

Department of Psychology

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Inside this Issue

Vanaf die Voorsitter se stoel	2
100% Doctorated Staff Members in the Psychology Department!	3
PAM programme helps manage anxiety in children with visual impairments	4
Caring Universities	5
Auschwitz: Place of horror	6
Mental health recovery programmes of The Spring Foundation at Lentegeur Hospital in Mitchells Plain	8
Living with invisible pain - doctors and patients march for Endometriosis awareness	9
Special Interest Group: Global perspectives on Psychogenic Non-Epileptic Seizures (PNES): Research and clinical experiences across countries and cultures	10
“Puppies vir ons stres”	11
Doing capacity building in the Gaza Strip	12
Picturing sexuality	14
Vocational training and soccer as public health interventions	16
Beautiful Life Training & Community Development Association	18
Delegation to Leipzig University	19



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Vanaf die Voorsitter se stoel

In 'n Departement met 19 akademiese en vyf ondersteuningspersoneel gebeur daar baie dinge. In die eerste instansie is daar studente wat op verskillende vlakke van geletterdheid is en uiteenlopende akademiese behoeftes het. Vanjaar het ons ongeveer 1 100 eerstejaars, 750 tweedejaars en 600 derdejaars. In die Honneursklas is 32 studente, 10 studente is jaarliks ingeskryf vir die professionele program en vanaf 2014 was die volgende aantal studente vir die M-tesis program ingeskryf:

2014	2015	2016	2017
50	67	65	56

At present, 26 students are busy with doctoral research. What is of particular interest here is the number of students receiving personal supervision. In terms of averages this means that every lecturer provides supervision to approximately two Honours, four Master's and one doctoral student, in other words seven students in total. I do not want to expand here on the demands that this place on teaching, but rather indicate in greater detail how many postgraduate students complete their studies and what the contribution is that the Department makes in terms of research.

Dit is met hoë uitsondering as 'n Honneursstudent nie na 'n jaar graad kry nie. Ons kry baie aansoeke (in 2016 was daar ongeveer 500 aansoeke vir 2017) en die goeie gehalte studente wat ons kan keur, dra sekerlik by tot die hoë slaagsyfer.

Die afgelopen vier jaar het die volgende aantal studente hulle Magistergrade (100% navorsing) ontvang:

2013	2014	2015	2016
13	13	18	21

Wat doktorsgrade betref het die volgende aantal studente die voorafgaande vier jaar hulle grade ontvang:

2013	2014	2015	2016
8	6	10	11

Not only does excellent supervision take place here, but a good quota of scientific publications are produced by the staff and postgraduate students. The total number of publication units produced by the Department over the past four years is as follows:

2013	2014	2015	2016
39,22	30.3	35.07	49.78

The figures above speak volumes and place the Department at the forefront of research productivity and the development of knowledge – an excellent example of being a knowledge partner.



What is becoming ever more important is the increasing number of research grants received by researchers. This creates further opportunities for research and is an example of third-stream income for the University. From 2012 until 2015, the following ICRR (indirect cost recovery rate) income (in millions) was generated for SU by colleagues in the Department:

2012	2013	2014	2015
0.84	0.67	1.39	4.05

Wat ek nie op uitgebrei het nie, is die eise wat gestel word in die intensiewe opleiding wat studente in die professionele Magister-program ontvang. Dit, te same met 'n groot aantal Gemeenskap Impak-projekte waar waardevolle bydraes op 'n deurlopende grondslag gelewer word, dui op 'n groep kollegas, akademies en nie-akademies, wat groot volumes werk van 'n hoë gehalte lewer.

Die vraag is of die tempo waarteen en die volume werk wat afgehandel word, volgehou kan word? Ek dink beslis so. Indien die gehalte van die personeel en die toewyding en ywer waarmee nuwe projekte en uitdagings aangepak word as maatstawwe dien, kan die res van 2017 en die komende jare met vertroue en optimisme tegemoet gegaan word.

Prof. Awie Greeff

100% Doctorated Staff Members in the Psychology Department!

Prof. Tony Naidoo

The Psychology Department achieved a unique accolade in the March graduation. When staff members, Anthea Lesch and Rizwana Roomaney, attained their doctorates, the department achieved the distinction of being the first Psychology Department in the country to have its full complement of 20 academic staff members have doctoral qualifications. This argues well for the academic and research reputation of the department with its enrolment of 2000 undergraduate students, 32 honours students, 56 masters research students, 10 students in the clinical psychology and community counselling programme and 30 doctoral students.



Doctoral students who graduated: Walene Saal, Lorenza Fluks, Anthea Lesch, Rizwana Roomaney and Charlene Rene Reinecke



Psychology graduates and staff

PAM programme helps manage anxiety in children with visual impairments

Dr. Lisa Visagie

Anxiety is the most common psychological problem among youth worldwide, with an average of 12% of school-aged children reportedly experiencing significant symptoms of anxiety. This is particularly significant in terms of children with visual impairments as they are reportedly more prone than their sighted peers for developing psychological difficulties, including anxiety.

“For this reason, it is important to equip these children with the necessary skills and strategies to deal with anxious feelings when they arise; and in this way prevent the onset of full-blown anxiety disorders,” says Dr Lisa Visagie who recently obtained her doctorate in Psychology at Stellenbosch University. Her supervisors were professors Helene Loxton and Leslie Swartz of SU’s Department of Psychology. She also expressed her appreciation for the expertise of professors Paul Stallard and Wendy Silverman (respectively from the universities of Bath, UK and Yale, USA) in the field of childhood anxiety interventions. Lisa currently holds a Consolidoc post-doctoral research Scholarship at SU.

For her PhD-study, Lisa developed, implemented and evaluated a specifically tailored anxiety intervention programme for South African children with visual impairments.

Fifty-two children aged 9-13 years with varying degrees of visual impairment from two special schools in the Western Cape took part in the anxiety intervention programme which was tailored specifically to meet their needs. They were monitored over a course of ten months during which their anxiety symptoms were assessed at various intervals.



Prof Helene Loxton, Dr Lisa Visagie and her guide dog, Bagheera, during graduation day - 7 December 2016

Each child received a soft-toy dog that represented her first guide dog* called PAM (Positive and Motivating) after which the intervention programme was also named.

Lisa explains that the soft-toy dog had a collar around its neck to which eight symbolic charms were attached throughout the programme to remind children of significant steps and skills which they were taught during the 10 sessions of the programme.

“Instead of employing workbook and written activities to teach children cognitive behaviour therapy (CBT) skills, the programme made use of a tangible soft-toy “guide dog” which children could hold and feel. I chose to use the metaphor of a guide dog as it was felt that this would be a familiar symbol for children who have visual impairments.”

“Children were taught practical skills to help them identify their feelings; to learn to relax; to identify unhelpful thoughts and replace them with more helpful thoughts; and how to face and overcome daily problems and challenges. This range of anxiety skills provided children with an emotional toolbox which they could use in their everyday lives.”

According to Lisa, results suggested that the PAM programme holds promise for preventing the development of anxiety symptoms in children with visual impairments.

“No children who reported sub-clinical symptoms of anxiety before starting with the PAM programme had moved into the clinical range (children that can be diagnosed with anxiety disorder) after its completion. Thus, I believe that with the necessary organisational support and contextual sensitivity the PAM programme can realistically be used to increase resilience and foster awareness of anxiety as a significant mental health issue in children with visual impairments.”

“Exciting is that the PAM programme could also be helpful for use with, for example, children who are illiterate, or those with learning disabilities as children are not required to read any material to benefit from the programme’s content.”

Lisa says her programme tries to improve on existing CBT interventions which have proven successful in treating childhood anxiety but unfortunately are not suitable for use with children who have visual impairments, as their content (i.e., cartoons, colouring-in pictures, workbook and visual-based activities) and mode of delivery is not very accessible to children with visual impairments.

“I hope that in the future the PAM programme can be expanded to reach and help more children who need it.”

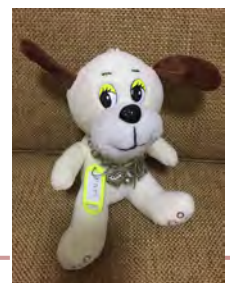
**Lisa says the PAM programme is dedicated to the real PAM, her first guide dog (7 Oct 2002 to 25 Feb 2015) which was the inspiration for the metaphor underlying the PAM programme. “PAM changed my life in so many positive ways and I hope that her legacy can be carried forth through the PAM programme and metaphor.”*

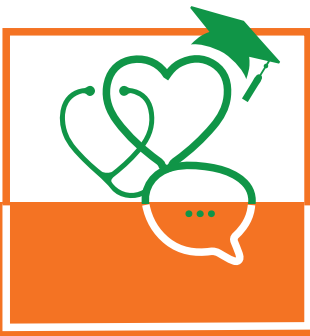
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CARING UNIVERSITIES

World Student Health Survey

Dr. Jason Bantjes

Mental health experts from around the world are working with members of the Psychology Department on a project to promote the psychological health of university students. This “Caring Universities” project is a collaboration between our department and researchers in the Department of Psychiatry at SUN and UCT. As part of the project first year students at SUN and UCT will be invited to take part in an online Student Health Survey.

This consortium of researchers, from more than 10 countries, are investigating the prevalence of common mental disorders among undergraduate university students across the globe. The researchers aim to quantify how many students are affected by mental health problems, learn more about the risk factors and trajectory of these disorders, and document the support needs of students. This information will be utilised to develop innovative, cost-effective and efficient interventions to promote resilience and reduce psychological distress on university campuses.

This global research effort is already well underway on 11 campuses spanning the USA, Belgium, Spain, France, Ireland and South Africa, where preliminary epidemiological data has already been collected. Universities in Australia, Hong Kong, Portugal and Mexico have also joined the project this year. It is estimated that by the end of 2017 as many as 67000 first year university students from around the world will have been enrolled in this study.

Researchers in Germany and the Netherlands have been working to develop a number of Internet based and e-interventions to help university students address problems like depression, social anxiety, substance use and stress management. These interventions will be tested in randomised control trials at a number of universities, including SUN, in due course.

A post-doctoral fellow, Dr Wylene Saal, has been appointed to the Department to work on this project. A number of other post graduate students will also be involved in the data collection, analysis and publication of findings as the project unfolds over the next few years.

First year students at SUN and UCT who would like to participate in this study can obtain more information by visiting <http://mentalhealthsa.org.za/>.

More information about this project is available from Dr Jason Bantjes (jbantjes@sun.ac.za).

Auschwitz: Place of horror

Prof. Ashraf Kagee

In April this year I was able to make a visit to the Auschwitz concentration camp, near the Polish city of Krakao. My decision to visit was not one I took lightly. I was particularly aware of the ethical problems of approaching a place such as Auschwitz, where untold horrors took place nearly eighty years ago, as a fascinated tourist. I did however feel that this was an important opportunity to learn more about the holocaust, to pay homage to those who suffered and died, and to try to understand how humans could have the capacity for such incredible cruelty to others. It was in this spirit that I undertook this important visit.



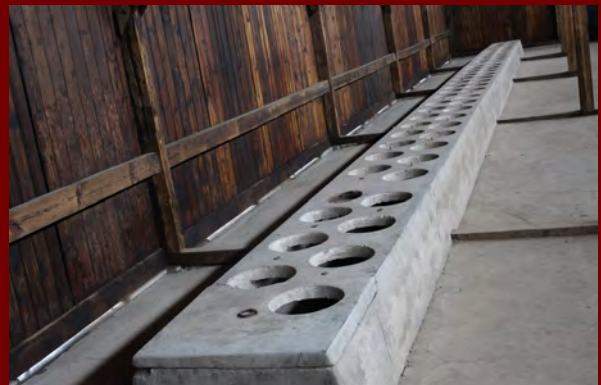
There are two camps at Auschwitz. The first, Auschwitz I, is a former Polish army barracks that was taken over by the Nazis when they occupied Poland. The second, Auschwitz-Birkenau is a much larger compound about three kilometres away from the first camp. Above the entrance gates is the slogan "Arbeit macht frei" (Work sets you free). The sign had been erected by the order of Nazi commander Rudolf Höss as a cynical declaration that self-sacrifice in the form of the harshest of labour would result in some kind of spiritual freedom. But people were literally worked to death. They died of starvation and malnutrition, infectious diseases, torture, and of course the poison gas, Zyklon B.

There are several macabre displays in the museum at Auschwitz. There are huge piles of human hair which the Nazis took from victims before they murdered them to be sold to support the war effort. There are piles of eye glasses and other personal effects of those murdered. And there is a chilling display of a huge pile of the used canisters of Zyklon B, the poison gas used to exterminate Jews, Roma, disabled persons, homosexuals, and other victims. Seeing these artefacts on display undeniably has an emotional effect on any visitor. The horror is palpable.



Most of the gas chambers at Auschwitz had been destroyed when the Nazis retreated from the advancing Russian army in 1945, but one was left intact. Our group, led by a guide, was allowed to enter it. There were three parts to the structure. The first section was where inmates were instructed to disrobe. The second section was the actual gas chamber where they were murdered en masse. And the third section was the crematorium where the bodies were burned and the ashes used as fertiliser. The sheer brutal efficiency of the structure was chilling.

We were taken to the barracks where inmates lived, as Auschwitz was a forced labour camp as well as a death camp. The conditions were appalling. Several people were assigned to the limited number of bunks available. There was limited access to toilets and bathing facilities so that people with dysentery, a condition affecting many people due to the high prevalence of infectious diseases, often had no option but to excrete in their beds. Rats ran rampant and lice and scabs among inmates were common. Most barracks were far too small to house the number of people that occupied them. The latrines offered no privacy as scores of inmates were required to use communal toilets at the same time.



The extent of human cruelty perpetrated at Auschwitz is inconceivable. There were two aspects of my visit that I thought were especially relevant for the work of psychologists: firstly, the trauma experienced by the survivors and the grief of the families of those who had been murdered; and secondly, the psychological processes of the perpetrators that made it possible for them to act in the ways that went against any form of morality and decency.

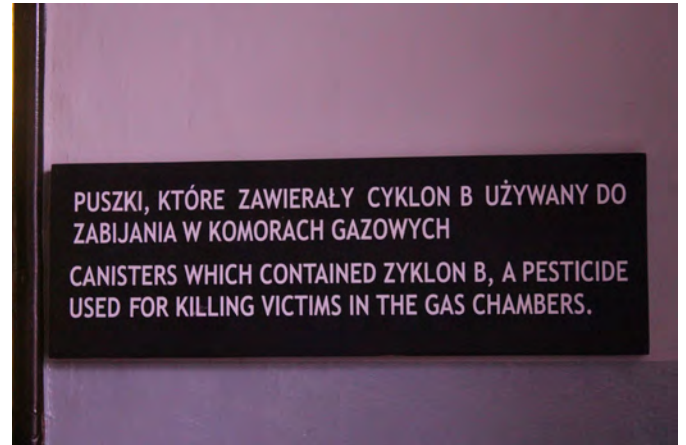
Those who survived a Nazi death camp have had to live with traumatic memories of the horror of their experiences. Trauma and its consequences have far-reaching effects on people and may influence their cognitive and emotional lives for years after the traumatic events have ended. The survivors of those murdered in the holocaust have had to come to terms with grief and loss. For many people in the Jewish community, the existential threat brought on by the holocaust and previous pogroms in Europe have had a lasting effect on their lives and on sense of identity.

And how can we understand what made the perpetrators capable of such inhumane cruelty? In her report of the trial of the Nazi Adolf Eichmann who was one of the main architects of the holocaust, Hannah Arendt used the term "the banality of evil" to describe her interpretation of Eichmann's testimony.

Auschwitz: Place of horror

Arendt noted that Eichman showed no guilt and took no personal responsibility for his actions. In her words “He did his duty...; he not only obeyed orders, he also obeyed the law.” This is a chilling acknowledgement that the rules of the social system at the time of the holocaust may have trumped any personal sense of morality among Nazis at various levels of the military, bureaucratic, and social hierarchy. Social psychologists Stanley Milgram and Phillip Zimbardo have studied this phenomenon under controlled conditions to try to understand how hierarchies created by people result in cruel and degrading behaviour towards others.

The Nazi holocaust has powerful lessons for humanity and provides an insight into some of the dimensions of human nature. Even though the slogan “never again” has been used when referring to the Nazi holocaust, there have been instances of crimes against humanity committed in recent years, such as the Rwandan genocide in 1994, and the ethnic cleansing and mass rape that took place in during the Bosnian War between 1992 and 1995. Nonetheless, the scale and magnitude of the Nazi holocaust should give us all pause. The memorial at Auschwitz-Birkenau is especially haunting. It reads *“Forever let this place be a cry of despair and a warning to humanity, where the Nazis murdered about one and a half million men, women and children, mainly Jews, from various countries in Europe.”*



Mental health recovery programmes of The Spring Foundation at Lentegeur Hospital in Mitchells Plain

Ms. Anneliese de Wet

The Spring Foundation is a development project for the Lentegeur Psychiatric hospital in Mitchells Plain and was founded by Dr John Parker, one of the psychiatrists working at Lentegeur, in 2012. The Spring Foundation is registered as both a non-profit organisation and a public benefit organisation (in terms of Section 18A).

The slogan of the Spring Foundation is Finding hope for recovery through re-connection with re-connection on various levels, such as identity, community, heritage and the natural world and within and between various roleplayers, such as service users (patients), service providers (hospital staff), the hospital, the community and wider society, being key. The mental health recovery referred to here is not the biomedical view of being symptom-free or healed from illness. It is rather seeing recovery on a continuum and as a unique journey for each service user where hope, re-connection and meaning or purpose is found for the individual, despite the presence of symptoms of mental illness. On another level, recovery in this sense also means the “recovery” of health systems or services, as well as wider society, to a place where the service user is re-connected and once again regarded as a meaningful and respected member of her or his community. This means that all the recovery programmes run by The Spring Foundation are required to aim to bring about some form of re-connection. Currently four programmes are run at the Spring Foundation. These are the Creative Youth project, the ID (identity document) project, the Wheelchair Clinic and the Market Garden.

The Creative Youth project focuses on adolescents and the use of music and dance with the input of the Indoni dance, arts and leadership company to re-connect to their lives. The ID project focuses on providing service users with funds to apply for an identity document. Service users often arrive in an acute state at the hospital, having lost their identity document, together with other possessions and money, while experiencing extreme mental health symptoms. Without an identity document service users are unable to apply for a social grant. The ID project assists service users to re-connect with their identity and their ability to support themselves. The Wheelchair Clinic focuses on providing intellectually disabled service users with the know-how to clean and service wheelchairs for in-patients and out-patients.



The service users receive a learning stipend. This project allows service users to re-connect with their sense of purpose and meaning. The Market Garden aims to provide participating service users with gardening skills that they can use when re-entering their communities. Service users are actively involved growing, harvesting, packaging and marketing the organic produce. This project also aims to run as a productive and viable business unit, which provides the adjacent community and restaurants further afield with fresh produce. The Market Garden was officially launched in April 2017.

Other projects that are planned for the future include a residential placement and care program, a clothes bank and a feeding scheme for clients (especially children) who are struggling with food insecurity and arrive for their sessions hungry.

Anneliese de Wet, a prospective PhD student of Dr. Chrisma Pretorius in the Department, is currently drafting a proposal to develop an instrument that could serve to evaluate these recovery programmes and provide useful feedback to management, programme staff and funders. This study also aims to establish an important ongoing collaboration on recovery between the Psychology Department at Stellenbosch University, Department of Psychiatry and Mental Health at the University of Cape Town and the provincial Department of Health. Anneliese will also be presenting the plans for her prospective study at the Refocus on Recovery 2017 conference from 18-20 September 2017 in Nottingham in the UK.



Living with invisible pain - doctors and patients march for Endometriosis awareness

Dr. Rizwana Roomaney

The 25th March 2017 marked World Endometriosis day and several events were held around the world to create awareness of this disease. Endometriosis is a chronic illness affects an estimated 1 in 10 women of reproductive age. The disease is characterised by painful, heavy periods and pelvic pain. Endometriosis is also associated with infertility and sexual dysfunction. Moreover, women have reported that the disease affects their social functioning, work, education and intimate relationships. Endometriosis is often considered as an invisible illness, because women attempt to mask their symptoms as menstruation is not a regarded as a socially appropriate topic of conversation. This silence results in many women not disclosing their illness and choosing to manage their pain on their own.

This year, members of the Psychology department participated in a march for endometriosis awareness. This march was part of a global initiative and was the third such march to be held in Cape Town. After the march, women with endometriosis shared their experiences of living with the disease and spoke about their struggle to get diagnosed and their daily struggles living with the disease. Partners of women with endometriosis also spoke about the impact of the disease on them and their relationships with their partners. Finally, experts who encounter patients with endometriosis also spoke about their role in assisting patients managing the disease. One of the experts was Dr. Kazali, the co-founder of CEMIG (Centre for Endometriosis and Minimally Invasive Gynaecology) in the U.K. He stressed the importance of advocating for effective medical treatment and highlighted the potential impact of excision surgery in improving women's lives.



I recently completed my PhD in which I developed a measure of health-related quality of life for women with endometriosis. My next project is the development of a psychosocial intervention to reduce chronic fatigue in women with endometriosis. Please contact me if you are interested in completing a MA or PhD thesis on this project.

If you would like more information on endometriosis please contact the Foundation for Endometriosis Awareness at <https://www.endometriosisawareness.co.za/>

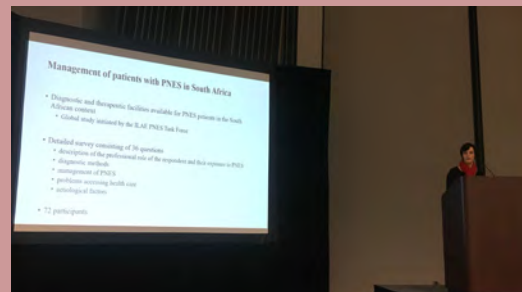


Special Interest Group: Global perspectives on Psychogenic Non-Epileptic Seizures (PNES): Research and clinical experiences across countries and cultures

Dr. Chrisma Pretorius

This special interest group (SIG) provided a forum for PNES experts from Brazil, Canada, Chile, China, Israel, Iran, Japan and South Africa to disseminate their research and clinical data at the 70th American Epilepsy Society (AES) Annual Meeting in Houston, Texas at the beginning of December 2016. I presented the South African research findings.

The discussion about the multicultural PNES research and clinical experience encouraged the development of global strategies for PNES diagnosis and treatment. Specific topics for presentation included demographic and clinical characteristics of PNES patients in Africa, Asia, the Middle East, North America and South America, cultural differences in provider and patient perceptions of PNES, barriers in effective care and different approaches to PNES management in the context of limited access to video-EEG, and lack of access to research data that is specific to certain countries and/or cultures. A multidisciplinary hospital based model of services for paediatric PNES, developed at the Hospital for Sick Children in Toronto were also presented. The limitations in PNES education and clinical training were highlighted to reflect that PNES is a global problem.



“Puppies vir ons stres”

Dr Marieanna le Roux

Navorsing het reeds bewys dat interaksie met terapiehonde ’n effek kan hê op studente se stres- en angsvlakke.

Ek spesialiseer in mens-dier interaksie en is ook voorsitter van Pets as Therapy. Onlangs het studente van Irene-dameskoshuis my gekontak en gesê hulle “soek puppies vir ons eksamenstres”.

Ek het my eie terapiehond, Anna, na die koshuis geneem. Ongeveer 30 studente het vir Anna kom groet. Al die studente was duidelik opgewonde en bly om Anna te sien. Hulle het voortdurend met haar gesels, aan haar gevat en haar gestreel, en vir haar drukkies gegee. Om vir haar ’n bal te gooi en vir haar “treats” te gee, was vir hulle groot pret.

Hulle reaksies teenoor Anna was dieselfde as dié van bejaardes in ouetehuse wanneer ’n terapiehond hulle besoek.

Die studente het Anna se besoeke geniet en gevra dat dit gereeld moet voortgaan. Van die studente se kommentaar was “Anna maak my rustig”, “ek verlang na my eie hond”, “Anna laat my vergeet van my eksamenstres”.

Anna se besoeke was maar net die begin. Wanneer eksamentyd in Oktober en November aanbreek, sal die besoeke definitief voortgaan – hopelik met meer honde en in meer koshuse.



Doing capacity building in the Gaza Strip

Prof. Ashraf Kagee

For the past 10 years the Gaza Strip has been under a land, air and sea blockade imposed by Israel and Egypt. Its 2 million people are prohibited from entering or leaving the territory, except under very limited conditions such as the need to seek medical treatment. The various conflicts between Hamas militants and the Israeli military over the past several years has been devastating to the region as thousands of people been killed, injured and disabled, buildings and homes have been destroyed, and communities have been disrupted. The Gaza Community Mental Health Centre (GCMHP) has been providing mental health services to the Gazan population since 1990. Clients present with a range of psychological and psychiatric problems.

From my interactions with the psychologists and psychiatrists working at the GCMHP, I understood that there exists a considerable need for capacity building in the areas of research and clinical interventions. I was invited to conduct a series of workshops in October 2016 and again in May 2017 to assist and support the staff in these areas.

In October 2017, I presented a four-day workshop on cognitive therapy for depression. This introductory workshop focused on the principles and techniques of cognitive therapy, a treatment modality that rests on a substantial research base showing its efficacy in a range of populations. The workshop was participatory and involved role plays, live demonstrations, video presentations, powerpoint slides, and class discussion. I introduced participants to the core features of cognitive therapy such as conducting a mood check; setting the agenda for the session; eliciting feedback on the previous session; reviewing homework assignments; discussing agenda items; setting new homework assignments; identifying automatic thoughts and core beliefs; and cognitive restructuring. The major text for the workshop was Judith Beck's Cognitive Therapy: Basics and Beyond. I also discussed the use

of instruments such as the Beck Depression Inventory, the Beck Anxiety Inventory, and the Beck Hopelessness Scale in monitoring patient progress during the course of treatment. Ethics of course featured prominently in our discussions.

Staff at the GCMHP were quite keen to start conducting research on mental health and psychosocial concerns in Gaza. We spent two days brainstorming and workshopping ideas that could develop into research projects. The projects we decided on were common mental disorders; suicidality (which is a growing trend); substance abuse (especially Tramadol-dependence); stress and coping; and research on the psychosocial concerns of school-age children.

In May 2017 I returned to Gaza to continue my work with the GCMHP staff. This time I conducted a workshop on the Brief Recovery Programme for Trauma Survivors developed by Professor Edna Foa and her colleagues. As anyone can imagine, posttraumatic stress is ubiquitous in Gaza. The major components of the workshop were: education about common post-trauma reactions; calm breathing and progressive muscle relaxation training; recounting the trauma memories to help the survivor put the traumatic experience into perspective (also called imaginal exposure); approaching safe situations that have been avoided because they are reminiscent of the trauma (also called in vivo exposure) and cognitive restructuring to help survivors identify and evaluate their perceptions about the trauma and their ability to cope with stress. These issues were also critically discussed to understand whether and how this treatment modality could actually fit with the local context where people's safety from future Israeli attacks is never really assured.



Doing capacity building in the Gaza Strip

I also spent two days in May continuing to workshop and plan research projects. Three project proposals emerged from our discussions, namely, the chief psychosocial concerns and coping strategies among Gaza university students; risk and protective factors of suicidal behaviour among university students; and the salient psychosocial concerns of children in middle childhood in Gaza from the perspectives of school principals, teachers, counsellors and the children themselves. My colleagues and I are in the process of developing these proposals. Once they receive ethical clearance and permission from the relevant authorities to proceed, data collection for these studies will commence.

Community interaction of this nature forms an essential part of the work that academics and scholars do. Work of this nature brings together the fields of public mental health and human rights in building capacity in resource-constrained environments such as Gaza. With the world's attention now focused on the civil war in Syria and terrorism in Europe, Gaza is no longer in the news. It is a forgotten corner of the world, until the next strike by the Israeli military. Meanwhile, the people of Gaza continue to endure the siege, unemployment, poverty, and poor access to health care, including mental health care.

One of the issues for researchers who work in resource constrained settings to be careful about is the phenomenon of "tourist research". Sometimes researchers approach a context by conducting research without any depth of involvement in the local community. They enter the community, collect data, and leave. They publish their papers in academic journals and make presentations at international conferences but little actually has changed in the community where the data were collected. I refer to these researchers as "tourists" whose involvement in the context where they work is superficial and centred on their own career development.

Another approach is to become more deeply involved in the local context by training local professionals and building capacity, including clinical and research capacity. Often local researchers require support in terms of study conceptualisation and design, training in methodology and data analysis, preparing research proposals, and gaining access to Institutional Review Boards for ethics approval if these are lacking in their own context. Also, some researchers whose first language is not English need help with academic writing. Such activities are time consuming and require a longer term engagement from scholars who are active in the region.

In Gaza, the siege continues and people are worried about the likelihood of another conflict with Israel. It is always the case that civilians suffer the most under such circumstances. Nonetheless, the work of the GCMHP in helping the population cope under conditions of adversity continues. It is my hope that community interaction work of this nature in Gaza will result in enhanced professional capacity of local clinicians and researchers, which will ultimately result in improved quality of life for the population they serve.



Picturing sexuality

Xanthe Hunt

When I first interview Mike, we talk in his office at a large, maximum-security prison near Cape Town. The room is pale and the carpet is dark. It looks like someone spilled oil paint on a watercolour canvas.

Mike wheels his way past a filing cabinet, and turns to face me from the other side of a large, government-issue desk. If I look past his face, I can see a pot plant. If I look at his face, I see a smile.

On the 11th of January, 2011, Mike boarded a taxi in the Eastern Cape and began the 1000 kilometre journey back to Cape Town, the prison, and his everyday life. He made about 200 kilometres of the journey.

The crash which terminated his trip between left him paralysed and he became a wheelchair user.

I am talking to Mike five-and-a-half years after the accident.

“Since the accident, I’ve struggled, because if you were born and you were active and now suddenly there’s a change. I’m not independent at all. I’m depending on someone. I have to ask someone to assist me with some things,” he pauses.

We both look at the potplant. He sucks air in between his teeth, and then adds, “The main thing with a spinal cord injury... you’re going to have a problem with your sexual life because now there’s nothing that is normal at all.”

His comment cuts to the core of an issue with which a large study I am working on is concerned. A team of partners from the University of East London, South African Federation of the Disabled, SINTEF, and Stellenbosch University, are interested in learning about the sexuality of persons with physical disabilities (PWPD) in South Africa. The project is my PhD. Mike is one of the participants.

Generally speaking, sexuality and disability are two ‘things’ which don’t meet: not in conversations, imaginations, nor the majority of health research. This state of affairs has a lot to do with how we, as dominant members of a disablist society, think about disability, and sexuality respectively. We see disability as rendering one passive and ‘sick’ (not things we associate with sexuality), and we see sexuality as being something active and attractive (not things we associate with disability).

In general, research suggests that we see disability as axiomatically prohibiting normal sexuality, means that non-disabled people tend to make assumptions in that direction when they interact with PWPD.

Case in point: ‘the guys’. Working at a prison, and living in the prison compound, the people Mike calls ‘the guys’ are his family and friends, his people and his pack. The camaraderie does not stop them from stripping Mike of his sexuality with blunt assumptions.

“We make jokes a lot. The guys I work with, when they see my baby, they ask, ‘Are you sure this is your baby? Maybe someone made this baby for you?’”

A while ago, when he and a group of friends from the prison were sitting at a bar and a bevy of attractive women walked in, the teasing took a nasty turn.

“We were looking at the ladies. Wow. And then I was looking and I said, ‘Hey, guys,’” Mike shows me how he winked at the men. It is the sort of wink which indicates an intention. A sparkly signal wink. He wanted to go and talk to the ladies.

“They said to me, ‘Hey, don’t even look, you can’t do anything, man. Don’t waste these ladies,’” he frowns. They assumed he shouldn’t be interested.

Mike’s feeling that nothing is “normal” when it comes to his post-accident sexuality, and his friends’ assumption that he is no longer sexual, are not unusual experiences for PWPD.

However, little is known about the sexuality of PWPD in SA. How do they experience themselves as sexual beings?

Answering this question is complicated. It is complicated because talking about sexuality (which includes gender, sexual orientation, sexual activity, reproduction and related activities and identities) is – often – a taboo. It is deeply private, but also highly political (recall the rallying cry of feminism – ‘the personal is political’).

Sexuality is also not a subject about which yes or no questions, or even scales (rate from 1 to 5 how happy you are with your sex life?) can tell us enough.

When little is known about a given topic, one fruitful avenue for discovering more can be qualitative inquiry – types of research which deal with usually small numbers of people’s words and stories, rather than large numbers of people’s “scores”. These words and stories allow researchers to paint the broad strokes of a phenomena, as well as etch in the finer details, in collaboration with participants.

In our case, in collaboration with photographers.

Picturing sexuality

Photovoice is a qualitative method which requires participants to generate photographs as 'data' to express their thoughts and feelings about a research question. Originating in the United States in the 90s, photovoice encourages participants to think creatively about a given topic, using their environment and everyday world to represent facets of their experience which may otherwise have been difficult to articulate. One sentence here about what people do – we give cameras, they take photographs, we discuss.

Given the silences and awkwardness which may characterise interviewing people about their sexuality, this method was ideally suited to this study. It also allowed our participants to take a more active role in the project – rather than being passive subjects who 'gave' us information to make a story out of, they became creators who collaborated with us in making meaning around their images.

As a whole, our participant-photographer's photos form a higgledy collage of moments, spaces and senses. Almost as a rule, images of disability do not take centre stage. Instead, the quotidian or symbolic takes precedence.

"This is a ramp," says Mike, pointing to one of his photos.

"The prison administration said, 'We wanted to see that you are happy. You are more than welcome in this building, so we're going to go all the way to make sure that this building is accessible all over the place'. So they had to make this door, and then they put in this ramp", Mike explains. The sides of his eyes wrinkle and pleat.

It is our second meeting, we are sitting in his room at the prison staff compound, poring over pictures which he took during the 5 months which our photographer-participants had to conduct their photovoice work.

This ramp in question leads into the gym, a space which is otherwise inaccessible to him. Like many of our participants, Mike chose to take photos which seem to have less to do with sexuality, and more to do with access, than anything. In fact, many of them seem to bear little resemblance to the kinds of images which I am used to associating with sexuality.

But, as the participants speak around the images, a picture of their relevance grows: the ramps, doors or inaccessible spaces represented in their photos are standing in for the sexual access which they desire.

Ed, another of our participants explains; "I took a picture of a ramp. It's one of the few that's around within my university campus. To me it almost feels like an area where I don't experience limitations in terms of being able to move around," he explains. For him, this space represents life before the world-at-large- when he was still at a special needs school. And was less aware of his difference because everyone else was like him. For him, the ramps represent access – social access – and, since school, he is aware of lacking it.

For Mike, being granted such sexual access forms the subject matter of three of his photos. The product of this access is a very small, milky-eyed baby. Mike's son, who he had in collaboration with his girlfriend, is his pride and joy. Mainly because it is his son, but also because it proved a point.

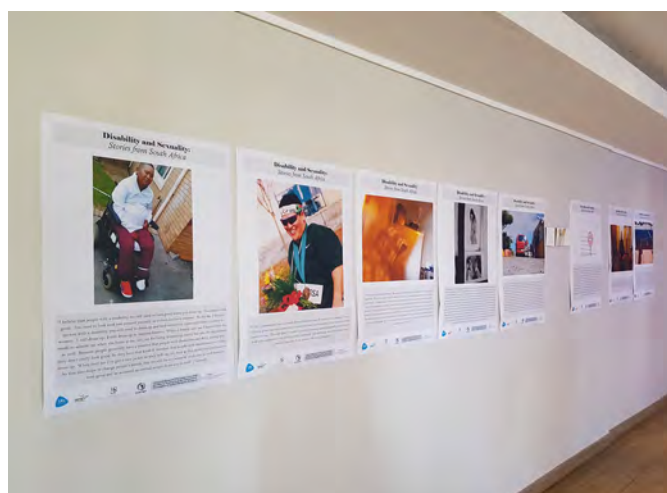
"This is my baby, and this baby boy was born in 2016 and I was involved in a car accident in 2010. So even after that, here's the baby. So you can't say we can't have sex and you can't make babies," he says. He smiles broadly, and the sides of his eyes wrinkle and pleat.

For Ed, it is ramps. For Mike, ramps and a baby. For others it is water, a road, or a bench. The photographs map the participants' relationships with sex and self, and contour their experience of intimate access or inaccess. In the negative space where disability symbols aren't, their stories are captured and exposed.

Sexuality, for PWPD in SA, is about access, rights, and being perceived as equal. In this way, sexuality – and the products of this project – are also metaphors which point to general issues facing disabled people the world over.

Recalling Mike's "nothing normal at all" with which this piece began, the photographic data from this study point to a new normal. The meanings which our participants attach to images of ramps and accessible spaces suggest that, accommodations being made, the inclusion of PWPD in sexual life and society, is possible. One photo of a cooing baby suggests that this is already happening.

"Non-disabled people can stop thinking about the olden days and see that disabled people are living normal lives. Although you see they are physically-challenged, they live a normal life. They've got families and they've got babies. I think it's a good project because now they will know," Mike concludes. The sides of his eyes wrinkle, and he chuckles, a sparkle in his eye, "they will know".



Vocational training and soccer as public health interventions

Prof. Mark Tomlinson and Xanthe Hunt

It is no mean feat to change people's habits and help them to establish new health prompting behaviours. Each of us is intimately acquainted with the difficulties inherent in trying to eat healthier food or get more sleep – life, habit, and the comfort of familiar patterns of behaviour get in the way. For many young South Africans, more problematic habits, such as hazardous substance use, high risk sexual activity, and enrolment in criminal or gang activities can easily become an enduring part of their lifestyle. Similarly, lack of physical activity, poor sleep hygiene, and an inability to establish and maintain mutually supportive interpersonal relationships can and does compromise people's physical and mental health. Young men living under conditions of poverty are at particular risk for engaging in behaviours which compromise their wellbeing and jeopardise their already slim chances of finding employment. Engaging these young men in public health programmes and encouraging them to make use of traditional primary health care services is notoriously difficult.

Researchers from the Department of Psychology at Stellenbosch University have been collaborating with University of California, Los Angeles to investigate if soccer and vocational training might be effective contexts to engage men and deliver public health interventions. This Cluster Randomized Controlled Trial hopes to establish whether or not young men living in low resource communities might be "pulled" into adopting health prompting behaviours by engaging them in non-threatening (ie not obviously health-related) activities, in this case, soccer. Typically, public health interventions for problems like HIV and hazardous substance use rely on pushing information into the lives of young men, rather than pulling young men into programmes which encourage health promoting behaviours. Our project strives to do the latter: obliquely promote engagement in healthy behaviours whilst actively engaging men in a neutral, fun activity.

An innovative project, Eyethu Soccer, is a tailored risk-reduction program for men, aiming to create demand for the intervention. By creating a soccer league in which at-risk men can participate, this prevention strategy focuses intervention efforts outside of health care settings, which are underutilized by men.

This intervention uses the soccer league as a platform from which to encourage drug and HIV testing, and facilitate the acquisition of life skills among the young men who participate. Involvement in the project is motivated by two priorities for men: soccer and employment. A weekly league is held at which the men can play the former, and if they see the programme through, they earn practical skills training to increase their chances of attaining the latter.

The study started last year with the launch of the Eyethu Soccer League in Khayelitsha and the recruitment of more than 600 young men into the study. This year saw the launch of the vocational training component of the study. Partnerships have been established with Silulo www.silulo.com and with Zenzele Training Centre (www.facebook.com/pages/Zenzele-Training-Centre/220812864706235) to provide 6 month vocational training courses. Silulo provides training in the use of a range of computer end-user applications and computer repair skills. They have training sites in Khayelitsha close to the residential areas of study participants. Zenzele Training Centre offers skills training in Welding and Woodwork. The young men engaged in these courses will be closely monitored over the next 18 months to document the impact of this training on their wellbeing and employment status.



Vocational training and soccer as public health interventions

In a 2015 pilot study, we successfully demonstrated the feasibility of the program to reduce drug use. We randomized two neighbourhoods in a peri-urban settlement near Cape town, South Africa, to either: an intervention (soccer and vocational training contingent on behaviors at soccer); or a delayed-delivery control neighbourhood. Almost all eligible neighbourhood men were recruited (95%; N=142) and 90% reassessed at 6 months.

In the intervention condition, 80% of young men regularly attended soccer and 55% earned entry to vocational training. Intervention men completed drug tests at soccer (with uptake rising over time and drug use decreasing), and increased employment over six months, compared to control men. HIV testing did not increase, based only on self-reports.

Qualitative interviews of men, coaches, and family members demonstrated the program's benefits in shifting men's role in their homes and communities, although attitudinal shifts towards women were minor.

We eagerly anticipate the results from our current randomised control trial.





Wendy La Vita

I am a master’s research psychology student at Stellenbosch University and the founder of a Non Profit Organisation.

Beautiful Life Training and Community Development Association was established in 2010 and works with communities on the Cape Flats, working across all sectors of society to alleviate poverty and unemployment, develop potential in children and adults and to form collaborative relations between families, communities, schools, training institutions, business and civil society.

We offer our services on a voluntary basis to families in crisis. We use the local libraries in Bridgetown and Southfield on the Cape Flats, as contact centres.

We believe in the principles of Ubuntu - the concept of a shared humanity and our vision is to encourage all South Africans to adopt this principle, as our motto states: “Shaping A Generation Together”

We would like to create awareness about our community projects and appeal to students to volunteer.

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Delegation to Leipzig University

Drs. Bronwyne Coetzee and Chrisma Pretorius

A group of young researchers and PhD students from Stellenbosch University were, based on their research interests, invited to Leipzig University to investigate opportunities for potential research collaboration. Dr. Svend Poller (International office at Leipzig University) and Robert Kotze (International office at Stellenbosch University) coordinated the research visit which took place during June 2017. Leipzig University, as a coordinating university of the ERASMUS+ International Credit Mobility offered Drs. Bronwyne Coetzee and Chrisma Pretorius a grant supported and funded by the European Commission for a research visit to Leipzig University in Germany.

We were shown around the Max Plank Institute for Human Cognitive and Brain Sciences and met with the director (Prof. Dr. Nikolaus Weiskopf) and Dr. Stefanie Höhl who is conducting basic research on child development. The institute makes use of some impressive technology (including CONNECTOM, an MRI brain scanner which is one of only three in the world) and novel methods to conduct basic research. We also met with Dr. Exner and her PhD student Maike Kampf. Maike took us on an interesting tour of the Wilhelm Wundt memorial room. After the tour we spent quite some time discussing our research interests as well as theirs and found several instances of common interests and potential points of departure for future collaboration. Specifically research into Obsessive Compulsive Disorder, Traumatic Brain Injuries and Emotion Regulation. We also discussed the possibility of student exchanges, but that this would have to be at an advanced level (i.e. Masters and PhD) as modules in Psychology are generally taught in German at Leipzig University.

Another meeting took place at the Department of Education with Prof. Dr. Hepach and Haun. Here we were shown around their facilities including their new kindergarten which holds enormous potential for future research collaboration. In specific we discussed their M.Sc in Early Childhood Research, which is offered in English.

The Early Childhood Research master's program offers highly-qualified students with the opportunity to gain insight into international research on early child development. Graduates will be able to kick off their careers as a researcher, scientific coordinator, research consultant, or advisor in the interdisciplinary field of early child development. The master's program provides insights into theories of child psychological development, recent scientific findings, research methods, and tools for statistical analysis. Students will also learn soft skills such as research project management and scheduling, lecturing, and communication in research.



We have circulated the advertisement for this programme in our department already in the hope to attract students for this programme. We have also discussed the possibility for them to visit us in South Africa specifically to observe how we conduct community and home-based research. We will then also connect them with people in our department with expertise regarding specific childhood disorders (e.g. anxiety disorders and fears).

The international office at Leipzig University went out of their way to make this visit an unforgettable experience. The program consisted of a combination of academic, cultural and leisure activities.

