa. Tweedens moet daar besef word dat die beroepsmodel- of kurrikulumontwikkeling van die psigoloog (dit wil sê die ontwerp, implementering en evaluering) 'n selfstandige en wetenskaplik-volwaardige studie is wat nie bloot op die menings, gevoelens en idee van enkele leiers of subgroepe in die psigologie-gemeenskap gebaseer kan word nie. Dit verklaar waarom pogings in 1980 en 1987 om 'n verandering te bring, misluk het. Dit verklaar waarom daar so min vordering gemaak word deur die huidige SVSA-taakgroep wat riglyne moet stel vir die psigoloog se opleiding (Aanbeveling vir 1987; Nel, 1985a & 1985b; Van der Westhuizen, 1987a & 1987b; VKSV, 1980).

Beroepsmodel- en kurrikulumontwikkeling kan slegs geskied na 'n volwaardige situasie-analise van die bestaande model en dan slegs indien al die meningsvormers daarby betrokke ten volle geraadpleeg is. Derdens moet daarop gewys word dat beroepsmodel- en kurrikulumontwikkeling 'n lang en kontinue proses is (en nie in twee of drie jaar, soos tans deur die SVSA-taakgroep geglo word, afgehandel kan word nie). Die proses gaan nie net 'n aanvang neem en eindig by die situasie-analise van die teenswoordige psigologie-beroepsmodel en -kurrikulum nie. 'n Situasie-analise is slegs die eerste stap in 'n beroepsmodel- en kurrikulumontwikkelingsiklus. Beroepsmodel- sowel as kurrikulumontwikkeling is sikliese gebeure. Hersiening of vernuwing kan by enige handeling of proses in die model- of

kurrikulumsiklus spontaan ontstaan of ingevoer word. So kan daar byvoorbeeld besluit word dat die inhoud van 'n vak of tegniek anders georden moet word of dat sekere nuwe bevoegdhede en opleiding deur die psigoloog nagestreef moet word. Sulke wysigings sal uiteindelik ook die kurrikulum of model verander. *Per se* beteken dit dus dat 'n model en kurrikulum sistematies oor 'n tydperk uitgetoets word en nie sommer lukraak ingevoer word nie. Navorsing dui daarop dat (in die opleidingsituasie) 'n volledige sistematiese uittoetsiklus van 'n kurrikulum so lank as nege jaar kan duur, terwyl die implementering van die finale kurrikulum minstens 'n verdere twee jaar in beslag kan neem (Mostert, 1986a; 1986b).

Wat die aspek van beroepsmodel- en kurrikulumontwikkeling vir die psigologie in die toekoms betref, kan daar nuttig gebruik gemaak word van 'n RGN-ondersoek onder die leiding van J.H. Mostert (1986a en 1986b). In die ondersoek, getitel **Riglyne vir kurrikulumontuikking**, word daar riglyne gestel wat in vele opsigte ook op die psigologie van toepassing is.

'N ONVERMYDELIKE HERVORMINGSAKSIE.

Dit is duidelik dat die psigoloog alhier voor 'n onvermydelike hervormingsaksie van sy beroepsmodel, -sisteem en -kurrikulum te staan gekom het. So 'n hervorming gaan nie bloot volgehoue en voortdurende betrokkenheid van die psigologie-professie vra nie, maar groter impak hê deurdat dit 'n permanente wegbeweeg van die ou model, sisteem en kurrikulum sal wees. Jordaan & Jordaan (1989) wys daarop dat hervorming nie iets is wat in klein inkremente plaasvind nie. Dit is dinamies en verreikend - hervorming is onomkeerbaar - 'n enkelkaartjie na 'n bestemming en nie 'n pendelaarskaartjie waarmee heen en terug gereis kan word nie. Dit is dus duidelik dat die Suid-Afrikaanse psigologie sy/haar toekomstige ontwikkeling, anders as in die verlede, deurdag en wys sal moet beplan. Kriegler (1990) voorsitter van die SVSA-taakgroep wat ondersoek instel na alle aspekte rakende die huidige asook toekomstige opleiding van psigoloe in Suid-Afrika, stel 'n riglyn as sy sê: "... any proposed remedies will be futile if one starts off without a proper diagnosis, as any attempt to list the ills besetting psychology demonstrates clearly that none of them can be diagnosed or remedied in isolation. In my view only a comprehensive analysis of every aspect of psychology in South Africa will lead to meaningful change." (p4). Deeglike voorafkennis en -beplanning is nodig voordat 'n gewysigde of 'n nuwe model en sisteem oorweeg en ontwikkel kan word. Voorafkennis en -beplanning kan, soos alreeds uitgestip, slegs op een wyse verkry word, naamlik deur 'n situasie-analise. Dit wil sê 'n ware ondersoek waar daar ten volle aan al die empiriese voorvereistes voldoen word.

Tot nou was daar geen sprake van 'n beroepsevaluasie by enigen van die gesondheidsorgberoepes by die SAGTR geregistreer nie. Slegs ten opsigte van die geassosieerde (alternatiewe) gesondheidsorgberoepes, te wete die chiropraktisyne en homeopate, was daar in 1983 'n empiriese ondersoek deur die RGN (Steenekamp, 1984).

SITUASIE-ANALISE.

In gesofistikeerde beroepsmodel- en kurrikulumontwikkeling is situasie-analise of behoeftebepaling die eerste stap wat vir die hersiening, wysiging of vernuwing daarvan vereis word. 'n Beplande en verantwoorde situasie-analise is dus onvermydelik en essensieel vir die Suid-Afrikaanse psigologie. Dit word aanbeveel dat dit so spoedig moontlik aangepak word.

Die aspekte van 'n model wat geëvalueer moet word, is uiteraard, soos hierdie ondersoek aangetoon het, omvangryk. Die situasie mag dus daartoe lei dat alle inligting rakende alle aspekte nie ingesamel kan word nie. Daar is egter twee fasette ten opsigte van die model en sy kurrikulum wat altyd ten volle geëvalueer moet word, te wete die doeltreffendheid en die aanvaarbaarheid daarvan. (Met doeltreffendheid word bedoel die mate waarin daar op 'n realistiese wyse aan die gebruiker van 'n professionele model se diens se behoeftes voldoen is, terwyl aanvaarbaarheid daarop dui dat die beroepsmodel aanvaarbaar vir sowel die gebruiker as beoefenaar is)(Mostert, 1986a; 1986b).

Evalueringsmiddels, -tegnieke en -benaderings is van die allergrootste belang in situasie-analise. 'n Partikulere beskouing deur byvoorbeeld net die beoefenaars oor die beslaagdheid van 'n model is nie voldoende om as 'n wetenskaplike uitspraak te dien nie. Verskeie middels en tegnieke kan benut word in die verkryging van data rakende die huidige asook toekomstige psigologie-beroepsmodel, byvoorbeeld die gebruik van persoonlike onderhoude, vraelyste, evalueringskonferensies, groepsbesprekings en die beskrywing van die modelkonteks en -prosesse aan die hand van 'n omvattende literatuurstudie. Vir die situasie-analise en evaluering van die psigologiemodel en kurrikulum word vraelyste en gestruktureerde onderhoude aanbeveel. Wat betref die benaderingsaspekte van die teikengroepe wat die situasie-analise van die psigologiemodel en -kurrikulum moet maak, is daar drie moontlikhede, te wete:

- a) 'n internasionale benadering (een wat gerig is op die hele wereld se mense, veral die in ontwikkelde Westerse lande);
- b) 'n nasionale benadering (een wat slegs tot Suid-Afrika beperk is); en
- c) 'n partikulere benadering (een wat gerig is op geïdentifiseerde groepe) (Mostert, 1986a; 1986b).

In die lig van die feit dat die internasionale benadering primêr in die verlede in Suid-Afrika sonder grootskaalse sukses nagevolg is, is dit belangrik dat in 'n toekomstige evaluering van die psigologiemodel daar in hoofsaak berus word by 'n nasionale en partikulêre benadering, dit wil sê een waar die eiesoortigheid van die RSA se inwoners voorkeur geniet.

'n Evaluerings- of situasie-analise van die psigoloog as gesondheidsorgbeoefenaar gaan 'n duur proses wees wat vanaf owerheidskant of die psigologie-beroep moontlik nie ondersteun gaan of kan word nie. Reaksie daarop vanaf psigologie - en nie sonder rede nie - word alreeds gemanifesteer, soos Kriegler (1990) terdee uitwys: "Obviously such an investigation in South Africa is going to be a large-scale and time-consuming undertaking. The organisational, data-collecting, integrating and disseminating tasks involved transcend PASA's present infrastructural system and manpower which raises the question who is going to pay for it all?" (p4). Situasie-analise is egter 'n noodsaaklike en onvermydelike stap vir 'n effektiewe geestesgesondheidsorgprogram vir die toekoms. Enige gesondheidsorgberoep, -owerheid of opleidingsinstansie wat die fundamentele vereiste verontagsaam of verwaarloos, stel die gesondheid en welsyn van sy samelewing in gevaar. Ten einde die koste-aspek en mannekragprobleem verbonde aan so 'n ondersoek die hoof te bied, word dit aanbeveel dat dit as 'n magister- en doktorsale studie-onderwerp vir studente in die psigologie aan verskillende universiteite voorgeskryf word. Vir die doel kan die land in verskillende streke of gebiede ingedeel word en kan daar oor ideologiese, ekonomiese, sosiale, kulturele, etniese, politieke en demografiese eise, voorkeure en behoeftes heen 'n magdom wetenskaplike gegewens met ongeveer ses magister/doktorsale studies gegenereer word. Die gegewens kan weer in 'n finale situasie-analise saamgevat word. Hierdie ondersoeksaanslag sal nie net lei tot 'n verlaging in die koste nie, maar kan ook daartoe lei dat 'n breet omvattende en wetenskaplikverantwoordbare ondersoek binne die bestek van twee of drie jaar na die loodsing van die projek, verkry kan word.

TEIKENGROEPE EN -PERSONE.

Keuse-kompleksiteit.

Die uitkies en samestelling van 'n beroepsmodel en -kurrikulum word gekompliseer deur die pluraliteit van doel-, behoefte en waarde-ingesteldhede wat daaromtrent in 'n samelewing heers. Die unieke Suid-Afrikaanse situasie maak pluraliteit 'n prominente probleem. Die spesifieke ideologiese, ekonomiese, sosiale, politieke, demografiese, wetenskaplike en tegnologiese voorkeure, behoeftes en eise van mense speel 'n rol. Die gevolg is dat

teenstrydige aansprake en sienings oor watter model en kurrikulum die toepaslikste of effektiwste vir die professie is, ontstaan. Die situasie word verder gekompliseer deurdat die uitkies- en samestellingsproses van die model of sy kurrikulum blootgestel is aan 'n omvangryke stel dwangmatighede uit die totale Suid-Afrikaanse sosiale bestel in 'n tydperk van snelle verandering. Veranderings in staatkundige, politieke, ideologiese, institusionele, wetenskaplike, tegnologiese, kulturele, religieuse, menslike, intermenslike en ekonomiese sferes oefen afsonderlike en gesamentlik invloede uit waarvan die uitkies van die model nie kan weggom nie. Die veranderings in menslike waardes, behoeftes, eise en verwagtinge beïnvloed die uitkies van die model, hetsy op die kort- of langtermyn (Louw, 1991; Mostert, 1986a; 1986b).

Wat die psigologiemodel betref, is dit noodsaaklik dat die gedifferensieerdheid van die inwoners se lewens- en beroepsbehoefte en -beskouings daarin vergestalt word. Vier determinante of bepalers by evaluasie, almal in interaksie en interafhanklik van mekaar, is identifiseerbaar, te wete die gebruiker, die beoefenaar, die Staat, en die opleier. Die determinante moet in hulle verhouding tot mekaar beskou word. 'n Bree, demokratiese inspraak deur al vier die determinante eerder as een enkele bepaler, is essensieel.

Dit is belangrik om daarop te let dat daar in Suid-Afrika in die verlede by die instelling en ontwikkeling van professionele beroepsmodelle, soos ook wereldwyd, uitsluitlik by die mannekragaanvraag daarvoor berus is. In die geval is daar eksklusief van die mening van die beoefenaar van die professie gebruik gemaak. Behalwe dat die gebruiker van die diens misken is, is die koste van die opleiding en die instandhouding van so 'n professie totaal geïgnoreer of bloot afgemaak as die plig of probleem van die Staat. (Dreijmanis, 1988; Psacharopoulos, 1987). Daar word vandag besef dat die koste-aspek primêr gestel moet word. In Suid-Afrika het die ekonomiese situasie van die land nie net die laaste dekade ernstig verswak nie, maar is die onmiddellike toekomstige situasie nie rooskleurig nie. Daar moet besef word dat beskikbare bronne beperk is. Suid-Afrika is 'n Derde Wereldland. Die per capita-inkomste is 'n sewende van die van ontwikkelende lande. Die land is in dieselfde ekonomiese klas as Joego-Slawie, Mexiko, Maleisie, Portugal, Uruguay, Chili en Brasilië. Tans word Amerikaanse opleidingsmodelle nagestreef sonder dat oor die land se rykdom beskik word (Booyens, 1989; Graham, 1988; Moulder, 1988).

Dit is dus van kardinale belang dat by enige moontlike model- of kurrikulumontwikkeling of -verandering van die psigoloog daar primer gelet moet word op fondse wat beskikbaar is vir die opleiding van die persoon

asook fondse beskikbaar gestel deur die Staat, mediese fondse en die gebruikers van die diens aan die persoon om hom/haar ekonomieslewensvatbaar in diens te hou. Eers nadat aan hierdie voorwaardes voldoen is, kan die behoeftes van die publiek en ander gebruikers, die beoefenaars en die opleiers in oenskou geneem word en konsensus bereik word.

Wat die koste-aspek van opleiding betref, is dit belangrik dat die psigoloog sal let op die aard en bevoegdheid van sy opleiding. Navorsing dui daarop dat te veel studente 'n algemene geesteswetenskaplike opleiding in Suid-Afrika kry (die BA-graad byvoorbeeld, wat die voedingsbron van die psigologie is). Dit lei tot 'n oorbeskikbaarheid van 'n nie-gerigte soort mannekrag. Die uiteinde is nie net swakker indiensnemingsgeleenthede en besoldiging vir die groep nie, maar swakker bevoegdhede en dus 'n laer aanvraag. Werkloosheid is nie uitgesluit nie (Dreijmanis, 1988; Garson, 1988). Dr Piet van der Merwe, 'n direkteur-generaal van Mannekrag, wys op die ineengevlegtheid van werkloosheid, misopleiding en eksklusiewe arbeidsmannekragaanvraag as hy sê: "This resulted in a large percentage of new entrants to the labour market without vocational qualifications or skills, causing disharmony between what the schools deliver and what the labour market needs", ... "Where a lack of sufficient career-orientated training can contribute to unemployment, it can equally be caused by forms of education and training for which there is no market." (in Chalmers, 1988, p13) Die koste-aspek van opleiding is vandag, veral gesien van die owerheid se kant wat dit moet finansier, te duur om die student enige algemene tersiere opleiding te laat deurloop alvorens 'n gerigte professionele opleiding aangedurf word. Algemene opleiding mag twintig, dertig jaar gelede toepaslik gewees het, maar vandag is dit uitgedien (Garson, 1988).

Daar is wel tekens van 'n wegbeweeg van 'n algemene kurrikulumbenadering deurdat psigologie alreeds gerigt in die fakulteite Natuurwetenskappe, Ekonomiese Wetenskappe en Opvoedkunde opgelei word. Die tuisfakulteite blyk egter steeds die Lettere en Wysbegeerte te wees waar die oorgrote getal studente opgelei word. Dit is 'n kritiese vraag op die stadium of dit in die psigologie se belang is om bloot om tradisionele redes 'n assosiasie met die Lettere en Wysbegeerte te handhaaf en of dit nie beter sal wees om eerder aansluiting by die Natuur- en Mediese Wetenskappe te probeer vind nie. Wat die huidige subsidiering van studie deur die Staat en moontlik ook die private sektor betref, mag dit vir die psigologie finansiële voordele op die langtermyn inhou (Hollister, 1977; Langenhoven, 1986; Mechanic, 1978; Mowbray & Rodger, 1970; Robbertze, 1974; Rowe, 1983).

In die lig van die voorafgaande is dit dus belangrik om krities te let op teikengroepe en -persone wat betrek moet word by die toekomstige ontwikkeling van moontlike psigologiemodelle.

Die individuele gebruiker en groepgebruiker.

'n Aspek wat al meer in gesondheidsorgbeoefening na vore tree, is die primere rol wat die individuele gebruiker sowel as die groepgebruiker te speel het; hetsy in onder andere die aard van die diens verlang, die beoefenaar se professionele regte en voorregte, die aard van sy opleiding en die koste verbonde aan so 'n diens. In die bree gesien, het die definiering van die gesondheidsorgberoep tot dese hoofsaaklik berus by die menings en beskouings van die beoefenaars terwyl die bree publiek se mening buite rekening gelaat is. Die eensydigheid spruit enersyds uit die tradisionele siening van die beoefenaar as 'n onbetwiste kenner met 'n eksklusiewe mandaat om 'n professie te beoefen teenoor die publiek as leke. Andersyds, weer, hou dit verband met die eensydigheid om die gesondheidsorgmodelle van ander lande, omdat dit aldaar suksesvol was, onvoorwaardelik te aanvaar en slaafs in te voer (Louw, 1991).

Die voorafgaande benadering tot beroepsmodel-evaluering, omskrywing en -bepaling van gesondheidsorgberoep blyk onvolledig en ontoepaslik te wees. Eerstens, omdat die beroepsmodelle wat hiervolgens ontwikkel en geïmplementeer word, in hoofsaak net die beoefenaar daarvan pas. Tweedens, omdat die gesondheidsorgbehoefes en -probleme van lande totaal van mekaar verskil. Wat laasgenoemde aspek betref, was dit nog altyd foutief om die Suid-Afrikaanse gesondheidsorgsituasie in ooreenkoms met ander lande, veral die van Europa of Noord-Amerika, te bring. Dit is nie net die bevolkingsamestelling wat totaal anders is nie, maar eweneens die sosio-ekonomiese opset en die gesondheidsorgbehoefes (Bevis, 198; Fulop & Roemer, 1987; Graham, 1988; Joubert, 1989; Moulder, 1988; Todd, 1988).

Tans dra verskeie faktore by tot 'n hersiening van die tradisionele definisie en bepaling van die beroepsmodel en -kurrikulum van die psigoloog. Eerstens is daar die algemene milieuveranderings soos bevolkingsgroei, verlengde lewensduurte, gesondheidsorgversekering, staats- en private betrokkenheid by die finansiering en beheer van gesondheidsorg asook politieke evaluasie. Tweedens het die verbruiker van gesondheidsorg se verwagtinge en behoeftes verander en het die eise wat gestel word, tesame met 'n groter inspraak, eweneens vergroot (Bevis, 1982; Sinclair & Beaton, 1987). Daarby is die publiek as gebruiker geen leek meer nie. Die enorme kennis van die laaste dekade of twee het nie net tot die professies beperk gebly nie, maar 'n positiewe impak op die leke gehad sodat die persone meer kennis het van handeling en prosedures wat vroeër eksklusief beperk was tot die

beoefenaars van sulke professies (Louw, 1988a). Hierdie veranderinge oor die jare by die verbruiker van professionele dienste maak die hele proses van definiering en bepaling van gesondheidsorgberoepsmodelle kompleks en anders as 'n aantal jare gelede: "... what professionals are dealing with today is a community that views them and what they do in a light which is different to the way things were. The attitude that clients hold towards their doctor, their accountant, lawyer and architect has altered." (Sinclair & Beaton, 1987, p35).

Dit is ongelukkig so dat die veranderinge nie altyd tot die professionele beoefenaars deurgespyel het nie. Die gevolg is dat professionele beoefenaars hulself sowel as hulle onprofessies anders waarneem as wat die verbruiker hulle as professies waarneem en ag. Wat die professionele beoefenaar as hoogs professioneel ag of as 'n ideale model definieer, word baiekeer deur die verbruiker as onprofessies of as 'n onvoldoende model geag.

Die verbruiker se betrokkenheid by modeldefiniering is tans veel dieper en noodsaakliker as wat die deursnee professionele persoon skynbaar besef. Die betrokkenheid en inspraak beskryf Sinclair & Beaton (1987) soos volg: "By extension then, today's professional has to understand the values that clients hold; he must be sensitive to their wants and must provide the service that the community demands, not what he feels they should be given" (p35), en: "The key is in the mind of customer, the consumer, the user, of the service. It is their view, real and sometimes imagined that must prevail" (p53).

By die verdere ontwikkeling van professionele beroepsmodelle en kurrikulum is dit dus belangrik dat die voorkeurbehoefes en -eise van die samelewing in die toekoms ten volle erken en gerespekteer word. 'n Gesondheidsorgprofessie asook al die instansies en persone wat hierdie professie se opleiding bepaal of daarvoor verantwoordelik is, moet besef dat daar 'n verpligting teenoor die gemeenskap se behoeftes bestaan en dat hulle bereid moet wees tot die formulering van 'n nasionale beleid oor gesondheidsorg, hetsy in die algemeen of spesifiek. Die psigologie is hier geen uitsondering nie (Louw, 1991).

Enige beroepsmodel en -kurrikulumwysiging of -verandering wat die Suid-Afrikaanse psigoloog in die nabye toekoms gaan ondergaan, moet dus nie as 'n eksklusiewe keuse by die psigoloog of die gesondheidsorgowerheid berus nie, maar inklusief oorweeg word deur die individuele gebruikers sowel as groepegebruikers van psigologiese dienste en die se menings, opinies en behoeftes erken, oorweeg en implementeer. Geen professie se bevoegdheid, regte, voorregte en opleiding kan gedefinieer word sonder die insluiting van die breet gemeenskap se sienings en opinies nie. Die bestaan

van 'n professie is afhanklik van die goedkeuring en die effektiewe gebruik daarvan deur die gemeenskap. Primêr moet daar dus 'n behoefte aan die diens wees en behoort die diens hooggeag te word deur die verbruiker (Bevis, 1982; IOS, 1989).

In die keuse van individuele en groepsgebruikers moet daar eweneens oor kleur- en kultuurgrense geëvalueer word, terwyl plattelandse soel as stedelike gebruikers se mening ook verkry moet word.

Ander medebepalers.

Dit sal eensydig en foutief wees om slegs die verbruiker van psigologiese dienste by 'n evalueringsondersoek te betrek. Kooperatiewe evaluering en samewerking is essensieel. Primêr saam met die verbruiker as besluitnemer oor moontlike wysiging van die bestaande psigologie-beroepsmodel en -sisteem of die ontwikkeling van 'n nuwe psigologieberoepsmodel, is dit nodig om ook die tradisionele beoefenaar van psigologie, dit wil sê die psigoloog, se mening te evalueer. Twee mede-beoefenaars van psigologiese prosedures in gesondheidsorg, te wete die psigiater en geneesheer, moet ook by so 'n ondersoek betrek word. Ander medebetrokkenes by psigologiese dienste, soos die Staat en semi-staatsinstellings as finansierders van die opleiding van die psigoloog, statutere en professionele liggame wat regstreeks beheer oor die psigoloog uitoefen, te wete die Beroepsraad vir Sielkunde, die SAGTR, en die SVSA asook die opleidingsinstansies soos die universiteit, die hospitaal en die psigologiese kliniek, moet eweneens intensief geraadpleeg word (Louw, 1991).

SLOT.

In 'n *Nuwe Suid-Afrika* is 'n effektiewe en 'n toepaslike opleidings- en praktiseringsbenadering in geestesgesondheidsorg 'n dringende prioriteit. Die verdeeldheid en dwarstrekkery so eie aan die Suid-Afrikaanse psigologie oor die jare, moet beeindig word. Die Suid-Afrikaanse psigoloog kan haar/hom nie langer vir die oplossing van die probleme rondom haar/sy beroepsmodel en -kurrikulum verlaat op die subjektiewe, lukrake en outokratiese besluite van selfaangestelde en oningeligte enkelinge of subgroepe in die psigologie nie (Louw, 1991). Nell (1989) beskryf die situasie baie trefend: "South African psychology is a head with a deeply paralysed body. Decisions are taken at the highest level - by executive committees and professional boards without thorough democratic, consultation either with the public we intend to serve, or with the profession - which means not only registered psychologists in the PASA institutes, but also students of psychology at undergraduate and graduate level, and unregistered persons working as psychologists. The voice of the clients, as expressed through community organisations, women's

groups and trade unions, also need to be heard. Psychology as a profession is by nature consultative and non-authoritarian. But the many of the current ills of South African psychology stem directly from the incorporation of executive autocracy that has this disembodied head situation."(p27).

Besluitneming oor die psigoloog se toekomstige beroepsmodel en -kurrikulumbepaling, -vorming en -ontwikkeling deur slegs 'n eksklusiewe groepie psigoloe moet beeindig word. Slegs deur die gebruik van wetenskaplik-verantwoorde metodes en die demokratiese deelname van al die bepalers (gebruiker, beoefenaar, Staat en opleier) daarvan, kan daar gehoop word om 'n effektiewe en toepaslike geestesgesondheidsorgbeoefenaar vir 'n Toekomstige Suid-Afrika daar te stel. Hoe gouer die proses 'n aanvang neem, hoe gouer mag die besondere beoefenaar gevind word.

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Political violence and progressive academics

Book review

Manganyi, N C & du Toit (eds) (1990) **Political violence and the struggle in South Africa**. Johannesburg: Southern Book Publishers.

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Political violence and the struggle in South Africa (hereafter PVSA) was initiated by the "Political violence and health resources project" at Wits who brought together a number of psychologists and academics interested in other areas - criminology, law, anthropology, media studies, sociology, philosophy and human rights.

PVSA is a collection of thirteen essays reflecting on academic and professional discourses during the "time of the comrades" - from about 1984 to 1988. The binding theme is "the personal and professional involvement" of the contributors. The focus is not so much on political violence itself, but rather the way it is understood, analysed, and indeed, legitimised through various professional and academic discourses.

The "time of the comrades" was an era in South African society characterised by intense polarisation, when the primary concern of progressives was to

oppose in a variety of ways the apartheid system. Few areas of civil society remained unaffected by the intense conflict of this era - least of all academic and professional interest groups. PVSA is reflective of the effects of the "time of the comrades" on professional and intellectual life.

The mid-1980s were also characterised by the need to make a clear moral choice. Progressive academics defined themselves as supportive of a voteless and oppressed majority, and searched for ways to make a relevant and meaningful contribution to the process of social change. The main interest of PVSA to psychologists is likely to be the "reflective" pieces on how "progressive psychologists" have taken up the issue of political violence. These address the nature of "prevailing psychological discourses" and their usefulness in relation to understanding political violence. The book also addresses the adequacy of clinical practice and engages with the use to which psychological expertise has been put in the South African courtroom.

Political violence is by its very nature best dealt with in a multi-disciplinary way. Every case and form of political violence has a particular history, occurs within particular political contexts and touches on specific power relations. Political violence may be collective, or it may be individual action imbued with collective significance. In South Africa's recent history, political violence has been on centre stage in the struggle between the nationalist state and the liberation movement. For this reason the range of perspectives in PVSA stand out as perhaps the book's strongest feature. This review however focuses primarily on the psychological themes of PVSA, as well as discourses on political violence.

POLITICAL VIOLENCE AND PSYCHOLOGY.

Psychology has historically been quite limited in the contribution it has made to an understanding of political violence. The central reason is the narrow focus of psychology in the context of a phenomenon which clearly involves far more than internal psychological factors.

The implications of the particular focus of psychology is taken up in chapters 7, 8 and 9. Don Foster and Donald Skinner examine "victimology" and other discourses around detention while Leslie Swartz, Kerry Gibson and Sally Swartz reflect on the emergence of a progressive psychology in the context of state violence. The "discourse of damaging effects" in relation to children is dealt with in chapter 9 by Leslie Swartz and Ann Levett. These chapters deal with several common themes, albeit in slightly differing contexts. All three chapters show how the narrow focus of psychology manifests itself in an almost exclusive focus on the result of violence, in the form of psychological sequelae or "damage" caused. The primary concern with violence as a cause

of pathology or damage is linked in PVSA to a more general critique of positivist, or "mainstream" academic psychology, and reflects arguments previously presented in **Psychology in society**. Mainstream academic psychology has characteristically presented itself as neutral, objective and scientific; whilst at the same time remaining aloof from the political conflict around it, or indeed the political implications of its work. The "establishment" within psychology has thus largely avoided engaging with the issues thrown up by apartheid and political conflict in South African society.

But what of "Progressive psychology" which has defined itself primarily in opposition to the mainstream tradition in psychology? How has "progressive psychology" actually responded to the challenge of political violence? Has the approach of progressive psychology been substantially different from that of the "establishment" in opposition to which it is defined; and what has been the effect of the context (the time of the comrades) on the practice and theory of progressive psychology itself? It is in reflecting on these questions that the three chapters - particularly the contribution by Leslie Swartz, Kerry Gibson and Sally Swartz - are most interesting.

THE DISCOURSE OF STRESS.

Swartz, Gibson and Swartz argue that the question of the focus and methodology of psychology is centrally tied up to the "discourse of stress" and the notion of the "victim". Both mainstream and progressive psychology have relied heavily on the linear cause and effect model of stress, in attempting to explain the symptoms and effects of violence. This dominant model of stress, is however based on an asocial and decontextualised view of the individual. The assumption of the intentional individual as the basic unit of society and as the agent of social processes serves to limit consideration of social, political and historical factors in relation to political violence. This conception, they argue, has the subtle effect of individualising the experience and naturalising the social and political significance of violence.

The central problem with the linear stress model in the context of political violence is the "inevitable implication of this model that the stressor itself is of far less concern to psychologists than individual psychopathological responses". While criticising these "linear" notions of psychopathology, all three chapters admit to their utility in the context of state repression. These models offer widely accepted frameworks to demonstrate the negative effects of specific stressors and were thus functional in providing persuasive ammunition highlighting the "bad" aspects of the apartheid state. But as Swartz and Levett argue in relation to children, the metaphor of innocence and notions of passivity and helplessness, are in important ways misleading and problematic. A similar theme is developed by Foster and Skinner in

relation to detainees. They conclude by saying that the psychological discourse that has developed around the effects of detention "offers at best a partial and limited view of detention".

The other issues which are taken up in this reflective exercise relate to issues of power; criteria for the production of knowledge; and the pervasive issue of political "credibility".

POWER.

Swartz, Gibson and Swartz discuss the ways in which progressive psychology has attempted to avoid the conventional power relations within the therapeutic encounter. This search for a new relationship has proved difficult because of what they describe as: "the ambiguous situation implied by the dual notions of victim and of empowerment". This search for a new "empowering" relationship between psychologist and "client" has occurred largely within what is described as a "vacuum of information and research". The approaches described, such as the "democratisation of clinical practice", involve being aware of the power dynamics brought into the therapeutic encounter from the existing social order outside. Swartz et al argue that such concerns for greater "self-consciousness" on the part of the psychologists are no different from the concerns within mainstream clinical psychology and suggest that the issues of the criteria for the production of psychological knowledge are in fact more important.

The examination of these issues illustrates how the need for political "credibility" became perhaps the single most important criteria for successful research. This "credibility" in the context of political struggle and the criteria inherent to mainstream academia became, in a sense, conflicting sets of criteria for the production of psychological knowledge.

The concerns expressed by Swartz, Gibson and Swartz are firstly that this reliance on credibility may in fact effectively rule out debate on the merits of different approaches, or the validity of findings. Second is the absence of a well developed set of criteria for psychological knowledge within the paradigm of "progressive psychology", which differs in meaningful ways from the criteria used in mainstream academia. Seen from another angle the discourse of progressive psychology has developed primarily as an "anti-code" to mainstream psychology in the context of political struggle.

More broadly the chapters suggest quite fundamental questions about the nature of psychological intervention in the context of social conflict - which they do not really pursue. Perhaps the question that needs to be asked is: can psychology stand on its own as a distinct profession, given the need to be an

expert in social process and societal power relations in order to fashion the non-problematic psychological intervention? Or as is posed in PVSA: "what then defines mental health workers in the context of political violence, when the term (even in more progressive formulations) implies a focus on the individual?" In general the pieces are suggestive of the need for a psychological theory and practice which is more fundamentally social than those currently in use in the South African context. Concrete steps are taken in this direction by Foster and Skinner, who argue for a conception of the detention process which integrates a theory of intergroup relations.

TOWARDS A (MORE) SOCIAL PSYCHOLOGY.

Despite its name, "social psychology" has not historically played much of a role in examining and explaining social processes underlying political violence. This is due to the fact that like mainstream psychology it has been characterised by a conception of the "social" and the "individual" as separate domains, with the individual being given primacy as a source of social behaviour. Society-individual dualism in psychology is perhaps the core issue underlying the critiques of conventional psychology mentioned. After all it is the liberal humanist notion of the individual as an autonomous rational agent, which is one of the basic conceptual building blocks on which positivist psychological "science" is based.

A central theme throughout PVSA is that political violence is distinguished from other forms of violence by the specific social meaning or symbolic significance attached to it by groups of people. This includes a process of legitimisation for the injury and harm done on the one hand, and the representative character of the agents and targets of political violence on the other. Political violence is thus mediated by the specific intergroup discourse within which it occurs. This is perhaps the central reason for the conceptual weakness of many of the psychological models which attempt to understand the psychological process associated with being a "victim" of political violence.

The notion of political violence as an intergroup encounter is taken up by Foster and Skinner as well as Manganyi in relation to the detention experience and crowd action respectively. Social Identity Theory (as developed by Tajfel and Turner) seems to offer some potential as a model which helps explain many of the observable features of the process of political violence. Of course the origin of social identity theory is also to be found within an individualist and positivist psychological tradition, but in its developed form it may succeed in transcending a dualistic conception of social processes and thus provide a workable conceptual framework for grappling with political violence.

Manganyi's account of crowd action constitutes a response to individualist discourses or "neo-classical theory" (such as de-individuation theory) which have been widely used in expert evidence to attempt to explain the process leading to crowd violence - preferably in terms favourable to the individual accused. Manganyi suggests that the behaviour of the crowd needs to be re-theorised in line with a greater integration of the notions of "individual" and "society". We can thus conceptualise crowd behaviour in political contexts as primarily an intergroup phenomenon. Manganyi draws extensively on Reicher who argues in **Crowd behaviour as social action** that: "The evidence suggests that crowd events are uniquely social: they allow a glimpse of people's social understanding of themselves and their social world that is hidden among the concerns of everyday life".

This is contrasted with the conventional decontextualised view of crowd behaviour: "If the outgroup is ignored, violence cannot be understood as arising from a process of intergroup conflict. Instead it is attributed to the crowd itself. Thus the forms of nineteenth century class struggle are translated into generic characteristics of the crowd: the crowd is violent, it is destructive, it is pathological". Reicher suggests that social identity theory be harnessed in providing a more fully social account of crowd behaviour and that crowd violence be understood as social action. This is preferable to the social psychology in which the "social is all but absent and which is shamelessly ahistorical".

Manganyi thus suggests that de-individuation is a secondary manifestation of a more complex social reality - it is made possible because of the heightening of social identities.

DISCOURSES ON POLITICAL VIOLENCE.

du Toit conducts an in-depth examination of the nature of discourses on political violence. This discussion is instructive in relation to the psychological discourses on violence discussed above. The discussion has as its starting point the assertion that discourses on violence are unavoidably in the business of distinguishing legitimate violence from illegitimate violence - and du Toit seeks to examine the underlying reasons for this. Whether the discourses on violence are legitimist or claim to be neutral they tend to incorporate legitimist conceptions of violence into the very definition of violence itself. Thus, for example, some discourses invoke a definitional bias which implies that violence by the state is not violence at all.

du Toit outlines his project as "the development of a coherent and critical discourse on political violence, which would enable us to distinguish between

legitimate and illegitimate using generally well founded criteria in internally consistent ways". This search leads him to a discussion of the work of David Apter, which seems particularly relevant to the present situation in South Africa. Apter is concerned with "violence as a post-modern condition" and suggests that discourses of development, which claim to be scientific are nevertheless unable to satisfactorily account for the phenomenon of social marginalisation and violence. This phenomenon is apparently common to both first and third world contexts and involves increasing "polarisation, marginalisation, functional displacement, dispossession and with them a growing predisposition to violence in advanced industrial systems".

du Toit also briefly considers the notion of violence as discourse but does not pursue this line of thought. However if political violence is inevitably connected to a process of legitimating violence then the notion of violence as a discursive practice might have borne more consideration by du Toit. Indeed several other contributions in PVSA frame political violence as part of an intergroup discourse. At a number of points reference is made to the meaning and symbolism of political violence, as well as the representative character of the perpetrators and victims of such violence. It appears that it might be fruitful to explore the notion of political violence as a component of an intergroup discourse, thus examining its function in a way which does not get caught up in legitimist disputes.

Such a framework could also be extended to encompass phenomena which are not ordinarily viewed as political violence such as rape and domestic violence. While these types of violence differ significantly from collective violence in "political" contexts the common features and social implications suggest that there is a strong case for considering them as political violence. Such a discourse would no doubt serve to pose important questions in relation to the "treatment" of rape victims and the "individualisation" of the problem which is inherent to psychological discourses around rape, and which it could be argued serve to divert attention from the root causes of rape.

THE "NEW SOUTH AFRICA" AND THE STUDY OF VIOLENCE.

South Africa has changed in important ways since PVSA was written - inevitably giving the book a certain historical feel to it. The rapid political changes did not result in a decrease in political violence but rather changes in the nature of the conflicts in society. What are the implications of these changes for the study of violence?

It seems that the main feature of the post-February 1990 period has been a change in the nature of polarisation, with polar centres of power being replaced to a certain extent by uncertainty as a major factor in conflict.

Forms of conflict have become more complicated than the "us and them" of the time of the comrades. Professionals can no longer expect that large scale social change will bring an end to the dominant forms of violence. More so than "during the time of the comrades" it is clear that we need information about the conflicts which have surfaced as the bipolar conflict between oppressor and liberation movement has been channelled into negotiation and the arena of formal political competition.

These forms of conflict have reminded us how little we know of the lives and fears of many identifiable groups of South Africans, whom the years of apartheid have in a sense hidden from the concerns of committed academics. In the uncertainty of the violent outbreaks of the 1990s there is an urgent need to grapple with and understand the meaning of a range of intergroup conflicts - particularly those involving seemingly marginalised but powerful groupings such as hostel dwellers, white right-wingers and so on.

This transitional period has also opened up a whole host of new possibilities. The transition to a new democratic order involves a large number of complex transitional hurdles which relate to violence in that they involve the institutionalisation of forms of intergroup conflict and competition. Peace agreements, negotiation, facilitation, new forms of community based justice are all areas which come to mind. In addition we are faced with the enormous challenge of institutional change in key areas of society. On obvious case is that of the police force, which clearly requires substantial policy reformulation, re-training and a change of police culture and leadership in order to play a constructive role in relation to the maintenance of a newly negotiated social accord.

The reduction of polarisation at a political level may also have other challenging implications for the academic community. In a sense the harsh reality of the "time of the comrades" heightened critical awareness of the implications of certain professional and academic discourses. Will the more diffuse power relations of the new South Africa mean that critical reflection on the implications of such discourses becomes more difficult? The change in the political landscape has no doubt already reduced the need for political credibility. In fact many groups involved in research and monitoring of political violence have been grappling with the difficult process of "being politically independent". This new "set of criteria" is likely to have the effect of blurring the lines between "conventional" and "progressive" discourses, thus making it more difficult for groups like "progressive psychologists" to maintain a meaningful role and identity.

In conclusion I think that there are two more issues which the reading of PVSA raised for me, and which seem important for anyone who wants to contribute to the field:

1. How is the information about the way we think about violence communicated, and to whom?
2. What is the effect of "professional" pronouncements about violence on the actors themselves? Does academic discourse not tend to feed into the discourse of intergroup conflict in particular and important ways?

free associations

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In response to "white hands"

Book review

Nicholas, L and Cooper, S (eds) (1990) **Psychology and Apartheid: Essays on the struggle for psychology and the mind in South Africa**. Johannesburg: A Vision/Madiba Publication.

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Psychology and Apartheid, contains edited versions of some of the papers that were delivered at the Psychology and Apartheid Conference which was held at the University of the Western Cape in March 1989. The conference set out to articulate the ways in which psychology was used historically, in South Africa, to perpetuate domination of the majority by the minority white regime. The tone of the conference (and which is reflected in the book) was one of outrage, in the first instance, and an attempt, in the second to begin a discourse that would respond to the perceived needs of the majority of South Africans.

This objective is outlined in the preface of the book in the suggestion that the conference was a " ... landmark ... [which] explored the nexus between Apartheid and Psychology", and in the keynote address during which Bulhan describes the conference as a " ... special gathering of, by and for Black South African Psychologists" (p66). The conference and the book can therefore be regarded as a response to "white hands" - of all political

persuasions. I will return to the import of these pronouncements after briefly describing some of the specific issues raised in the book.

The book is divided equally into two parts. The first part concerns itself with the role of psychology (and psychologists) in South Africa. This role (of organized psychology) is seen as largely oppressive in nature. The gate-keepers of the profession are argued to be White, male and politically conservative. It is argued that these gate-keepers intentionally keep out those who are likely to challenge the status quo and perhaps more importantly, Blacks. While this might be true at one level of analysis it can also be argued that institutions in society (like universities) are charged with exactly that task. Marxists would argue that capital will dictate the nature and form of the reproduction of knowledge. This latter contention is not articulated by any of the authors in any detail. The reader is left with the feeling that all the authors' anger (and it is a very angry and emotive discourse that is used throughout the book) is directed at the individual white psychologist and their professional organs.

This latter suggestion finds some evidence in the comparison of "silences" in Seedat's contribution. He compares the themes covered in articles by the official publication of the Psychological Association of South Africa (PASA), and by the independently published **Psychology in society (PINS)**, and suggests that in both journals " ... mainstream psychology remains intact and firmly embedded within a decontextualized positivist framework" (p26). While this may be true of the official publication it does not ring true of **PINS** given Seedat's own findings (cf Table 2, p33). This table documents the extent to which the editors of **PINS** have succeeded in fulfilling their editorial policy, that is, " ... to critically explore and present ideas on the nature of psychology in apartheid and capitalist society ... (and) the nature and practice of psychology in South Africa". Seedat's comment on the fact that **PINS** represents yet another instance of the dominance of "White hands" is somewhat surprising given his membership of its editorial collective at least for part of the period that he reviewed.

The article by Bulhan, entitled "Afrocentric Psychology: Perspectives and practice", repeats in summary the major issues that he discusses in his book, **Frantz Fanon and the psychology of oppression** (1985), a review of which can be found in **PINS 11** (1988). Besides arguing for the need for psychologists to pursue a psychology that is systemic and relational he also argues that it be genuinely liberatory. He writes: " ... psychology must not only interpret an oppressive reality but help to change it." (p70).

The second part of the book is more difficult to label. It contains two largely theoretical papers, one by Butchart and Seedat (who employ social

contructionism to criticise mainstream theories in community psychology), and another by Nell (who uses Fanon's colonial hypothesis to understand the nature of oppression and violence in South Africa). There are also two empirical papers, one by Letlaka-Rennert (who reported on part of a larger project in which street-children were assessed for "placement in school amongst other things"), and one by Statman (who reported on the types of adjustment difficulties that Black students studying in the US experience). The other paper in this section is by Cooper reflecting on his experiences in South African prisons between 1971 and 1986 (as a consequence of his anti-state activities).

While **Psychology and Apartheid: Essays on the struggle for psychology and the mind in South Africa**, is considered a useful addition to the literature, it does not, despite the suggestions of the editors, create a new discourse. PINS, and the Organization for Appropriate Social Services in South Africa (OASSSA) have for many years been debating the issues raised by this collection. That **Psychology and Apartheid** raises important issues once again is to their credit. The issue of White males who are politically conservative being primarily involved in the reproduction of knowledge, and that even the progressive psychologists (involved in PINS, for example) are white (and for the most part, male) is a worthy observation. However in making sense of this observation the contributors to the book fail to coherently articulate its causes and potential solutions.

People and development

Book review

Dovey, K & de Jong, T (1990) **Developing people: A guide for educational, business and community organizations**. Grahamstown: Institute for social and individual development in Africa.

Claire Bless and Vernon Solomon
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The development imperatives facing South African society make this book, **Developing people** welcome for a range of people and organizations engaged in or contemplating development projects. It is written in an easy and accessible style and is designed to be a practical guide or development manual.

For a Social or Community Psychologist however, reading the book **Developing people** stimulates a storm of ideas, arguments and critiques. Already the title is provocative. Can people be developed, like they can be fed or housed? The authors of the book seem to think so since they mention in their INTRODUCTION their "experience over the past twenty years in the field of developing people", in particular "in the field of people development in South Africa." Let's hope it is just an unfortunate expression, and that we do share the same understanding that only people can develop themselves and that, from outside, one can at most provide them with a better opportunity,

better tools and a more conducive situation for self- development. Not more than that. Development is an inside job.

Chapters 1 and 2 seek to establish the theoretical framework for development work and offer a strategic plan for the management of development programmes. The remaining chapters 3 - 9 attempt to offer applications of the basic theory and strategy in a range of settings which include, organizations, work settings, sport, peer-tutoring, leadership and exchange programmes.

It is primarily the first two chapters, the theoretical base for the book, that require a critical focus. For what is development? Although, in Chapter 2, the authors emphasize the importance of evaluating and measuring, no definition of development, indicators and criteria to evaluate or measure the level of "development" can be found in their book. This of course leaves the reader somewhat perplexed. There are so many ways of looking at "development": of whom, for whom, decided by whom, with which aim and what result?

Later in the text, some of these questions are implicitly, but only partially answered. The authors consider " the creation of a just society, and the development of individuals within the society ... as a human responsibility." They have a vision of a society where " ... individuals should be encouraged to consider the nature of the work and its benefit to humankind rather than the privileges and status (or lack of these) that the "work identity" will give them for example, rubbish removers are as much a part of a total health service as are medical staff" (p.3).

The diffuse liberal ideology of the authors impregnates the whole book where a more scientific approach would have been more profitable. They identify for instance "four life tasks that individuals in any society must accomplish in order to feel satisfied with their lives" (p.2, our emphasis). These are the tasks of survival, of community, of identity and of meaning in life. Each task is vaguely described and one must question the relevance of such sweeping generalizations. The authors in general, fail to take into account the impact of culture on expectations, priorities, life style and content, development motivation, and so on, and this becomes apparent each time a list of strategies to achieve development is presented. In general, the authors use an unqualified system of values ("just society", "destructive values") and fail to give clear definitions of the key concepts on which the book is based.

The first chapter introducing the Theoretical Framework thus constitutes the weakest part of the book through its lack of precision, its superficiality and subjectivity. However, important concepts and principles are introduced and

these are deepened in the following chapters. Here again though, concepts and their relationships could have been much more clearly and simply presented and explained if the most essential concept in the field of community work, the group, would have been introduced. Here attention could profitably have been given to the individual as a member of a group and their dialectic relationship; group identity and cohesion; group status and role and group goal (all concepts of primary importance in studying issues of power and leadership, as attempted in Chapter 7); as well as processes of social responsibility; social facilitation and social loafing which have prime relevance for work efficiency and motivation.

The second chapter introduces the strategic management of people: development programmes. Essentially, this chapter gives simple and precise tools of analysis and procedure referred to as COSE, an acronym for Context, Objectives, Strategies, and Evaluation. Each step is then presented with a finer procedure and in relation with the other steps. For instance, the analysis of context can be done with aid of swot (analysis of internal Strengths and Weaknesses, as well as of external Opportunities and Threats). The development of adequate strategies could be facilitated by sessions of brainstorming, buzz group discussions, simulated discussions, role playing, and so on. The notion of action-research is introduced and the necessity to evaluate the degree of success by measuring some indicators is emphasized.

A notable omission from the first two chapters is any consideration of theories of and strategies for empowerment. This appears to be quite serious in a book devoted to contemporary development theory and initiatives. There is clearly a wealth of literature available on which these authors could have drawn.

The following chapters 3 to 9 present the application of the methods and principles discussed in chapter 2 in various fields as described above. The very detailed and practical treatments given here will be of great help for organizers in these fields. One could only have suggested that every chapter be followed by a short discussion of similar projects in the same field and how the programme could have been adapted. For instance, many communities might have been interested in adapting the peer-tutoring programme to an adult education programme, be it a literacy programme or a primary health programme. The importance of such programmes is undeniable and one has only to recall the attempts made in countries like Mozambique and Nicaragua to raise the level of functional literacy among adults through the tutoring of young pupils.

Many developing countries hold high on their agenda the development of leaders at all levels of society. In this sense, the topic of chapter 7,

"Leadership and its development", seems very well selected, yet appears to be significantly flawed. The understanding of what is power, and what is leadership requires greater thought than that given. The relation between these two concepts presupposes some understanding of firstly, the nature of power as related to the group (coercive, legitimate, expert, informational, referent, and so on). And secondly, of the function of leadership as related to the group of which the leader is a member; and thirdly, some characteristics of the group itself such as the properties of its members, its aim and the task for which a leader is necessary. As theory and research on leadership has shown (eg Fiedler, 1978), the properties of the optimal leader (thus also the formation or development of such a leader) are essentially and intimately related with all these characteristics. The presentation of this issue in the present book does not take this into serious consideration. For instance, it would have been valuable to contextualize the reinforcement of leadership qualities in terms of group process. This is evident in considering the fact that the best leader of a group is indeed a member of that group and thus has integrated (through his/her membership) the goals, interests, norms and values of that group, and moreover, that s/he is her/himself subjected to the pressure of the group, cohesion and demands on role and status. The status of leader of a particular group is based on her/his motivation to fulfill the goal of that group as well as on her/his individual characteristics which facilitate reaching the goal. A lot of the explanations and examples given in this chapter would have been much clearer if presented in the context of this type of background information. It would also have been helpful to develop methods for the identification and selection for further training and development of some people in a target community.

Because of its undeniable strength in guiding people involved in development projects, giving them a framework and good tools of analysis, and because also the variety of fields of application illustrated by the case studies, and finally the ease with which this book can be adapted to various aims, **Developing people** will undoubtedly be very welcome in a society like South Africa, blooming with development projects and expectations of democratic changes.

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Men: Still getting it wrong

Book review

Hearn, J & Morgan, D (Eds) (1990) **Men, masculinities and social theory**.
London: Unwin Hyman. ISBN: 0 04 445657 3 pbk.

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This edited volume provides an overview of the newly developing "critical study of men and masculinities" (also referred to as "the new men's studies" or "men's studies"), a field that is mushrooming in Britain and the United States. The book arises out of the 1988 Bradford conference entitled "Men, Masculinity and Social Theory" and held under the auspices of the British Sociological Association. Hearn and Morgan's worthwhile but problematic book charts the shaky beginnings of this fledgling academic field, its proponents often stumbling blindly into a minefield of contradictions, against the background of scathing critique from onlooking feminists.

The book is divided into four parts, and covers a broad range of issues. The first, entitled "Power and Domination", includes papers on men's exploitation of women (Hamner), patriarchy and fraternity (Remy), racism and black masculinity (Westwood), and men in organisations (Cockburn). Part two, entitled "Sexuality" contains papers on sexual dysfunctions, pornography and AIDS (Kimmel), as well as papers on homosexuality (Edwards) and

pornography (Brod). The third part is centred on the theme of "Identity and Perception", including chapters on gender identity (Thomas), psychoanalysis (Richards), perception (Duroche) and ethnomethodology (Coleman). The final part of the book contains three short responses to issues raised at the conference (Hearn and Morgan; Canaan and Griffin; and Siedler).

The field of men's studies appears at first glance to have a number of potential advantages, which are referred to by the editors on several occasions in the volume. Not the least of these is the possible contribution men's studies could make in extending the feminist project of theorising the operation of patriarchy both within social sciences (sociology in particular) and within the wider social order, and working towards the transformation of unequal social relations. The editors suggest that men's studies should serve as an ally of the women's movement. In principle, this makes a lot of sense. Men have to be drawn into the task of challenging and redefining oppressive gender relationships. In the long term this is not a task that can be achieved by women working on their own. In this sense the field has an important potential political agenda. Another possible advantage could be the important role that work on the social construction of masculinity might play in relation to a range of particular social problems, such as Aids, personal and political violence, resistance to attempts to challenge sexism in the workplace, and so on.

To what extent does the work represented in this book begin to realise the potentials hinted at above? This review will suggest that while most of the individual chapters are of intrinsic interest the volume as a whole lacks political coherence. Despite the author's skilful editorial contributions at various stages of the book, the volume as a whole shows little sign of leading to a coherent political project extending beyond the confines of academic social science.

On the whole, the purely theoretical chapters are neither particularly innovative or exciting. Barry Richards' application of Freudian theory to the current political cultures of the United States and Britain can only be described as disappointing for the reader who looks in vain for some suggestion of the way in which Richards' highly individualistic analysis relates to the broader social context. For example Richards' account of Ronald Reagan's preoccupation with nuclear warheads in terms of Reagan's personal experience of castration anxiety and Oedipal guilt is unsatisfyingly simplistic and psychologistic. Harry Brod's chapter on the other hand does attempt to theorise the interconnections between intimate personal experiences and large-scale historical and social structures. However his application of Marx's theory of alienation to men and pornography is also fairly mechanical and uninteresting.

The book is at its strongest in those contributions based on concrete case studies (eg. Cockburn, Westwood) or linked to clearly specified social issues (eg. Kimmel, Edwards). The most compelling case study is probably Cynthia Cockburn's account of the reproduction of male power within capitalist organisations. She provides an insightful account of the way in which a white male power system reproduces itself in a large British retail company, resisting interruption by Equal Opportunities Programmes. On the basis of the failure of many such programmes to achieve their aims, she cogently argues that it is not enough just to change the structures of power within organisations, but that Equal Opportunities activists have to devote far more attention to the parallel process of changing consciousness. Sallie Westwood's paper is also based on a case study - of black inner-city youth in a provincial English city. She presents detailed ethnographic evidence for the close interconnectedness of masculinity and ethnicity, arguing against the folly of postulating an essentialist category of "the masculine" that does not take the particularities of race and class into account.

While none of the papers deal with Aids in any detail, some chapters contain interesting starting points for the discussion of the role of socially constructed masculine sexual behaviour in the spread of the disease. For example, Michael Kimmel gives an interesting analysis of the "male sexual script" and its relationship to Aids (as well as pornography and so-called male "sexual dysfunction"). Surveys in the US indicate that despite campaigns and education programmes around Aids, relatively few men have changed their sexual practices. Kimmel comments that the notion of "safe sex" (involving a reduced number of sexual partners, the avoidance of casual sexual encounters, the use of condoms) runs counter to male socialisation: "In short, safe sex programmes encourage men to stop having sex like men" (p106). The task of educating men about safer sex cannot avoid confronting the issue of masculinity. For Kimmel, many Aids patients have simply been "over-conformists to destructive norms of male behaviour" (p109).

In another interesting paper Tim Edwards points to the limitations of existing attempts to theorise homosexuality. His paper consists of an investigation of the relationship between homosexuality and masculinity, based on his account of the history of the male gay movement in the past 20 years. He traces the way in which dichotomies such as sex/gender, nature/culture, psychology/sociology and biology/history have limited the understanding of male experience, and calls for renewed attempts to develop theories that do not fall into the trap of "dualistic discourse".

Perhaps the most interesting aspect of the book as a whole is the critique of the field of men's studies by feminists at the conference. Are the proponents

of men's studies interested in challenging oppressive and destructive social relationships? Or are they simply yet another sub-field of apolitical "malestream" academic sociology?

In a hard-hitting paper Julna Hamner is pessimistic about the potential of the field of men's studies. She identifies this field of study as one more example of "how men gain, maintain and use power to subordinate women" (p37). She claims that in its present state, men's studies merely provides a forum for men to write self-serving apologia, framed within inadequate theoretical perspectives, and addressing a restricted range of questions. Through their failure to adequately attack and expose the roots of male power and domination these questions are ultimately conservative in nature.

Joyce Canaan and Christine Griffin voice skepticism about the sudden growth of this field of study in Britain, suggesting that perhaps this new field is nothing more than an "easy option" for academic men. They comment that men were conspicuous by their absence in the early years of bitter struggle as feminist academics laid themselves (and often their careers) on the line in challenging the hetero-patriarchal social science establishment. They are suspicious of the timing of the emergence of this field of study at a time in Britain where academic jobs and research funding are scarce, and where university researchers are desperately casting around for new sources of potential research, publishing deals and jobs.

Furthermore, Canaan and Griffin point to the coincidence of the rise of men's studies at a time when the women's movement is (more than ever before) developing international links and momentum, as well as a more sophisticated analysis of the relationship between gender and capitalism, racism, imperialism and so on. They worry that men's studies' narrow focus on masculinity could serve to once again restrict the political gender agenda in a retrogressive way. With the fierce competition for research funding in Britain in the current atmosphere of cutbacks and political conservatism, they fear that funding agencies may prefer to fund the less challenging area of "men's studies" under the guise of supporting research on gender oppression - at the expense of feminist researchers whose work is more radical.

The lack of political consciousness of certain of the contributors at the conference also comes under fire from feminists. In a scathingly delivered anecdote Canaan and Griffin quote one of the conference's workshop convenors who allegedly informed conference participants that politics and sociology should not mix. It would be unfair in the extreme to generalise this embarrassing lack of political sense to all the conference contributors, many of whom clearly have a sophisticated understanding of the political nature of

the social sciences. The very possibility of such a statement being made at a conference of this nature, however, points to the huge amount of homework the founding fathers of the new field need to do in conscientising its proponents and clarifying its political objectives before it can live up to its aim to serve as an ally of feminism.

As several feminist contributors to the book point out, feminism is primarily a political movement, one whose ultimate concern is the transformation of oppressive power relationships. The precise relevance of the field of men's studies as represented in this volume to this ultimate practical political concern remains unclear. This volume serves as an exciting starting point in that it highlights the wide range of challenges facing the field of men's studies. However much work remains to be done if its proponents are genuine in their concern to establish a field that breaks away from the apolitical, conservative and overwhelmingly hetero-patriarchal nature of the academic establishment.

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CONTRIBUTIONS

Psychology in society (PINS) 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.

The editorial collective welcomes contributions which will develop debate on psychology and psychological issues in South Africa. In addition to articles and book reviews, short discussions on previously published material or on issues of the moment will be encouraged. Authors are required to use non-sexist and non-racist conventions in their contributions. Articles should not normally exceed 6000 words in length. And book reviews, unless they are review articles, should not exceed 1500 words.

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The APA or the Harvard system of referencing is preferred. The list of references, in alphabetical order and **not** numbered, should follow immediately after the end of the article. Footnotes should be kept to a minimum and where possible should appear at the end of the article before the reference list. Prospective contributors should initially send three copies of any piece, including a clear original. Authors are encouraged to submit their work, **once accepted for publication**, on an IBM compatible disc, together with **one** printed copy. These will not be returned.

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