

Department of Psychology

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Vanaf die Voorsitter se stoel April 2018



Die Universiteit Stellenbosch is vanjaar 100 jaar oud. In 1919, een jaar na die stigting van die US, word begin met 'n Departement Sielkunde. Dit is voorafgegaan deur 'n afdeling vir Logika en Sielkunde wat reeds in 1917 by die ou Victoria College begin is. Die eerste professor was RW Wilcocks wat later, vanaf 1935 tot 1954, Rektor van die US was. HF Verwoerd begin in 1925 as Sielkundedosent, in 1928 word hy professor in Toegepaste Sielkunde en Psigotegniek tot hy in 1932 die eerste departementshoof word van die nuwe Departement Toegepaste Sielkunde en Sosiologie.

Over time, the Department of Industrial Psychology and the Bureau of Student Counselling (currently the Center for Student Counselling and Development) also originated from the Department of Psychology. This incomplete, brief summary of the Department's history will be followed by a more critical and complete publication, which Professors Naidoo and Painter are currently working on. Interestingly, I want to refer to Psychology's first physical home - the old hospital (depicted in a painting that hangs at reception), which stood where the current CGW Schumann building (EMS's home) is. In 1949, Psychology moved to the current Van der Sterr building and in November 1997 the Department relocated to its current home, the RW Wilcocks Building.

Dit is gepas dat ons kennis neem van die verlede. Ofskoon daar aspekte van ons geskiedenis is wat ons nie goedkeur nie, kan ons gelukkig daarvoor praat en glo dat ons deur ons huidige onderrig, navorsing en sosiale impak positiewe bydraes lewer tot die wel-wees van alle Suid-Afrikaners. Wier nog, ook tot inwoners van ons kontinent en ander wêrelddele.

For example, staff members currently serve on the board or as part of the management of various academic associations in Kenya, USA, UK, and the Netherlands. Staff members are involved in external examination, moderation, or student study guidance at institutions in Mauritius, Ghana, Uganda, Malawi and Ethiopia.

Furthermore, Departmental collaborations exist with the following institutions outside of South Africa: African Biodiversity Network (Kenya); Psychology Department, University of Ghana; Department of Human Development and Family Studies, Michigan State University (USA); San Diego Centre for Emotionally Focused Therapy (USA); Areopagus Institute of Family Therapy and Systemic Practice (Romania); University of California (USA); University of Reading (UK); University College London (UK); Harvard University (USA); Oxford University (UK); University of Sheffield (UK); University of Bath (UK); International League Against Epilepsy for the term 2017-2021 (USA); Auckland University (New Zealand); University of Buckingham (UK); DeMontford University (UK); Makerere University (Uganda); Royal Holloway College (UK); University of Miami (USA); Massachusetts General Hospital/ Harvard University (USA); Columbia University (USA); Friedrich-Alexander Universität Erlangen Nürnberg (Germany); Maastricht University (Netherlands); Trimbos Institute, Utrecht (Netherlands); Yale University (USA); Radboud University (Netherlands); and Aristotle University (Greece). This impressive list of collaborations and involvements reflect the dynamic academic vigour that exist within the Department.

Daarom kan ons vanjaar feesvier met 'n ingesteldheid en 'n visie om 'n positiewe verskil te maak.

Awie

Prof. Awie Greeff

Research and social interaction project:

Father involvement in low-income Western Cape communities

Project leader: Dr Elmien Lesch

(in collaboration with Prof Nicky Roman, Child and Family Studies, University of the Western Cape)



There is convincing evidence that a present and engaged biological/social father is an important protective factor in the upbringing and well-being of children. Positive paternal involvement also benefits mothers in terms of financial, practical and emotional childcare support, and is associated with greater psychological and emotional well-being among men. South Africa, however, has large numbers of absent living fathers. It is estimated that approximately 50% of biological fathers do not have daily contact with their children. Many South African children (and by implication also fathers and mothers), therefore, do not have the advantages of present and engaged fathering. The positive engagement of fathers in children's lives could make an important contribution to social and mental health in South Africa and should be prioritized in social policies and programmes.

The facilitation of positive father involvement, however, should be based on comprehensive knowledge of fatherhood constructions and practices in different contexts, as family formations as well as fatherhood ideas and practices are likely to vary from context to context. There is also need for more historically and contextually informed studies to help understand the impact and legacy of South Africa's past on the meaning of fatherhood and fatherlessness in contemporary society. Currently, we lack such comprehensive knowledge across the diverse groups in South Africa. This research and social interaction project acknowledges the importance of social context in the shaping of fatherhood discourses, ideas and practices; and will therefore explore father constructions and father involvement within a specific community or social context. In contrast to other South African studies that mostly rely on data obtained from either mothers, fathers or children, this study will also utilise family units as research units so that the views and experiences of children, fathers and mothers regarding fathering can be obtained. In the process of engaging with communities, we also hope to prompt communities to reflect on their father ideas and practices.



Dr Elmien Lesch has received grants from the NRF (Competitive Grants for Rated Researchers) and the DST-NRF Centre of Excellence in Human Development to undertake this project. She is collaborating with Prof Nicky Roman and her colleague, Dr Edna Rich, from the Child and Families Study Centre, University of the Western Cape. Students from Stellenbosch University and the University of the Western Cape will participate in this project for their degree requirements, as well as gaining exposure to fieldwork in research project. For example:

Ivan Jacobs, pictured here with one of his four sons, is a student at the University of the Western Cape and will complete his Masters degree requirements in this project.

Amy Ruiters and Michaela Moodley (current honours students who will collect data for their honours assignments in the project)



And Demi van Schalkwyk (left, third-year Psychology student) and Miemie le Roux (project assistant and current Psychology Honours student) are practicing their interviewing skills.



Networking through the PhD Journey: A Reflection on a Cross-Cultural Collaboration



Naomi Myburgh
Supervisor:
Prof. Helene Loxton

In 2017, I was given a superb opportunity to consult with Professor Peter Muris at Maastricht University in the Netherlands. Professor Muris, an international expert in the field of childhood anxiety problems in the South African context, is currently an

Extraordinary Professor at the Department of Psychology of Stellenbosch University. This opportunity entailed a 3-month academic visit, from September to December, as part of the exchange programme between the Department of Psychology of Stellenbosch University and the Department of Clinical Psychological Science of Maastricht University and was facilitated by a scholarship from the Studiefonds for South African Students. My visit to Professor Muris contributed to a long-standing and productive collaboration with Professor Helene Loxton in research towards the development and evaluation of interventions to address anxiety problems that affect the psychological well-being of children in South Africa, which has resulted in a number of joint publications since 2002. During my exchange, I had the opportunity to consult extensively on the findings of the cross-cultural adaptation and implementation of a South African version of an evidence-based cognitive-behavioural therapeutic anxiety intervention for Afrikaans-speaking farmworker children, the Ek is Dapper - prevention intervention programme. Consultations focused on contextually unpacking the findings of my project in its contribution towards formulating effective responses to childhood problems of anxiety in the South African context.

Before this academic exchange, I had initiated a PhD project in 2015 to address an identified need for evidence-based mental health-focused interventions for anxious children who live within a marginalised, vulnerable community. This project was the outflow of a broader, long-term research project into childhood anxiety and fears in the South African context under the leadership of Professor Loxton (Stellenbosch University), as well as a collaborative research process between Professor Rutger Engels (The Trimbos Instituut, Utrecht and formerly from Radboud University, Nijmegen) and Professor Loxton that commenced in 2013. This research process brought to the fore a wonderful opportunity to formulate a response

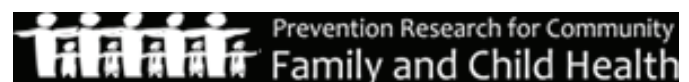


to the established prevalence of anxiety problems amongst vulnerable children with a focus on the development of culturally and contextually relevant interventions tailored to the specific needs of children in the South African context.

The collaboration came into fruition with research visits from Professor Engels, and two colleagues, Dr van Starrenburg and Dr Kuijpers in 2014, and return visits by Professor Loxton upon invitation to further collaboration. Drs van Starrenburg and Kuijpers presented CBT-based training sessions of 20 hours in total to 10 academics and students in 2014 at the Department of Psychology, Stellenbosch University, in preparation of the South African project. I tied into the collaboration with the commencement of a project to cross-culturally adapt and evaluate both the effectiveness and the feasibility of implementing a South African version of the intervention programme. Instrumental to this collaboration was the translation and cross-cultural adaptation of measures and an evidence-based intervention programme for use amongst children from marginalised communities. The challenges, as well as implications for programme implementation and evaluation within the cross-cultural application of research measures were jointly presented with Professors Loxton and Engels in a poster at the 11th International Conference on Child and Adolescent Psychopathology at Roehampton University, London, in July 2016.

I am most appreciative of the opportunity that this project, its collaboration with Professor Engels, the constancy of my supervisor, Professor Loxton's support and the academic exchange to consult with Professor Muris at Maastricht University has given me to develop my academic competence and to contribute beneficially to this field. I am particularly grateful for the academic and personal gains of my visit to the Netherlands, which I had the privilege of sharing with my husband and son of 8 years. The opportunity to immerse ourselves in an unfamiliar European culture enabled me to consider the importance of cultural context in understanding the personal experiences of others. We experienced the confusing, disempowering and at times debilitating experience of being confronted with navigating unfamiliar territory, an experience I feel has demonstrated the very responses that communities may have to their first encounters with research. With this academic and personal understanding, I advocate strongly the importance of sensitivity in engaging with vulnerable communities to create a platform in which their voices may be heard in the formulation of knowledge about them.

I wish to thank PAAIR for funding this PhD project and for its ongoing support.



ABCD approach as a vehicle for decolonizing research methodologies

Mpoe Johannah Keikelame (PhD)

Johannah.keikelame@gmail.com

I attended the 4th African ABCD (Asset Based Community Development) IMBIZO that was held in Willow Grove Conference Centre in Port Elizabeth from 21- 23 rd. February 2018. This conference is driven by the Coady International of the St. Francis Xavier University. The Institute is committed and aims to work collaboratively with partners from Canada and Global South to engage in actions to reduce poverty, build resilience and promote social accountability and good governance. There were 23 countries that were represented in the conference. My motivation and interest for attending this conference was to gain more insight on the ABCD approach and to find out how the approach could be used to decolonize research methodologies.

In my work on epilepsy, I found that some of my participants had talents and gifts such music, and skills such as sewing, gardening, self-advocacy and knowledge of community strategies that can improve community-based care and support of people with epilepsy and their carers. Contemporary questions about the ABCD approach versus the needs-based approach were discussed and these were backed up by sharing of practical examples of the ABCD driven community development projects and stories and the health outcomes thereof. For example, the Lisa Fuchs and colleagues from Nigeria shared their stories about how they used the ABCD approach to address climate change issues and how this process enabled women to realize their potential and assets which they used to generate income from poultry farming to increase their value chain so as to become less dependent on their spouses.

I had an opportunity to present at the conference and my aim was to explore my question: Can the ABCD approach be a vehicle to decolonize research methodologies. In the brainstorming session that I facilitated with six participants who were interested in the topic, we were of the view that: (i) ABCD tools and processes can be used to decolonize research methodologies; (ii), local knowledge and ways of knowing should be acknowledged, (iii) use of indigenous methods in research is needed, (iv) the impact of research should have positive health impact and not a destructive one, and (v) research project proposals must be written after consultation with relevant stakeholder. On engaging with literature on the topic, I found that proponents of this approach put emphasis on an assets lens which focuses on strengths and aspirations rather than needs and thought that this would be an important area for consideration in research.

In the pictures below, I am giving feedback from our group



News in the Psychology Department...

Chancellor's award: Prof. Leslie Swartz

Distinguished professor of psychology Leslie Swartz is a world-renowned researcher in the field of mental health and disability studies. Having produced over 200 publications including journal articles, books and book chapters, Professor Swartz is a leading authority and international consultant on issues pertaining to mental health in the global South. This member of the Academy of Science of South Africa (ASSAf) and B-rated researcher with the National Research Foundation epitomises science for society. His current work focuses on access to health care for people from vulnerable groups in African countries, language access to mental healthcare, and building research capacity among the disabled people's organisations of Southern Africa. His work has earned him various accolades, including the Stals prize for psychology of the Suid-Afrikaanse Akademie vir Wetenskap en Kuns.



Chancellor's awards: Prof. G.A. Musila (Department of English), Prof. L.P. Swartz (Department of Psychology), Dr. A.D. van der Merwe (Division for Learning and Teaching Enhancement)



PhD graduate with her supervisors: Prof. Swartz (Supervisor), Dr. Gillian Douglas, Dr. Pretorius (Co-supervisor)



*Psychology staff at the graduation (December 2017)
From left to right: Dr. Coetzee, Dr. Roomaney, Dr. Pretorius, Prof. Swartz, Prof. Greeff, Dr. Le Roux, Prof. Loxton, Prof. Naidoo*

First upgrade from a Master's to a Doctoral qualification in the history of the Department of Psychology



Dr Stephan Rabie with his supervisor, Prof. Tony Naidoo

The Department of Psychology is proud to acknowledge Dr. Stephan Rabie who was nominated by the Faculty of Arts and Social Sciences for the prestigious Chancellor's Medal in 2017. This university-wide award is made annually and one nomination is made per faculty. This is a highly competitive process and only one student ultimately receives this accolade. Nominees are assessed in terms of academic excellence, leadership and involvement in the campus and broader community.

Stephan has maintained an exceptional academic record in his studies in his major subjects Psychology and Xhosa. He passed his BA Humanities degree and his BA Honours in Psychology cum laude. He brought his strong interests in Psychology and Xhosa together in his master's study which sought to investigate Gender and Racial Differences on the South African Career Interest Inventory among secondary school students in the Cape Winelands district. His master's study was, however, upgraded to a doctoral study in light of the depth of his study, the significant contribution it was making to the field of Career Assessment in South Africa, and in developing the first isiXhosa career interest inventory for vocational guidance at high school level. This is the first upgrade from a master's to a doctoral qualification in the history of the Department of Psychology.

In addition to his academic achievements, Mr Rabie has also developed a strong track record in community engagement which is a strong emphasis in our department. His volunteer experiences have included being a group therapy co-facilitator at Kylemore High School and Kayamandi High School (2014 -2016), career and life skills counsellor at Makupula High School in Kayamandi, a youth development facilitator in the Watergarden community programme in Klappmuts and having been involved in the Stellenbosch University's Youth Jazzband. His superb academic skills and excellent interpersonal competencies landed him the prized position as coordinator of the Psychology Tutorial programme for 2 years from 2015 to 2016 with excellent evaluations from undergraduate students, postgraduate tutors and lecturers. He was awarded a scholarship from the University of Oslo to attend the 2017 Oslo Summer School Seminar in Comparative Social Sciences. Dr Rabie is now research manager in the Community, Family and Child Health programme and is also continuing his research in career interest assessment in several African countries.

Rector's Award: Excellent Academic Achievement

Melissa Bradshaw, a Master's student in the department, received a 2017 Rector's Award from Stellenbosch University for Excellent Achievement in Academics. She was one of the top academic performers in the Faculty of Arts and Social Sciences, placing fourth in the faculty, based on her aggregate obtained during her BA Hons (Psychology) degree. Melissa is currently completing her MA (Psychology), under the supervision of Dr Bronwyne Coetzee.



Dr. Nceba Somhlaba's farewell



Psychology staff at the farewell of one of their dear colleagues Dr. Nceba Somhlaba (who is now Prof. Somhlaba at the University of the Western Cape).

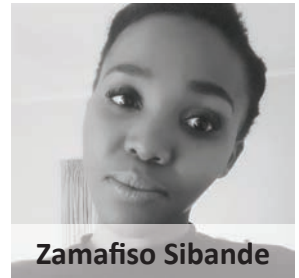
Improving the lives of women with Endometriosis

By Leigh-Anne Alexander and Zamafiso Sibande

We attended an endometriosis information session in November 2017. The information session was hosted by the Foundation for Endometriosis Awareness, Advocacy and Support (FEAAS), a non-profit organization that is registered with the Division of Social Impact at Stellenbosch University. The information session was aimed at women living with endometriosis and their families. Guest speakers provided women with information on a number of topics related to endometriosis, from a medical, psychological and personal perspective. Dr Roomaney from the Psychology Department spoke about endometriosis and mental health, while Ms. Meggan Zunckel spoke about infertility. Reproductive specialists such as Dr Heylen and Dr Olarogun provided patients with information related to medical aspects of the illness and Dr Thomas, a specialist at Tygerberg hospital, spoke about educating and training medical students about endometriosis in order to diagnose patients sooner.



Leigh-Anne Alexander



Zamafiso Sibande

We attended the information session as assistants and did not know much about endometriosis, and after the talk, it became apparent to us just how little we knew about the disease. Endometriosis is often referred to as 'the silent disease', as women don't speak about it. Patients with endometriosis experience severe pain when they menstruate, which impacts all aspects of women's lives. The information session opened our eyes to the reality of endometriosis and the huge impact it has, not only on the lives of the women living with it but the people around them too. These could be their mothers, sisters, brothers, children, husbands or friends. Nodding, teardrops, hugs and holding hands with their loved ones because they could relate to the presentations given by various experts. Moreover, one of the most notable experiences was when we spoke to a husband attending the event. He told us that his wife had endometriosis-like symptoms for 12 years before being diagnosed with endometriosis and spoke about the struggles that they endured prior to diagnosis. He shook his head as he mentioned the numerous experiences his wife endured. It was as if her battles were his and he too felt the disappointment and frustration as she did. While the session was at times challenging for those who attended, we admired the strength and courage that the women in the room possessed.

We are currently MA students in the department and our studies are in the field of endometriosis.

Exploring fatigue on women who have endometriosis: A South African study by Zamafiso Sibande

My study forms part of a larger study being conducted by Dr Roomaney, that aims to develop an intervention for fatigue for patients with endometriosis. My sub-study aims to explore persistent fatigue in patients with endometriosis. I will conduct interviews with patients with endometriosis in order to understand how women with endometriosis describe their experiences of chronic fatigue and what they do to cope with the fatigue. The findings of my study will be used to develop the intervention for patients.

Endometriosis: Is there a Delay in diagnosis? A Mixed Method South African Study by Leigh-Anne Alexander

The aim of my study is to determine if there is a diagnostic delay in patients with endometriosis in South Africa, the extent of delays and factors associated with these delays. My study is a convergent parallel design that will utilise surveys and semi-structured interviews. My hope is to get a glimpse into the 'what' and 'why' regarding the delay in diagnosis in South Africa. It is also my hope that we can help women with endometriosis find treatment earlier and therefore live better lives.



By Leigh-Anne Alexander and Zamafiso Sibande



Speakers at the endometriosis information session

Why are we talking about again?!

Anthea M. Lesch PhD MPH



In July 2017, I attended the International Society for Critical Health Psychology Conference at Loughborough University in the United Kingdom. I was invited to deliver a five-minute challenge presentation at the conference: a call to arms to the critical health psychology community. As I reflected on what I would focus my five-minute challenge on, I settled on a question that I often encounter, either verbally or non-verbally, in both professional and personal conversations. That question is the title of this piece.

Why are we talking about ... again?! An enduring refrain in my conversations and interpersonal interactions. It is accompanied by discomfort, exasperation, eye-rolling, irritation, impatience and boredom. As a community health psychologist, qualitative researcher, teacher and activist my work is rooted in a social justice perspective. I am interested in exploring how Psychology can contribute to addressing inequalities and their impact on the health and well-being of vulnerable and marginalised populations in South Africa. The question that forms the focus of this piece is, therefore, one that I continue to ask myself and it forms the basis of most of my discussions with colleagues and other critical friends. For us, the question is accompanied by disbelief at how injustice and inequality continues to be produced and reproduced in South African society. Themes of power, injustice, discrimination and oppression continue to create the structures that shape our experience of the world. Societal failings are positioned as individual failings. Structural violence characterizes the day-to-day experience of the “other.”

Fill in the blank. In contemporary society conversations about poverty and inequality, racism, gender, disability, LGBTQIA issues (and many more) – all appear to be conversations judged by some as no longer relevant. Yet a glance around the social world that we live in and across the social media platforms that we subscribe to presents a competing narrative. Societal and global inequalities continue to shape the experience of the “other”. Societal failings continue to produce the lived reality of the most vulnerable and marginalized groups in a world in which gross structural inequalities hold privilege in place. People continue to be marginalized and vulnerable to exploitation and violence by virtue of their membership of an oppressed group – by race, gender, disability, sexual orientation, poverty.

I started my postgraduate studies in 1995 – one year into a newly democratic South Africa. As students, we were challenged to think about how psychology could contribute to social change and transformation in all of our academic work. We understood that these goals should guide the work of all socially conscious and responsible academics

and researchers in post-Apartheid South Africa. To conduct research that is socially relevant. The call for academics to contribute to transformation and social change remains and is also accompanied by the call to contribute to the decolonization of knowledge.

As psychologists we acknowledge that the world is complex. We work in complex and diverse landscapes comprised of systems within systems of injustice. These systems of injustice create burdens for those who are oppressed by an unjust social order. The oppressed are exposed to multiple layers of vulnerability, stigma and marginalization which fracture and shape their everyday realities and experiences. The complexity is multilayered. The vectors of injustice are intersectional.

We pursue our social justice and social change agendas in this complex world through our research, practice and activism. We focus on finding ways of mapping systems and their complexities so that we can do socially relevant work that transforms structures and contributes to social change. With our best efforts, we are simply making ripples on the surface of complexity as we struggle to compress messy realities into the constraints of our disciplinary boundaries and methodologies. The boundaries are as diverse as the issues that we seek to impact. Those of us who pursue social justice agendas in our work share common boundaries that impact our ability to shift structural inequalities and produce lasting social change. These boundaries include our disciplinary training and conventions, the restrictions of the research paradigms and methods that we adopt, institutional pressures that dictate how and what we produce, and what the outputs from our production are worth, our own levels of comfort and discomfort with complexity, messy reality and uncertainty. These boundaries constrain our freedom to choose what we do, how and with whom we do the work of transformation and social change.

The critical social theorist Bell Hooks points out that:

“there must exist a paradigm, a practical model for social change that includes an understanding of ways to transform consciousness that are linked to efforts to transform structures.”

(p.118, 1996)

Why are we talking about again?!

Anthea M. Lesch PhD MPH

The transformation of consciousness is crucial to achieving social change. However, in doing the work of transforming South African society, and contributing to social change, we must focus on the transformation of the collective consciousness. When we think about conscientisation (Freire, 1970) what we tend to focus on is stimulating awareness amongst those who are oppressed that they are being oppressed and that another set of social conditions is possible. The ubiquitous civil protests and social activism that is a deep rooted and abiding feature of life in South Africa leave us with no doubt that those who are oppressed are indeed aware of their oppression. Those groups of citizens whose lives continue to be shaped by poverty, economic and social exclusion, discrimination and oppression are persistent in their demand for a society in which the structures that perpetuate inequality are transformed. We need to deconstruct our understanding of critical consciousness, moving the processes of reflection and action that are crucial to transformation beyond our communities of practice and those who are oppressed into the consciousness of those who benefit from the production and reproduction of structural inequality. The pursuit of social justice must be shared by the privileged and the oppressed.

How we contribute to the challenge of transforming collective consciousness through our work will vary. We will each weave together the strands of what we do, who we work with, and how we do the work of contributing to social change in different ways. In my work, I am interested in exploring what underpins the reticence to discussing issues of injustice in day-to-day interactions; and exploring how our tolerance for the silencing of dialogue about injustice and inequality acts to reproduce privilege and oppression. My practice to contribute to the transformation of collective consciousness is guided by: doing transdisciplinary work, creating roles for research participants in my work that are empowering; creating safe social spaces in which transformative dialogue can take place; and developing innovative ways of communicating the messages from my research beyond the power hierarchies of peer reviewed publications and conference settings so that they are visible and accessible in the broader public domain. In thinking about transformation and social change, we should all reflect on the question: How will I contribute to the transformation of collective consciousness?

Social change and transformation, therefore, requires intentional and active efforts to create social spaces that hold the potential for transformative dialogue between the privileged and the oppressed. Transformative dialogue cannot take place in spaces where conversations about injustice and oppression, about race, gender, disability, poverty, LGBTQIA issues are governed by unequal power relationships, subject to surveillance and where voices are silenced with expressions of exasperation, eye-rolling, irritation and impatience and boredom.

Learning about Psychogenic Non-Epileptic Seizures



Gabriele Vilyte
Supervisor: Dr. Chrisma Pretorius

“You must definitely get that guy” – the head nurse whispers to me. He will be my first participant on my Master’s research project. All the patients around me are hooked to video electroencephalographers (vEEG) and are here to get a diagnosis for their seizures. Some of them will leave with a diagnosis of epilepsy, some with that of psychogenic non-epileptic seizures (PNES), and others will be diagnosed with other non-epileptic seizures. PNES are seizure-like events that stem from psychological distress and are devoid of the accompanying abnormal electrical discharges in the brain, which are the trademark of epilepsy, making PNES a conversion disorder. The private clinic I am collecting my data in is one of the four in this country that offer their patients access to vEEG technology – the gold standard for definitive PNES diagnosis.

As I come to this patient’s room and introduce myself, I realise he has some issues with his fine motor skills and I will have to administer the questionnaire verbally. As he speaks to me he does it slowly, often looking for words. Despite him being a native English speaker I have to explain to him words such as ‘assertive’, ‘courteous’ and ‘resentful’. He gets tired mid-way and asks for a 10 minute break. As we speak he seems to divide his life into “before” and “after” the accident. He was a university student before and used to remember things then. It all changed after the accident – that is when the seizures began. I am running a double-blind study, where at the time of questionnaire administration neither me, nor the patient, nor neurologist know the participant’s diagnosis. And despite all my extensive research on PNES I leave his room thinking that there is no way this is not purely physical.

Another day, I see a man clutching his phone for dear life. He is in an intense conversation with someone from work and all of this electrodes-attached-to-his-skull and him-attached-to-the-bed business is rather inconvenient. He is stressed and finally detaches the extensive wiring from the panel to pace through the ward corridors continuing his conversation. This goes on for a while with him switching between marching through the corridors and sitting in his room, all the while never letting go of his phone. After some time of watching him I finally hear silence from his room and decide to seize the moment. As I enter he is fervently typing with a serious and concerned look on his face. He does not look up. I greet him and introduce myself. Straight away he asks me how long this will take and once I tell him “20 minutes” he seems content. He asks me to come back after 10 minutes when he is finished with what he is doing. I can see he is stressed and gets distracted from the

questionnaire all the time, yet is adamant about wanting to do it. When he finally finishes the questionnaire, it has been 4 hours since I first approached him. I am tired from spending the whole day at the clinic. Although I do not voice it to the head nurse who has been there since 6AM.

Another man I meet tells me he is well-known, but I have never heard of him. This seems to upset him somewhat. I tell him I am not South African and he seems content with this explanation. When I come home I google him and see words such as “legend”, “household name”, and “industry veteran” attached to his name. He is entertaining and we have a great conversation. When I tell him that the questionnaire is self-administered he seems to be disappointed so I suggest we do it orally and that makes him happy again. “There’s nothing else to do here anyway” – he tells me. He asks me not to close his room door, because he has nothing to hide. After we finish, he tells me how his seizures came back after a long time – he was at work when suddenly he thrust his hands in the air and fell to the floor knocking his head on the desk. “I swear I looked like my team had won the world cup”, he says. At the end of our meeting, I cannot help but peg him as ‘not PNES’; he cannot be – he is joking with me about the seizures. He is not the distressed person I would imagine – once again confirming the often invisible clutch of mental disability and the sly ways it can camouflage itself under physiological symptoms to the untrained eye.

This last man greets me with a pleasant and eager smile and after I tell him about my study he nods as if he was ready to do what I asked from the minute I said ‘hello’. He dutifully fills out the forms, hands them to me and with a bright smile says “here you go”. Once again I fall into the trap of taking the façade for granted and think to myself – this person seems so happy, there cannot be anything wrong with him.

While different, these four men have one thing in common, in the next few days they will be diagnosed with PNES – a condition that looks like epilepsy, disables like epilepsy yet cannot be relieved with anti-epileptic medication (AEM).

Research suggests that most often the development of PNES can be tracked down to psychological trauma, with sexual and physical abuse being the most common. The only South African study on the PNES patient profiles so far suggests that 50% of seizure patients in an epilepsy monitoring unit (EMU) will have PNES. This is a rate that is 10-30% higher than international averages suggested

Learning about Psychogenic Non-Epileptic Seizures

by research from the Global North. However, this is not surprising when one takes into account the high incidence of sexual and physical abuse experienced in South Africa. Nevertheless, it is a largely unknown condition even to healthcare professionals in this country. The lack of awareness of this condition internationally has meant that many of the sufferers have to wait for up to 10 years for correct diagnosis, all the while suffering from a condition that is as disabling as uncontrolled epilepsy, prevents them from driving, and often means fruitless use of AEMs and the experience of stigma that comes from having seizures.

In order to accelerate and improve access to diagnosis for individuals with PNES, I researched alternative diagnostic methods as part of my Master's project. I looked into factors that have shown significance in differentiating between PNES and epilepsy by collecting questionnaire data on seizure characteristics, personality profiles, abnormal illness behaviours and psychiatric comorbidity of individuals with PNES in the hopes of coming a step closer to a PNES screening tool that is quicker, cheaper and easier-to-administer than vEEG. While the study was small, a 7-item screening measure validated for depression, anxiety and PTSD (Beck Anxiety Inventory – Primary Care) showed promising results, with a 12-point score being able to differentiate between PNES and epilepsy or other non-epileptic seizures with 80% sensitivity and 89% specificity.

Some seizure characteristics such as frequency of seizures and age of seizure commencement also showed promise, as well as experience of chronic pain. These factors are now set to be explored further as part of a doctoral dissertation.

I start writing up the article based on the quantitative data I gathered, devoid of the rich histories of my participants, but nevertheless much needed. Despite additionally collecting data from a governmental hospital with vEEG technology, the diagnoses were not made available on time barring me from including the results into my thesis. However, I decide to include these participants into my article and figure that my contact at the hospital has all but forgotten me or got sick of my pestering e-mails asking for diagnoses. I call the head vEEG technician who has been helping me with the project and he sounds apologetic telling me that they still do not have the diagnoses. The consulting neurologist has stopped coming due to other arrangements and the consultants have still not gotten back to him. It has been over a year for some of my participants and some of them have been in for additional monitoring more than once already. "Really sorry about that, man. But we will be in touch?" – he asks with us both releasing a sigh of determination. "Yep. Definitely" – I answer.



Overcoming Career Circumscription and Compromise: Career Guidance and Development to high school learners from selected communities in Stellenbosch, Franschhoek and Delft

Prof. Tony Naidoo

Honours students from the Psychology and Industrial Psychology departments are involved in a new collaborative project which will see them use their knowledge and skills in providing career guidance to Grade 9 learners at 8 schools in Stellenbosch, Franschhoek and Delft. They will also receive course credit for the workshop material they design and for their workshop presentations.

The project essentially links the Career Psychology modules of honours students in the two departments with the needs of the schools to provide all their Grade 9 learners with assisted career assessment and guidance. Grade 9 is a pivotal year in which learners are required to choose their school subjects for the senior high school phase. These school subjects in effect determine career pathways for the learner. Given the limited level of career guidance and counselling offered at schools, the proposed intervention seeks to assist the Grade 9 learners:

1. identify their interests and other career attributes;
2. link their career attributes to career choices;
3. make informed choices about their choice of senior school subjects;
4. engage with the career barriers they encounter in their contexts, and
5. render career counselling in line with the needs of the learners.

The project is being conducted by Prof. Tony Naidoo and Dr. Stephan Rabie in the Psychology Department and Ms Michelle Visser, Ms Marietha de Wet and Prof Deon de Bruin in the Industrial Psychology Department. The selected schools for the intervention are Kayamandi HS and Makupula HS in Kayamandi, Kylemore HS, Cloetesville HS, Franschhoek HS and Groendal HS in Franschhoek, Stellenzicht HS in Jamestown, and Rosendaal HS in Delft.

Our “ABCD” story – In Our Blood

Ms Sadi Motsuenyane and Dr MJ Keikelame

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Asset Based Community Development (ABCD) is about identifying and using what you have – resources, knowledge, skills and talents to meet basic needs and achieve own developmental goals. Our great grandfather was a Reverend of the African Methodist Episcopal Church and our grandfather attended a missionary school and later worked as a court interpreter. Through his work, he acquired a lot of knowledge regarding land issues and the value of property. Following on the legacy of his parents, our father and his uncles bought large tracts of land in in the former Transvaal, now the North West Province. We grew up on a farm where we depended on the innovative and effective use of land to generate income to meet our basic needs in a sustainable manner. Our parents used their skills, talents, traditional and acquired knowledge for production and processing of a variety of crops, vegetables and fruits as well as large and small livestock. Our father was a qualified from Indaleni Technical College as a Blacksmith. Our mother had exceptional food preparation and processing skills which she acquired as a domestic worker for a Jewish family.

Investing in human development was a priority for our family and community. As a result, immediately after re-settling on their farms, they built a school – Motsuenyane Bantu Community School and a Church – the African Methodist Episcopal Church on the land donated by one of their uncles. The Church was also used as a school – catering for the sub-standards A and B and standard one. Our farm was about 12 km away from school. Our father designed a donkey cart which we used for our transport. It was designed in such a manner that our books were protected from rain and that we could also carry our food and fodder for the donkeys under the seat. We were VIPs as most children walked to school. Relationship-building and strong social networks were crucial for successful farming and self-empowerment and collaboration with neighbouring farmers. Growing up in a dynamic and self-driven family that had the capacity to use its own resources for sustainable livelihoods left an indelible mark in our lives and our ways of thinking and practice.



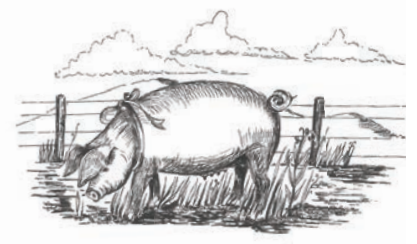
Associations with local dairies - an asset - monthly cheque from milk



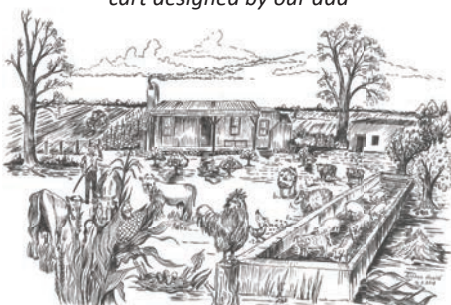
Our mode of transport to school - cart designed by our dad



Our community school



Our mothers piggery project



Income from farm



Praying for rain under the tree



Solving polluted water - rat in a well

Rwanda: Land Of Hills, Place Of Tragedy

Prof. Ashraf Kagee



Rwanda is known for many things - its hilly terrain, gorillas, and its most famous export, coffee. But when most people speak of this landlocked East African country, the word genocide is never far away. The Rwandan genocide, in which close to one million people were killed in 1994, is one of the most brutal massacres in human history. The International

Social Work Conference was held in Kigali in March and I had the opportunity to visit this beautiful country with its tragic past.



Here is some background: Rwanda's population of nearly 12 million which consists of three groups; the Hutu (85% of the population); the Tutsi (14%); and the Twa (1%). Differences between these groups have not always been clear but it is generally accepted that historically Tutsis were cattle-herders while Hutus mainly grew crops. Before Rwanda was colonized by Germany and later Belgium, the country was ruled by a Tutsi king and the Tutsi population were considered the society's elite. Indeed, ethnicity, as everywhere, was a fluid concept and Hutus could become Tutsi if they accumulated large enough herds of cattle. Intermarriage between Hutu and Tutsi was quite common. When Rwanda became a Belgian colony in 1919 following the defeat of Germany in World War One, the colonizers set about the strategy of divide and rule. They emphasized ethnic differences and favoured the Tutsi minority with political and economic privileges. The Belgians introduced identity cards so that each Rwandan was labelled as either a Hutu, Tutsi or Twa (the parallels with our own country's apartheid laws are eerie).



In the late 1950s the Hutu majority revolted and Belgium withdrew from Rwanda. Thousands of Tutsis left the country and in the early 1960s a Hutu government was formed. Violence against Tutsis was committed regularly by the Hutu government throughout the 1960s and 1970s. The Rwandan Patriotic Front (RPF) was formed, consisting mainly of Tutsis who had fled the violence and who were living in exile in Uganda. In the early 1990s the RPF launched several attacks against the Rwandan army who were supported by France. Hutu extremists, many of whom held key positions in the government, encouraged anti-Tutsi violence and developed an extensive propaganda campaign to vilify their Tutsi compatriots. The situation was ripe for one of the most horrific campaigns of violence the world has ever seen.

On 6 April 1994 Rwanda's president Juvenal Habyarimana was assassinated when the plane on which he was traveling from Tanzania, along with the Burundian President, Cyprien Ntaryamira, was shot down. To this day, the assassins have not been named. Within a few hours after the assassination, the slaughter began. It is estimated that more than 800,000 Rwandans, mostly Tutsis, but also moderate Hutus were murdered by Hutu extremists within the space of a few months.

David Belton, a BBC journalist wrote: *"Rwandans, civilians, rose up, in a murderous spasm, against people they worked with, drank with, had married. Occasionally they got their hands on guns or grenades but usually the killing was conducted with machetes, knives, hammers, and clubs. In hospitals, nurses were hacked to death on the wards where they worked, new mothers slaughtered in their beds, their babies smashed against the walls. In schools, children were murdered and stuffed down latrines; in villages, storekeepers were rounded up and thrown alive down wells. In churches, gangs with machetes tore into the thousands that sought sanctuary there. Across the valleys and fields and marshes of Rwanda, no Tutsi was safe."*

The genocide was eventually stopped when the RPF, led by the country's current president Paul Kagame, defeated the Hutu extremists later in 1994 and Rwanda's slow reconstruction began. Today, surviving victims, perpetrators, and witnesses live alongside each other. But this is a country that has been traumatized in every possible way.

The Genocide Memorial is a compulsory stop for any visitor to Kigali, the capital. Here one learns about how this nation set about the near to impossible task of coming to terms with its traumatic past. After the genocide, the challenge was to deliver justice and punish perpetrators while restoring the fabric of society. After serious deliberation, the government initiated Gacaca, a system of community justice inspired by Rwandan tradition. Gacaca is loosely translated to mean "justice amongst the grass". It is based on the principle of restorative justice (rather than retributive justice) and evolved from a mix of traditional and modern approaches. Launched in 2002, Gacaca brought together survivors, perpetrators and witnesses before locally chosen judges to establish the truth about what had happened in the genocide and to determine consequences for perpetrators. Consequences included imprisonment, community service, and financial reparations.

Rwanda: Land Of Hills, Place Of Tragedy



As students and scholars of human behavior, it is necessary for us to reflect on how people – neighbours, friends, husbands and wives, can turn on each other in the most brutal manner imaginable. Several theories have been considered to explain the Rwandan experience.

Realistic Conflict theory proposed by Muzafer Sherif suggests that group conflict, negative prejudices, and stereotypes occur as a result of competition between groups for desired resources, in this case, the perception that the Tutsi minority enjoyed greater political and economic privileges in Rwandan society. Tutsis had long been regarded by the Hutu majority as unfairly enjoying greater economic and political privileges than they did.

Social identity theory developed by Henri Tajfel suggests that groups to which people belong, including so-called “ethnic groups”, are an important source of pride and self-esteem. Groups provide individuals with a sense of social identity, i.e. a sense of belonging. Social identity theory says that members of an in-group will look for negative aspects of an out-group, which enhances their self-image. In Rwanda, the Hutu Power movement, an extremist group that wielded considerable power in the society had a special derogatory name for Tutsis: cockroaches.

The work of the social psychologist Stanley Milgram is also informative. Milgram showed that ordinary people were able to deliberately inflict harm on others because they were instructed to do so by an authority figure. His work was especially helpful in understanding ordinary citizens in Germany helped perpetrate the Nazi holocaust in the last

century.

None of these explanations by themselves can explain the horror of the Rwandan genocide. By all accounts, enmity between the Hutu majority and the Tutsi minority was being fueled long before 1994, by the European colonisers over the past few centuries and by the Hutu-majority government in the decades leading up to the genocide.

Gregory Stanton of Genocide Watch has suggested that there are ten stages of genocide. These are: (1) classification, in which people are divided into “us” and “them”; (2) symbolization, when symbols are forced on to out-groups; (3) discrimination, which the dominant group denies the rights of other groups; (4) dehumanization, where one group tries to deny the humanity of another group, such as calling them “cockroaches”; (5) organization, in which special militias are organized, trained and armed; (6) polarization, in which hate groups engage in propaganda designed to polarize the society; (7) preparation, in which plans are made for genocidal killings; (8) persecution in which victims are separated out because of their identity; (9) extermination in which victims are systematically killed; and (10) denial, where the perpetrators deny that any crimes were committed. Of course, a stage theory may be helpful to describe a phenomenon such as genocide in hindsight, but it lacks any predictive quality.

There are many other examples of genocide around the world: the Armenian genocide perpetrated by the Ottoman Empire in which one million Armenians, Assyrians, and Greeks were killed between 1915 and 1923; the campaign of racial extermination of the Herero and Nama people by the German Empire between 1904 and 1907; the Nazi holocaust in which six million Jews, Roma, disabled persons, and homosexuals were exterminated in the 1940s; the Cambodian genocide in which nearly two million people died at the hands of the ruling Khmer Rouge in the 1970s; the Bosnian War when the Serbian army killed 100,000 Bosnians and Croats; and the Darfur genocide when the Sudanese government killed more than 300,000 of its citizens.

A crucial component of any genocide is polarization of a society and in this there are important lessons for the world today. Countries characterized by inequality, racism, and political dynamics where group differences are emphasized rather than minimized are often vulnerable to social upheaval, including intergroup conflict and, in extreme cases, genocide. Many countries, including our own, can learn from the horror of the Rwandan genocide. Societies around the world, especially those with a history of ethnopolitical conflict, need to be alert to the warning signs of mass violence.

Today Rwanda appears functional on the surface. Kigali is clean, well-kept, and even prosperous. Its people go about their daily activities, seemingly without any baggage of the events of just more than two decades ago. However, they undeniably bear the psychological and emotional scars of their country’s past. Perhaps part of Rwanda’s healing was to host the International Social Work Conference, an important and sobering event, which I had the privilege to attend.

Leipzig Guest Stay



Melissa Bradshaw, MA (Psychology) student, recently travelled to Leipzig University, participating in a Master's course offered by the Leipzig Research Centre for Early Child Development.

Leipzig is perhaps the liveliest city in Saxony, Germany. Dubbed the 'new Berlin', the city is known for its rich history, musical greats such as Bach, and was home to the first formal laboratory for psychological research established by Wilhelm Wundt. Founded over 600 years ago, Leipzig University is one of the world's oldest academic institutions, with notable alumni such as Friedrich Nietzsche, Angela Merkel, and various Nobel laureates. The Leipzig Research Centre for Early Child Development (LFE) falls under the Faculty of Education at Leipzig University. The research conducted by the LFE is focused on children between the ages of 0 and 10 and their caregivers, in order to understand the development of infants and children, and answer questions pertaining to this period in a child's life.

During my time at the LFE, I was able to attend classes offered as part of the MSc programme in Early Childhood Research. Taking place over two years, this is a research-oriented course, equipping students with theoretical knowledge, skills in statistical analysis, and methodological training in the field of early childhood research. Classes are interactive, and students are given the opportunity to develop their own research skills and ideas. Over the month that I was there, I was able to attend modules offered that covered topics such as developmental psychology, how to approach scientific research responsibly, empirical research methods, and looking at childhood from an interdisciplinary context. The lecturers in the department were very hospitable, and I found the courses offered very engaging. Furthermore, other students in the programme were from various countries around the world, and all were exceedingly welcoming to the visiting student from Africa!

The department also hosted the first 'Wilhelm Wundt Dialogue' while I was in Leipzig, with guest speakers Dan Sperber and Michael Tomasello. The dialogue focussed on the roots of human culture, delving into the question of what makes us human, providing an insightful and thought provoking discussion. What an experience it was to see two world-renowned experts in conversation with one another!

My time in Leipzig was truly very eye opening – the research conducted there is very different to the predominantly context driven research conducted in our department here at Stellenbosch University. I was also able to present my MA proposal to the PhD cohort of the LFE, which was met with interesting discussion and feedback. I was exposed to new and fascinating fields and methods of research, all of which allowed me to think about my own work in a new light.

I am so glad that I had the opportunity to travel to Leipzig, and to spend a month at the LFE. My trip has left a lasting impression on me, and I would happily return to Leipzig in the future.



International League Against Epilepsy (ILAE): Psychogenic Non-Epileptic Seizures Task Force

Dr. Pretorius was invited to join the ILAE team for the term 2018-2021, specifically, as a member of the Psychogenic Non-Epileptic Seizures Task Force of the Commission on Psychiatry. The Task Force is Chaired by Dr Markus Reuber; the Commission is Chaired by Dr Mike Kerr.

The overall goal of this group will be to examine Psychogenic Non-Epileptic Seizures and recommend how the ILAE can help move forward, with a global or international perspective. In the course of this term this Task Force is expected to identify clear goals and the steps that the League can take to realize those goals.

This involvement will enable Dr. Pretorius to continue with her collaboration with International colleagues and experts in this field. This Task Force will also build on a recent study that Dr. Pretorius was involved in. The PNES Task Force of the ILAE collected data from 48 ILAE chapters and 1098 health professionals from 28 countries around the world for this study. Interested colleagues can refer to the following publication for more detail about the work of this Task Force: *Access to diagnostic and therapeutic facilities for psychogenic nonepileptic seizures: An international survey by the ILAE PNES Task Force* (Hingray et al., 2018; *Epilepsia*, (59), 203–214. <http://doi.org/10.1111/epi.13952>).

Purist positivism and delusions of “relevance”: disreputable origins and unpalatable functions



Prof. Lou-Marie Kruger

I had just turned 18 when I first walked into the psychology department of Stellenbosch University, then housed in the Van der Sterr building, the building furthest away from the building where my other classes were, the newly erected BJ Vorster building. The distance between my two hoofvakke (political

philosophy on the 6th floor of the BJ and psychology in the van der Sterr) was not only too far to make it in the ten minutes between classes; the intellectual distance I had to cover on a daily basis also deeply disturbed my simple 18-year old mind. In the Van der Sterr building I was taught by men in white coats in large lecture halls; in the political philosophy department the seminar rooms were small and the men that taught us wore woven ties and serious glasses. On the 6th floor of the BJ we were confronted with unsettling questions; in the big Van der Sterr lecture hall we were bombarded with certain answers. Political philosophers Du Toit, Degenaar and Nash encouraged us and expected us to experiment with thinking and come up with new arguments and ideas. In the very deep basement of the Van der Sterr building we had to on Fridays replicate experiments under the stern eyes of graduate students, using odd-looking instruments, not allowed to leave until we find exactly the same than what has been found for the last 60 years. My 18-year old self was desperate for role models, but I found it hard to choose between the excitement of uncertainty and doubt of the woven ties and the safety of the facts and figures of the white coats. I did not notice that in neither world there was women. The existence of Dr. Betsie Nel, Mejjuffrou Shaw and Mevrouw Pieters in the department was but a rumour, I only encountered them in my Honours year. My intellectual role model would have to be a male, and of course a white male.

Now, 35 years later, still grappling with the same kind of tension that I have come to understand as one of the central ones in my discipline, I am trying to trace the lines that connect my department today with the department established in 1917 (exactly 100 years ago), with Professor Wilcocks as professor in psychology and logic, and 30 students. He

covered the following topics in a two-year module which was part of a degree programme in philosophy:

Sielkunde en Logika

Sielkunde:

Fisiologiese verskynsels van geestes fenomene

Die sielkunde van kennisie

Emosie en wilskrag

Abnormale toestande van bewussyn

Eksperimente in sielkunde

Geskiedenis van sielkunde

Logika

From 1919 to 1923 the courses offered are still general psychology and logic:

Algemene Sielkunde: Verhouding tussen liggaam en gees; metode van die sielkunde; sielkunde en die nodige fisiologie van sintuie en waarneming van ruimte en tyd; die Weber Fechner Wet; geheue en reproduksie; oefening, vermoeiing; aandag; waarneming; herinnering en verbeeldingskrag/fantasie; die instingroepe; refleksiewe, sensories-motoriese en ideomotoriese beweginge; dinkinhoud en dinkvoortgang; die sinlike gevoel; gevoelens, gemoedsaandoeninge en gestremdheid; die gewete; die wilsbesluit en karakter; selfbewussyn en die begrip van ‘n “ek”

Logika en Kennisleer 1922 word Inleiding tot Eksperimentele Sielkunde bygevoeg. Vierdejaar Algemene geskiedenis van die Europese Wijsbegeerte van Thales tot vandag ‘n Opstelonder leiding van die professor wat oorspronklike werk bevat 1922 word ‘n Seminaar oor Psigologiese probleme bygevoeg. In 1923 bestaan die vierdejaar uit die volgende modules Psigologiese navorsingsmetodes Seminaar oor psigologiese probleme Eksperimentele en praktiese werk ‘n Opstelonder leiding van die professor wat dien as voorbereiding tot selfstandige navorsingswerk

In 1925 there was an important new appointment. Dr. H. F. Verwoerd was appointed as lecturer (promoted to full professor in 1928) in *Toegepaste Sielkunde en Psigotegniek* (Applied Psychology and Psychotechnique) with the hope that this appointment would address the major demand for qualified Psychologists. Having studied in Germany, Verwoerd

arrived at Stellenbosch, greatly influenced by German ideas, but supposedly “this influence was ‘more technical and analytical than...nationalist, cultural or ideological’” (Miller as cited by Allsobrook, p.109). As a social scientist Verwoerd was said to be “descriptive, empirical and applied...He laced his lectures with social statistics, telling his classes that they must deal with the facts first – theory would come later” (Miller as cited by Allsobrook, p. 109).

Not only did Verwoerd’s appointment firmly establish the positivist approach that would become dominant and stay dominant in the department for the next 100 years, but his arrival also marked the beginning of the department’s concern with application and relevance. Off-campus Verwoerd concentrated on social welfare activities and saw himself as a “scientifically trained technician” (Allsobrook, p.109) – as was called for by the Carnegie Commission. When he left the department in 1933 to establish the first sociology and social work department in South Africa (Wilcocks became head of the senate in the same year), he was, in the words of Wahbie Long, in fact abandoning “basic psychology and its accompanying irrelevance in order to serve the Afrikaner volk”. In the psychology department positivism’s “embarrassing affair with Apartheid” (in the words of Allsobrook) had begun and the question of relevance (“perhaps the discipline’s most enduring motif”) became the question of central importance.

In the 1950s the department, under the leadership of the legendary AB van der Merwe, remained committed to an ideal of public service, although they avoided Afrikaner nationalist discourse in order to broaden their constituency, replicating the strategy of the ruling National Party that was attempting to downplay its republican ambitions.

Prof. Van der Merwe (1984) later said “*dat die Departement Sielkunde aan die Universiteit van Stellenbosch vanuit die staanspoor eklekties van aard was: eksperimentele navorsing, statistiese metodes, sielkundige toetsing en evaluering van persoonlikheid was die basis van die kurrikulum, Dit was dus ‘n empiriese benadering wat nie net bygedra het tot ‘n gunstige wetenskaplike klimaat vir die vak nie, maar het die vak ook meer praktykgeoriënteerd gemaak.*”

With the declaration of a republic in 1961, however, Afrikaner psychologists (including many at the department) grew bolder and would not countenance the prospect of a racially integrated discipline. There was an open appeal for research of “ethnically relevant.” The survival of the *volk*—and, by extension, the preservation of apartheid

rule—demanded research that “involve[d] the scientific basis of separate development” (Robbertse, 1967, p. 11).

In a masters thesis reviewing the history of the department between 1917 and 1980, Van der Merwe’s granddaughter drily remarks in a bit of an understatement: “The Department was often criticised for not being involved in socio-political matters in the country during the apartheid era and that the research done by the department was focused on sustaining the apartheid ideology.”

Thus, by the time I arrived in Stellenbosch in 1981 Verwoerd’s legacy seemed to be firmly entrenched in the department in more ways than one. When I left the department in 1987 to pursue my studies in political philosophy at UCT with one of the woven tie men (Andre du Toit), the psychology department felt like an anomaly with too many contradictions – the biomedical model existed quite happily alongside the humanism of Rogers and the existentialism of Frankl - the department of the helping profession was only interested in helping those who were white, middle-class and Afrikaans-speaking. Freud was declared dead and interesting only for historical reasons. Betsie Nel became an associate professor after 20 years as a lecturer...

At 23 I was a Trotskyite, a feminist, and a deconstructionist with absolutely no sense of irony, but I did hope never to see the department again.

It was, alas, a mere ten years later that I was back in the department to occupy a huge office in the Van der Sterr building, photographs of Wilcocks and Verwoerd still happily adorning the hallways. The tension between the biomedical approach of the clinical psychology programme and the existentialist-humanist approach of the counselling programme was now palpable. The department’s struggle for relevance in a post-apartheid South Africa was overt. The financialization of the university was becoming a dire reality: the era of publish or perish had begun.

But the department now was committed to transforming itself and to rid itself of its Verwoerdian roots. Appointments were made not only to change the demographics of the faculty, but also to develop a department that was intellectually more diverse and more progressive. Appointed as senior lecturer, I became the most senior woman in an all-white all Afrikaans-speaking department, the only member of staff who did not complete all my training at Stellenbosch University (one female member of staff did her Masters at Free State University and there was a very recent appointment of a Dutch statistician).

Now trouble was taken to recruit new staff members from other South African universities. There was a special effort to appoint people from previously disadvantaged groups. New appointees brought with them different intellectual paradigms and the department became a much more

vibrant intellectual space where the biomedical model was exposed to various critiques: a community psychology critique, a feminist critique, a cross-cultural critique, a psychoanalytic critique, a postmodern and postcolonial critique, and so forth. These dramatic changes coincided, perhaps coincidentally, with a much dreaded move across campus to the Wilcocks building, the department now once again geographically closer to other humanities and social sciences departments.

The pictures of Verwoerd and Wilcocks disappeared. The experimental instruments were now stored and displayed in glass cabinets in hallways – now only historical curiosities. By 2006, ten years after my return to the department, it seemed as if the department has entered a new era, an era that seemed to be characterized by a few important shifts.

Applied programme

In 2005 the department boasted 17 psychologists registered with the HPCSA as either clinical or counselling psychologists, the most ever in its history. The masters in clinical psychology and counselling psychology (programmes established in 1973) were merged into one masters programme in clinical psychology and community counselling. The programme was one of the first Stellenbosch academic programmes to be offered entirely in English and the student group was more diverse than most Stellenbosch programmes. A community clinic was established on the 2nd floor of the Wilcocks, a clinic that aimed to serve children, adults and families from the wider Stellenbosch community. This was a huge departure from a programme where student trainees honed their skills as clinicians by working at the student clinic, thus seeing mostly middle-class students like themselves in individual and group therapy.

The tables below summarise the demographic features of individuals who accessed support and care at WCPC in 2014 and 2015:

Demographic characteristics of individuals who accessed support and care at WCPC (2014)

Number of therapeutic consultations	Number of Individuals receiving care	Adults	Children/ Adolescents	Male	Female	Black	Coloured	White
979	311	157	154	94	217	68	206	37

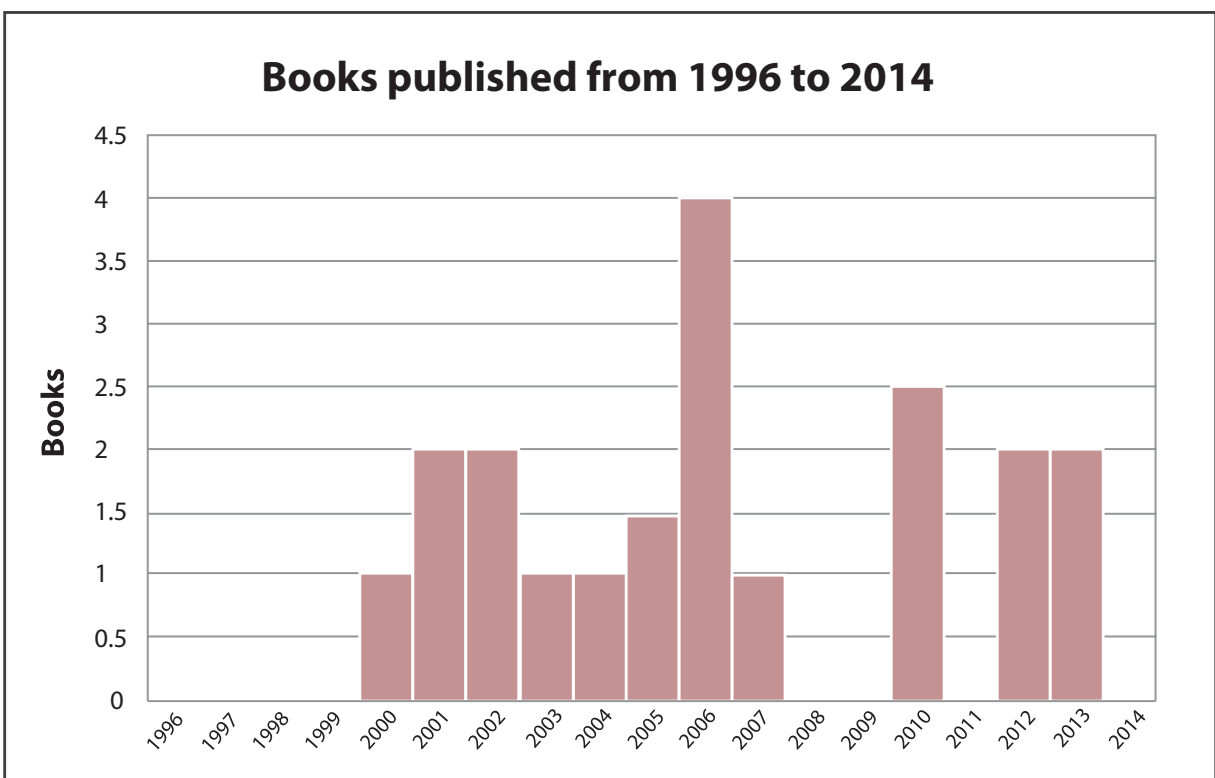
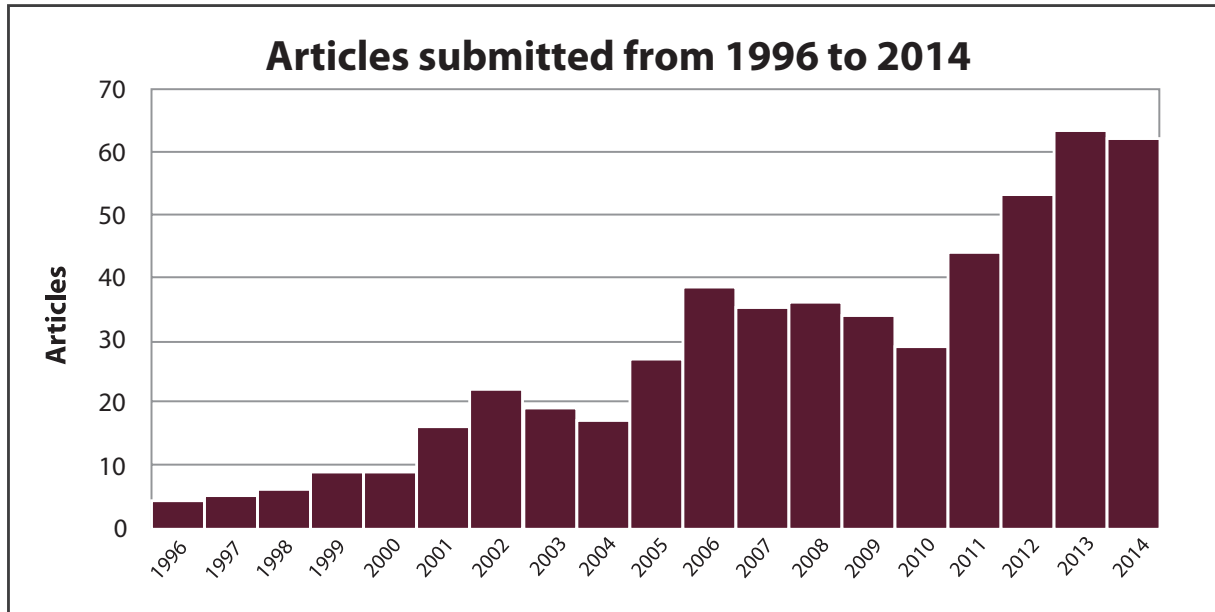
Demographic characteristics of individuals who accessed support and care at WCPC (2015)

Number of therapeutic consultations	Number of Individuals receiving care	Adults	Children/ Adolescents	Male	Female	Black	Coloured	White
1058	407	166	241	147	260	58	307	42

Research

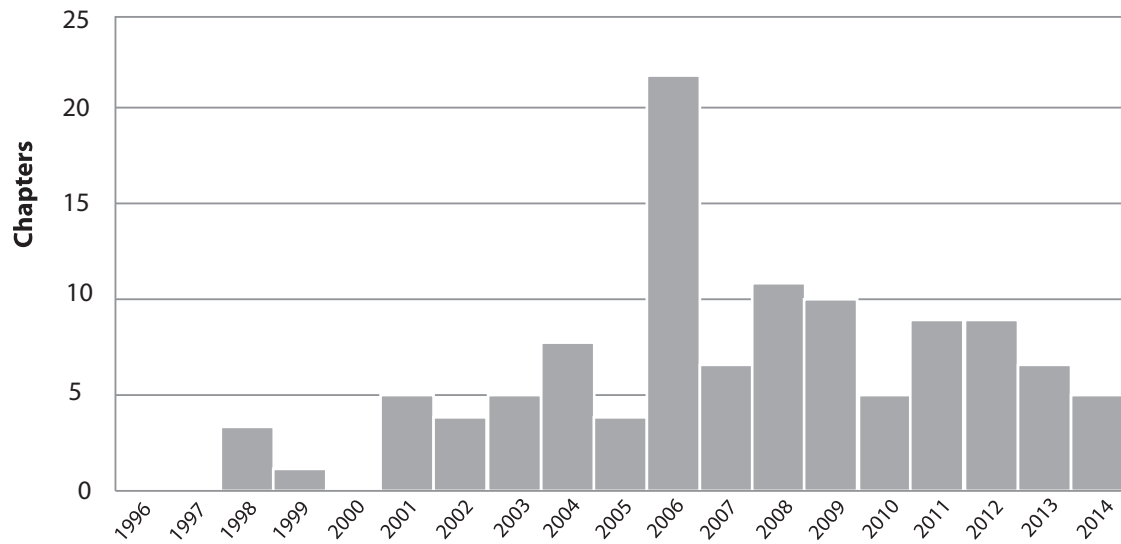
However, while it seemed clear that the department was becoming much more relevant in terms of its training of a diverse group of psychologists and the rendering of services to the community, there were not only changes in the applied psychology programme, there also were dramatic changes in the research profile of the department, both in terms of the kind of research that was being conducted and in terms of research outputs. In 2005, the number of articles published in subsidized journals for the first time exceeded 25, with a record number of 63 articles published in 2013.

Research outputs of the Department of Psychology



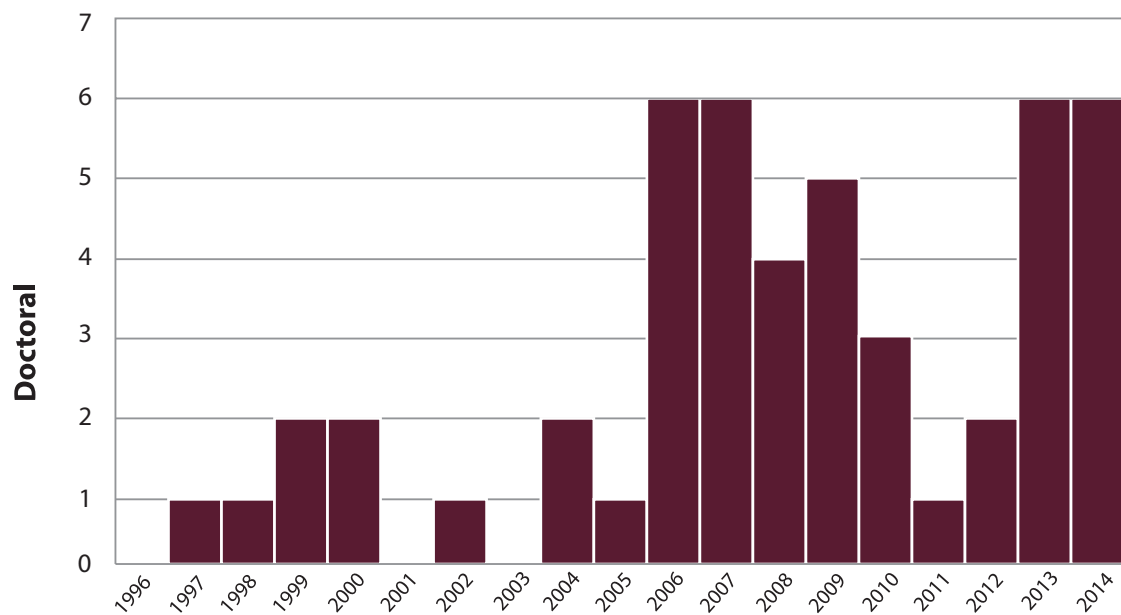
Research outputs of the Department of Psychology

Chapters written from 1996 to 2014



Research outputs of the Department of Psychology

Doctoral completed from 1996 to 2014



In the 2015 self-evaluation report of the department, the then head of the department, Prof. Ashraf Kagee, wrote:

“Perhaps the most effective marker of academic excellence is the research output of the department, especially publications in accredited journals. By all accounts, our output has grown substantially.

It is as a research department that we feel we have grown most substantially. We have evolved from a mainly teaching department as little as 15 years ago to a world-renowned and internationally acclaimed research department. Many staff members are part of local, national and global research networks. The Department participates in research with a number of partners in both the global north and in the global south, as well as with international agencies such as the World Health Organization.

Our postgraduate research programmes have mushroomed and our staff are sought after as supervisors for masters and doctoral theses.”

Recently senior members of staff, most notably professors Kagee, Tomlinson and Swartz became extremely successful in obtaining international funding for huge public mental health research projects. Also in the last ten years the Alan Flisher Centre for Public Mental Health, a cross university collaboration with the Department of Psychiatry and Mental Health at University of Cape Town, was established. This centre offers a MPhil programme, a programme that purports to address a critical and context-specific gap in academic study and research in Africa and low- and middle income countries. In the departmental self-evaluation report of 2015 it is stated that this Mphil programme is in keeping with the transformational vision and social commitment of the university, and its endeavour to develop research and exchange networks in Africa. The programme, the report states, also addresses a crucial issue of health inequities, shown in the over-representation of people with mental disorders in poor and marginalised communities. A key objective of this training programme is to create capacity for the development of evidence-based policies, plans and programmes to address mental health needs in poor countries in Africa (Stevens, Ward, & Duckert, 2016).

Public mental health/global mental

In the last ten years the department saw an increased focus on public mental health and global mental health. Public mental health can be defined as the science and art of promoting and protecting mental capital, mental health,

emotional wellbeing and preventing mental illness; and prolonging life and the quality of life through the organised efforts of society. *The movement for global mental health* is a network of individuals and organisations that aim to improve services for people living with *mental health* problems and psychosocial disabilities worldwide, especially in low- and middle-income countries where effective services are often scarce.

Underlying this arrival of the department on the stage of global mental health was an almost inevitable return to positivism and the biomedical model. The debate about truth and relevance was revived, once again.

So where am I now? Thirty years after leaving the department for the first time, despondent with my newly acquired Doc Maartens, disappointment with my discipline? The battle between the men with the woven ties and the men with the white coats is still raging, not only in psychology, also in my head. I think about truth and I think about relevance. All the time.

What is different now in the department is that there is a commitment to difference, an insistence to debate, a respect for different ways of thinking and doing psychology. It means that the department is perhaps a much more difficult place, but certainly a more interesting place than a 100 years ago.

There are no woven ties (alas), but there are also no white coats. There are short skirts and Mandela shirts. There is difference, hybridity, conversation, fierce academic arguments. There are men and women. The staff and student body are diverse in terms of race, not enough, but at least we are talking about it. All the time

It is a changed department. It is place defined by it being unsettled place, a complex place, a becoming place. Nothing is easy and straightforward.

I am so very glad to live here for now.