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The discourses that influence the application of the Ntu Psychotherapy by psychologists based in Pietermaritzburg, KwaZulu-Natal, South Africa.

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Submitted in partial fulfilment of the requirement for the degree of Master of Social Science in the Graduate Programme in Clinical Psychology, University of KwaZulu- Natal, Pietermaritzburg, South Africa

Declaration

This is to declare that the work is the author‘s original work and that all the sources have been accurately reported and acknowledged, and that this document has not in its entirety or in part been submitted at any university in order to obtain an academic qualification.

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Abstract

The study made use of critical discourse analysis to explore how psychologists in Pietermaritzburg, South Africa, talk about their practice of psychotherapy and Ntu psychotherapy in particular. The objectives of the study were to explore how psychologists define psychotherapy; to identify the type(s) of discourse which are used by psychologists in Pietermaritzburg regarding their preferred therapeutic techniques; to explore how discourses are used to promote or exclude particular psychotherapies.; to explore Pietermaritzburg psychologists‘ knowledge of the Ntu psychotherapy, and to explore Pietermaritzburg psychologists‘ position regarding the use or not of Ntu psychotherapy in their practice when working with black South African clients. The results of the study suggested that the definition of psychotherapy rests on the medical and scientific discourse and these continue to influence the choice of psychotherapeutic modalities by psychologists. None of the psychologists who participated in this study were aware of what Ntu Psychotherapy and culture was used as a resistive stance against the prevailing traditional psychotherapeutic modalities. Recommendations for training and methodology were also provided and discussed in this study.

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"Until lions tell their tale, the story of the hunt will always glorify the hunter" – African Proverb

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Chapter One: Introduction

Introduction

This chapter will discuss the aims and rationale of the study. This will be followed by an outline of the objectives of the study and the research questions. Definitions of terms key used in this study will also be provided as well as the delimitation of the study.

Aims and Rationale of the study

Mental health disparity is one of the prominent challenges facing our societies to date (Das-Munshi, Lund, Matthews, Clark, Rothon & Stansfeld, 2016; Dawes, 1985). Despite the end of colonial rule and apartheid, South African communities still face mental health disparities and the relevance of psychology in some communities (Das-Munshi et.al, 2016; Stein, 2014; Clark & Worger, 2016). The relevance debate has highlighted the dangers in Western psychological knowledge's ability to perpetuate colonial interpretation of academia, and the psychological impact on both the practitioner and mental health care user (de la Rey & Ipser, 2004; Painter & Terre Blanche, 2004; Sher & Long, 2012). This form of interpretation further assumes that psychotherapy is value free; in that it does not promote the understanding of human behaviour through the Western/Eurocentric discursive explanations" (Samuels, 2004; Tietze, 2015; Yen & Wilbraham, 2003;). Michael Foucault (1975) was interested in the inherent power in discourse, the kind of institutionalized talk shared by a group of people, a profession and individuals. It is important to acknowledge that once people subscribe to a particular discourse, they may unwillingly promote the definition, knowledge of that topic and in turn give it legitimacy and importance (Foucault, 2013).

The Health Professions Act (56 of 1974) recognizes the need for psychologists to use the best current psychological tools when making a decision regarding appropriate care and treatment for a patient (Mental Health Care Act 17, 2002). Current research advocates for Evidence Based Treatments in psychology as these are thought of to be scientifically validated and scrutinised (Norcross & Wampold, 2011; Spring, 2007). Therefore, evidence based treatments were introduced for practioners to be held accountable for best health care practices. However, this evidence based treatment is intertwined with power and politics (Hurlburt, Aarons, Fettes, Willging, Gunderson & Chaffin, 2014; Norcross & Wampold, 2011). It brings into question what constitutes evidence, according to whose standards and what qualifies as evidence. Evidence based treatment is deduced from trials and experiments

from other countries including: United Kingdom, Canada and United States of America (Norcross & Wampold, 2011; Spring, 2007). The effectiveness of psychological treatment is predicated on the results from monolithic studies adopted into other contexts. These monolithic studies are based on a single region of people who hold distinguishable premises and worldviews about what comprises the picture of mental health and illness (Norcross & Wampold, 2011). South African individuals hold salient values, norms and behavioural expressions markedly different from the Western and Eurocentric contexts (Hook, 2005; Parker, 2003). Evidence based treatment is based on more idiographic processes of acquiring information regarding clinical decision making (Norcross & Wampold, 2011; Spring, 2007). The current research on psychotherapy argues that Psychotherapy tends to reproduce the knowledge of the minority (in terms of who this knowledge was produced for) by discarding the realities of coloniality in everyday realities, in everyday dialogues and conversations (Adams et.al, 2015; Parker, 2002). Such research reveals more than the psychological tendencies that scientific research propose natural standards of human behaviour and experience (Adams et.al, 2015). As stated above, such evidence is still a product that promotes the interest of the privileged minority in affluent centres.

The use of psychological instruments, psychotherapeutic techniques included has been shown to have limitations when applied to a South African context (Foxcroft, Paterson, le Roux, Herbst, 2004; Foxcroft, 2011). The mental health profession has been largely guided by a single code which is mostly founded upon the era of the Enlightenment promoting the concept of objective neutrality in understanding human behaviour (McNamee & Gergen, 1992). According to Queener and Martin (2001) most psychologists have recognized the limitations of these traditional Western psychotherapies in a culturally diverse population as there are inherent dangers in using inappropriate methods which have not been contextualized to a particular setting. These dangers include the risk of endorsing Western/ European ontological assumptions and value systems into our societies (Gregory & Hamper, 2014). Indeed, such value systems may lead to the pathologizing of African individuals who fall outside the norm of European standards (Foxcroft, 2011; Gregory & Hamper, 2014). This study hopes to explore whether the therapeutic techniques used by psychologists in Pietermaritzburg are appropriate for their Black African clients. Western modalities created in Western contexts inevitably assess whether communities will be able to function adequately in their contexts. This is because therapeutic techniques are in of themselves assessments

tools which consider an individual‘s function, prognosis and the ability for the therapist to impact some form of change (Roche, 2005; Wampold, 2013). For example, a cognitive assessment considers not only an individual‘s cognitive skills but how they will function in a Western context. Therefore, therapeutic techniques as assessment tools may negate the role of an individual‘s context in influencing the understanding of the entire being. This study will also unpack the discourses posited by South African psychologists regarding the use of Western influenced psychotherapeutic methods over more African inspired ones like Ntu Psychotherapy (Edwards, Makunga, Ngcobo & Dhlomo, 2004; Jones, 2007). This may open new vistas for alternative therapeutic discourse and practice.

Furthermore, this study may highlight the inadequacy of our training institutions in preparing psychologists in being able to undertake the demands of working with diverse black African clientele. This may draw attention to self–colonization perpetuated by colonial ideals present in academia that African ideals are primitive, superstitious and not worthy of exploration (Hanks, 2008; Hook, 2004). As such even though many scholars agree that there is a need for multicultural therapeutic modalities have bought forth that there is not enough empirical data to justify such a need and in turn do little to modify their practices (Casas, Suzuki & Alexander, 2014; Griner & Smith, 2006). This study thus aims to investigate the justifications provided by psychologists for their positions regarding culturally sensitized approaches. Hence, the Ntu psychotherapy is based on an Afrocentric framework, which emphasizes African principles that support and consider African behaviour beyond the confines of the Eurocentric paradigm (Gregory & Hamper, 2014). Ntu Psychotherapy is said to be an approach that is culturally competent and empirically validated (Gregory & Hamper, 2014; Jones, 2007). The effectiveness of the Ntu Psychotherapy has been documented in numerous studies arguing that as an Africentric framework in understanding mental health and illness, it is a fluid therapeutic technique which caters for an individual holistically (Ak‘bar, 1984; Asante, 1988; Gregory & Harper, 2014). Ntu Psychotherapy has been used in cases ranging from Substance use to Culture centred case formulation (Casas et al, 2014; Helmeke & Sori, 2012; Richmond & Grecie, 2008). According to a study by Griner and Smith (2006), cultural adaptations made resulted in a significant improvement in an individual‘s mental health. This was earlier stated by Gregory and Harper (2001) in Ntu approach to health and healing where they argue that due to its pluralistic nature, the Ntu approach does not just align with one modality of healing since individuals cannot be conceptualized as mono-cultural but multicultural (Berg-Cross & So, 2005).

Objectives of the Study

The objectives of the study were the following:

1. To explore how psychologists define psychotherapy.
2. To identify the type(s) of discourse which are used by psychologists in Pietermaritzburg regarding their preferred therapeutic techniques
3. To explore how discourses are used to promote or exclude particular psychotherapies.
4. To explore Pietermaritzburg psychologists‘ knowledge of the Ntu psychotherapy, and
5. To explore Pietermaritzburg psychologists‘ position regarding the use or not of Ntu psychotherapy in their practice when working with black South African clients

Research Questions

1. How do psychologists practicing in Pietermaritzburg define psychotherapy?
2. What discourses shape the use of dominant psychotherapeutic techniques utilized by South African psychologists based in Pietermaritzburg?
3. What is the impact of the discourses on therapeutic choices made by psychologists when working with black South African clients?
4. What knowledge do psychologists in Pietermaritzburg have of Ntu Psychotherapy?
5. What encourages/discourages the use of Ntu psychotherapy by psychologists in Pietermaritzburg?

Definition of Terms

African Psychology – African psychology is a psychology that stresses the importance of Afrocentric worldviews regarding the human condition. It places value on African ancestry, cosmology and epistemological understandings of mental health and illness. It is an approach that moves away from the dominant Eurocentric/Westernised premises of understanding human behaviour (Nwoye, 2015; Valerie et.al, 1998).

Ambivalence - Ambivalence is the relationship between colonizers and colonized. It marks the colonial encounter between white presence and black semblance where the colonizer both enforces colonial authority while in the same breath encompassing its strategic failure (Bhabha, 1994).

Black Psychology – Black psychology is a branch of African Psychology which narrows its focus to the black community. Black psychology thus speaks to the experiences of the black

individual in a post-colonial world. It aims to address the challenges predominantly faced by black people in the context of mental health and illness (Adams, 2010; Belgrave et.al, 1994)

Discourse – Discourse is written or spoken communication. It looks to the nature of conversation through a particular modality or context. Thus, discourse is used to distinguish varying forms of presentations, habits of language that produce particular kinds of cultural and historical located meanings (Foucault, 1971; Foucault, 1975).

Eurocentric – Eurocentrism is focusing on European culture to the exclusion of other worldviews. It speaks to the practice of looking at the world from a general European perspective with an implied belief in Eurocentric values, norms and practices. Thus, Eurocentric worldview highlights only the history and culture of Europe (Stam, 2014).

Hybridity – Hybridity is the integration of signs, symbols and cultural mingling of cultural practices from the colonizing and the colonized cultures. It marks the cross assimilation of cultures, the mixed-ness of different cultures as both inhabit the same space. Hybridity is thus both dynamic and oppressive (Bhabha, 1990; Bhabha, 1994).

Liminality – Liminality or third space is a concept which seeks to explain the space that the colonized individual occupies. This space is marked by a desired likeness of the colonized towards the colonizer‘s culture whilst at the same time rejecting its authority through the mingling of one‘s native culture. This space is where the dismantling of the colonial system occurs and shows the strategic failure of colonial power (Bhabha, 1994)

Mimicry – Mimicry is the assimilation and copying of cultures, language, ideas and mannerisms. It is the imitation of one species by another and the by-product of mimicry is to camouflage (Bhabha, 1994; Kumar, 2011).

Relevance – Relevance is the idea of being able to relate to the current social context. Hence, it is a stance taken against the ability for psychology to relate to the matter at hand. It speaks to social and practical applicability (Macleod, 2004; Painter & Terre Blanche, 2004).

Universal – Universalism is the idea of including or covering all or whole collectively with exception of others and the differences that may exist. It further extends that all assumptions regarding human behaviour can be generalised from one context to the next (Eagle, 2005).

Delimitation and Scope of the Study

This study explored the discourses used by psychologists in Pietermaritzburg for or against the use of Ntu Psychotherapy. This study is thus limited to the area of Pietermaritzburg and not intended to be generalised to other settings. The results of this study cannot be superimposed on other psychologists as a universal position taken and adhered to.

Conclusion

The chapter provided a justification for the purpose of the study. Through the discussion of the aim and rationale, it has shown the problematic nature of culturally inappropriate modalities in the post-apartheid South Africa. The following chapter will provide a discussion of the literature that was reviewed in this study.

Chapter Two: Review of Literature

Introduction

The profession of Psychology has been bombarded with paradoxes and shortcomings in its pursuit to become a natural science. Historically, it has been utilized as a political weapon to legitimize the opinions of the ruling group(s) (Ahmed & Pillay, 2014; Eagle, 2005; Louw, 1997). Therefore, just as a political system is continually subjected to scrutiny; the same should hold true for Psychological knowledge through a discursive critical framework. It is important that we re-examine some of the underlying assumptions of psychology in order to assess its relevance in the lives of communities especially its use in multicultural contexts such as South Africa. The literature review is a systematic perusal of the role of Psychology and its impact on the livelihood of South African people. It will discuss the current position of Mental Health, the various discourses prevalent in psychotherapy, Ntu Psychotherapy and the possible future direction of psychotherapy in South Africa.

Background into mental health care in South Africa

South African health care systems are founded upon apartheid ideologies that aimed to legitimise social injustices through the promotion and promulgation of racist legislation (Coovadia et.al, 2009; Pillay & Freeman, 1996; Barron & Fonn, 2007). The government through such policies created political and statutory bodies for the control of health care professions and facilities. Said institutions were specifically designed to maintain the racial segregation and the prevailing discrimination in health care systems (Pillay & Freeman, 1996; Mental Health Act, 1973). This often resulted in a biased and fragmented process towards curative care while the private sector became inequitable and inaccessible to the majority in disadvantaged positions. This is supported by Coovadia et.al (2009, pg. 14) who argued that "the roots of a dysfunctional health system and the collision of the epidemics of a communable and non-communable disease in South Africa can be found in policies from periods of the country's history, from colonial subjugation, apartheid dispossession, to the post apartheid period". The challenge facing the South African government today is to design a comprehensive programme to address the social and economic injustices. To eradicate poverty, reduce waste, increase social agency and efficiency in the promotion of control by communities and individuals in their everyday lives (National Health Policy, 1994). Furthermore, to address the harmful effects of apartheid health-care systems on those previously disadvantaged (Pillay & Freeman, 1996).

After the first democratic elections, the African National Congress's National Health plan (1994; pg. 46-47) reintroduce the conditions stipulating mental health in a South African context as the aim of the mental health policy will be to ensure the psychological well-being of all South Africans and to enhance their ability to conduct themselves effectively in social, interpersonal and work relationships. As psychological well-being is determined by social and material conditions as well as physical, spiritual and emotional health, the policy will aim to eliminate fragmentation of services and ensure comprehensive and integrated mental health care. According to Burns (2011) there are barriers still facing the effectiveness of mental health care in South Africa and they are: the structural state of psychiatric hospitals, the shortage of mental health professionals, an inability to develop vitally important tertiary level psychiatric services (such as child and adolescent services, psychogeriatric services, neuropsychiatric services, etc.) and community mental health and psychosocial rehabilitation services remaining undeveloped so that there is not proper reintegration of patients back into their communities. However, the state of affairs remains unchanged despite the legislative recommendations in the Mental Health Care Act, 1973. Due to this, mental health care needs generally end up at the bottom of the pile where the money is allocated to more pressing needs as decided by the government. The structural state of psychiatric hospitals is predominantly influenced by state policy, legislation and infrastructure (Burns, 2011; Pillay & Freeman, 1996). Many communities still are faced with not having a proper policy plan in place regarding the burden of mental disorders prevalent in their communities, thus, mental health is not seen as important as medical issues (Pillay & Freeman, 1996). However, the Mental Health situation is not only dependent on the structural barriers but also on the perceptions of communities on what constitutes mental illness and mental health (Burns, 2011; Patel, Ayara, Chatterjee, Chisholm, Cohen, De Silva, Hosman, McGuire, Rojas & van Ommeren, 2007).

Critical Approach to Mental Health

The profession of Psychology falls under the Mental Health policy and for the purposes of this study there will be targeted focus on the role of Psychology within the larger system of appropriate mental health care. A critical framework will be utilized to question the oppressive nature of psychological knowledge within a therapeutic space in South Africa. This framework takes a critical stance against knowledge often taken for granted, it assesses how this knowledge is both constructed (how are accounts built) and constructive (how these accounts build the world) (Burr, 1995; Hepburn, 2003). The relevance debate is located

within the critical framework, which emerged as a form of critical examination against the prevailing use of traditional psychological theories which continually reproduce, and maintain situations of exploitation, oppression and inequality (Ahmed & Pillay, 2004; Pretorius, 2012). Relevance advocates issues of social justice and transformation which have to be paramount in the profession of Psychology. This is because the relevance debate focuses on the relationship that psychology has had, is having and is going to have with any immediate community and the change it is presumed to be able to implement (Biesheuvel, 1991; Long & Foster, 2013) as well as the effects it will pose on said individuals. Social justice and transformation entails a conscious move from the oppressive stance in which psychology was based; towards a more inclusive, reconstructed model in which psychology can operate (Ahmed & Pillay, 2004; Shizha, 2012). This is because the notion of talking cure is found to be inadequate and insufficient in addressing the challenges faced by many South African people, as these are thought of to be founded on a particular history and socio-cultural background which is viewed to be disconnected from the African Spirit (Grills, 2006). The implication of using inappropriate psychological tools has led to the pathologizing of black South Africans who do not necessarily fit neatly into the Western standards, thus, psychologists end up diagnosing on things which are not there (Ahmed & Pillay, 2004; Pretorius, 2012). Therefore, the relevance debate has opened a space for the on-going arguments around: the role of psychologists, the transforming of mental health for it to be cultural and contextual congruent to ensure the fulfilment of the National Health Plan (Macleod, 2004; National Health Plan, 1994; Seedat et.al, 2004).

Discourse and psychology in Africa

"Critical psychology is the study of the ways in which all varieties of psychology are culturally historically constructed, and of how alternative varieties of psychology may confirm or resist ideological assumptions in mainstream model" (Parker & Burman, 2008, pg.101).

The Foucaldian concept of Psy-Complex is an intricate network of theories and practises which aim to govern control and regulate behaviour (Helsel; 2016; Parker, 2008). This complex comprises of the human sciences: psychiatry, psychology, criminology and medicine which aim to guide individuals in their understanding of normal‘ behaviour. Parker (2008) argues that the Psy-Complex is intrinsically a tool which operates to regulate society and how far individuals can deviate from the norm‘. Science is only one of the discourses of the Psy-complex, which has set out a framework in regards for normalisation, and specific norms in

living society (Hook, 2004; Scourfield, 2003; WirtCauchan, 2003). The psycomplex has achieved and maintained its legitimacy through the development of sophisticated tools for presupposed normal behaviour‘ and such tools were developed by middle-class professionals based on white middle class individuals (Goulart, 2016; Helsel, 2016). Through this, the Psy-complex has reintroduced the concept of ‘governmentality’ whereby it has the means and power to govern how we should behave in everyday living and how deviance from the norm can be cured (Croft, Gray & Rimke, 2016; Goulart, 2016; Parker, 2002). The Psy-complex legitimised an array of discourses which have prevailed within the profession of Psychology. These discourses are inevitably the result of the influence of the original country in which psychology was established, as well as the prominent thinkers of the discipline. Discourses play an important role in arguing for one‘s position against multiple perspectives in which to experience and influence the world. In this regard, discourses tend to become objects for political practice (Foucault, 1975; Gentz & Durrheim, 2009; Pretorius, 2012). Therefore, discourses can include, exclude certain individuals; geared for social agency and change. When we speak of the colonization of Psychology through the use of discourses, we speak of the psychology of the African people. Accordin Goulart, (2016); Croft, Gray & Rimke, (2016) psychology as it stands aims to articulate the understanding of human behaviour based on the assumptions of the Western/European descent as it has been previously stated (Croft, Gray & Rimke, 2016; Goulart, 2016).

Against the background of subtle social power inherent in the psy-complex and its policing of the African identity, African psychology emerged as a proclamation of the dangers of seeing psychology apart from politics (Alessandrini, 1990; Parker, 2004). It advocated for the reemergence of an African conscious Africa where it has to create a space for African ontological systems to be recaptured outside the lens of the Western/Eurocentric framework (Grills, 2006; Nwoye, 2015). African psychology was thus not a stance to exert superiority over other circles but an approach designed to re-energize and rejuvenate the African psyche (Nobles, 2004). African psychology challenges the very discourses which continually fuel the Western/Eurocentric ideologies which argue for: quantitative understanding, empirical justification and a focus on natural science. While African psychology is: qualitative, focused on contextual meaning and human science (Grills, 2006). This is because according to Gibson (2004, p. 214), Foucault argues that “bodies of scientific knowledge such as medicine and psychiatry contribute to the power of government” that is, through the organization and

categorization of knowledge, the practitioner gains knowledge and expertise concerning control over the patient. The narrowed focuses on the natural sciences lead to the medical gaze which acted as a means to legitimize the knowledge of the treatment and therapies of patients. Kugelmann (2004, p.52), argues that "we live in an environment which has been increasingly transformed by science and which we scarcely dare to term nature‘ anymore, and in a society which has itself both wholly shaped by the scientific culture of modernity".

The scientific/diagnostic discourses have resulted in the medicalization of psychology and the establishment of medical categories in which people can fit into (Pretorius, 2012). The medicalization of psychology thus blindly promoted the view that pathology is purely organic with no environmental basis or existing within a broader community context. The scientific discourse is founded upon the need to quantify behaviour. Through this, psychology could assert itself as a science which could be objective and value free (Ahmed & Pillay, 2004; Pretorius, 2012). This created a space where psychological phenomena could be generalized throughout an entire population as it was deemed to be scientifically sound and rational. Through psychology‘s passive acceptance of such assumptions regarding human behaviour, the practioners allow destructive practices to continually remain unchallenged and regarded to be natural in their explanation of human behaviour (Hook & Parker, 2002; Louw, 20002). This is because the discipline of psychology speaks with the language of the white middle class man, thus, behaviour is judge on this. According to Hook (2004) "[b]lack people, then, abandon themselves individually and collectively in quest of white man acceptance" (Hook, 2004, pg. 97). In the same way, psychology abandoned itself in quest of scientific and medical acceptance. Through this, psychology gravitated towards being more objective and psychiatric rather than focusing on issues facing everyday South Africans such as illiteracy, the effects of poverty on education and the like. Therefore, in its quest to be scientific, psychology had partaken in solidifying deep and disturbing feelings of inferiority. This has had major impacts on the practice of psychology as it tended to ignore cultural dissonance and pathologies of liberty (Alessandrini, 1990; Hook, 2004). According to Hook (2004), cultural dissonance is the result of inner conflict within the colonized subject. Hook (2004) argues "a continual awareness of the dislocation between ideals, the norms of the valorised Western culture, and those of the dominated culture, which comes to be the demoted other of all of these values" (Hook, 2004, pg. 97). Pathologies of liberty refer to the identity dissonance in colonized individuals which occurs as a result of accepting conflicting views regarding human behaviour; creating an opportunity for one to be at war with themselves. In

the same way pathologies of liberty have made it difficult to clearly distinguish or explain what psychopathology is outside the confines of the colonizers context (Hook, 2004; Fanon, 1986).

Recent literature exploring discourses of culture and illness in South African Mental Health Care and Indigenous Healing (Holmes et al, 2006; Yen & Wilbraham, 2003) has revealed the dominant discourses in the profession of Psychology have influenced the very definition and treatment of mental illness. Inevitably, this will impact on the discourses around the appropriate psychotherapeutic method which can be employed by psychologists. This implies that the manner in which individuals in the helping profession describe the etiology and manifestation of mental illnesses and the meaning of mental health will have an impact on the therapeutic approach chosen by a psychologist at that time (Edwards et.al, 2012; Yen & Wilbraham, 2003). According to Yen and Wilbraham (2003), a study was conducted where the construction of professionalism, cultural issues' by practitioners (psychologists) was analysed to ascertain the arguments for and against indigenous healing interventions. The results showed how psychologists use the Professional discourse as a means of assuming their positions when confronted with a client from a different background. Discourses have an inherent power because of the language it uses, that is, language has a means to include and exclude those who are either familiar with the language. This is summed accordingly by Yen and Wilbraham (2003) when they state that mental health practitioners' diagnoses of patients' illnesses form an integral part of the practice of psychiatry, and are an important site for the reproduction (or subversion) of notions of culture in a South African institutional context . "These psychiatric formulations play a role in constructing identities for both patients and practitioners, as well as structuring power relations between them" (Yen & Wilbraham, 2003, pg. 544). Thus, discourses foreground the way in which knowledge production affects the power relations and the versions of reality that can be sanctioned. This is also seen in the conceptualization of mental illness by the psychiatric discourses which have gained legitimacy through biomedical discourses which emphasizes a universalistic understanding. Indeed, the argument around which psychological intervention to be used for the treatment of a client either resonates or resists certain discourses which are prominent in the sociopolitical arena (Holmes et al, 2006; Yen & Wilbraham, 2003b). Through this there has been a call for the Africanisation of South African institutions where the discourses will have a direct implication on the indigenous and clinical domain in terms of the appropriate intervention for South African communities. Indeed, such debates would create a space for the analysis of

South African political history in its impacted nature bought in through universalism and relativism regarding health care (Anderson, 1996; Yen & Wilbraham, 2003).

Psychotherapy and culture

> *"Critical psychology is the study of forms of surveillance and self-regulation in everyday life and of the ways in which psychological culture operates beyond the boundaries of academic and professional practice" (Parker & Burman, 2008, pg. 101).*

The dominant therapeutic methods today have been predominantly shaped by traditional interventions which were designed for the white, middle- class man (Parker, 1998; Norcross, et.al, 2011). This is the culture that black recipients have been scrutinized under. When individuals are understood using these culture-driven methods, said individuals are inevitably being assessed as to whether they fit into the normal behaviour of the middle class man and if their behaviour can be modified to simulate that which is acceptable (Fanon, 1986; Samuels, 2004). Hence, the reliability and validity of Western psychology should be challenged as psychology aims to fix the person rather than fix the system that may have contributed to mental distress. Due to these traditional methods being found to be inadequate in addressing the challenges and majority needs (dominated group), there was a need for cross-cultural psychotherapy (Spangenberg, 2003; Rogers & Pilgrim, 2014). Cross-cultural psychotherapy provided a way for the deconstruction of psychotherapeutic discourse, that is, a space to attend to the way in which the self is constructed and fashioned in therapy in relation to the psy-complex (Parker, 1998). Cross-cultural psychology is to test the claims made by the notion of universal psychology. As mentioned above, universal psychology has functioned as a form of suppressive colonization. Cross-cultural psychology would threaten the Universalist dream as Western psychology is one brand of indigenous psychology in itself (Gergen, 2014, Parker, 1998).

When looking at the function of psychotherapy through the lens of African psychology, one is confronted with the realization of how the semantics of the Western paradigm have distorted and misconstrued the African man, in essence African psychology (Cooper, 2014; Nobles, 2004; Swartz, 2000). Hence, when we put the dominant psychotherapeutic techniques under the microscope of Africanism, Western modalities emphasize the human being as an object. The concept of human as an object speaks to the scientific and medical discourse. The role of the psychotherapy thus becomes a way to fix body while disregarding the emotional, social or cultural contexts involved (Crossley, n.d, Stevens, 2001). This object is thus void of spiritual,

physical and biological attributes. This in turn minimises the experiences of said individuals by focusing on the behaviours rather than the human as a spiritual being, living inside a physical body and having an intimate relationship with the environment (Edwards, 2014; Nobles, 2004; Rowe, 2013). In such instances, Western models miss the central point inherent in African beings: Spirituality. Furthermore, African psychology has proven that Western modalities are biased in the attempts to understand the African body. Nobles (2004) argues that current Western psychology uses the same techniques utilized before to prove African inferiority and subject them endless surveillance in order to justify their assumptions and theories regarding human behaviour.

Psychotherapy in itself may unwillingly function as an allying conservative institution for forces adrift in post-colonial societies (Madsen, 2015; Parker, 2004). Psychotherapy may function as a system to change the individual instead of fixing the oppressive system in which individuals' live. In the same breath, as mentioned previously, psychotherapy endorses certain human behaviour truths which can be reproduced during psychotherapy (Benjamin, 2005; Madsen, 2015). This is because psychotherapy draws from psychological theories regarding mental health and human behaviour. The psy-complex aims to shape subjectivity through contingent psychological truths as psychology has created a criterion for truths in which to judge human behaviour and regulate deviance'(Parker, 2003). This possesses a challenge when vast communities do not fit into these constructed psychological truths. Psychotherapists nonetheless draw on some version of psychology that espouses an idea about human problems, their root cause, and their potential resolution. Drawing from Frantz Fanon (1999), such individuals can suffer from double consciousness where they judge their identities from the very system designed to oppress them. This produces mental slavery which becomes an institutionalized form of indoctrination of seeing one's reality and self through the lenses of the colonizer. Hence, the enslaved mind becomes immobilised in seeing the finer nuances of an oppressive system through academia and everyday interactions. The African self as said above becomes embedded in Western theories and failing to know the self and in the quest to mimic the colonial authority (Bhabha, 1994). In a quote by Alik Shahadah who states that "In much of African the theory is if you eat enough crumbs from the master's plate you will eventually get full". This highlights the dangers of prolonged endorsement of Western ideals regarding African personality and identity. African communities may eventually become loyal to the Western understandings of who they are. Thus, psychotherapy might become an extremely useful ally for forces in post-colonial

societies as a place where the consequences of post-coloniality are sent, and then individuals are reprogrammed to adapt to the same societal conditions they came from. In this way, psychotherapy may in fact guarantee the perseveration of the status quo through its claim of universal knowledge and the resulting hegemonic understandings of human behaviour (Akomolafe, 2015; Palmary & Barnes, 2015). This is because psychotherapy can never become wholly neutral; it is reciprocally intertwined with whatever goes on outside the office walls and the impact of these forces on an individual (Akomolafe, 2006; Madsen, 2015).

Psychotherapeutic methods highlight different ontological assumptions which play a role in the therapist‘s decision for the inclusion and exclusion of different variables (Christopher & Gable, 2015). This is because ontology is concerned with the nature of what we know thus; in selecting a therapeutic method the therapist has to constantly check which variables are consistently emphasized and which are omitted; what is being overlooked or rarely discussed. Psychotherapy is a dynamic process which involves the interplay between client, therapist, culture and socio-political variables (Christopher & Gable, 2015). Therefore, making reference to Frantz Fanon in his book *Black skin/White masks,* (Hook, 2004; Matias, 2015) the skin represented as God-given, natural but loaded with social and discursive meaning, while mask marks the interface between self and world. In the same frequency, Psychotherapy presents this analogy where it may be used as a mask to shed the lived experiences, norms and values of black communities. It speaks to the idea of the black experience as explained through the lens of European understanding. Such puts psychotherapy in a state of ambivalence, a pawn to colonial rule or an advocate for change?

Problematizing psychotherapy

The imposition of individualism places people of African descent in a dilemma where the need for communal living is compromised for the attainment of what is civil‘, proper‘ and progress (Akomolafe, 2006; Palmary & Barnes, 2015). Nobles (2004) assert that African principles were falsified through the process of scientific colonialism where the African principles were perceived negatively and diminished through a conscious process. The inadequacies of Western psychology continually infiltrate the sacred spaces of therapy where the distortion of African belief systems occur especially the concept of a communal and collectivistic living (Edwards, et.al, 2015; Wilson & Williams, 2015). Due to the interconnected and communality of African living, the existence of family is essential for the progression of an individual. The mere presence of family speaks to the existence of the

individual, the connectedness of the spiritual with the physical and how these cannot operate in isolation (Mkabela, 2015; Wilson & Williams, 2015). Therefore, when one speaks of African psychology, one has to be cognizant of the importance of this and how it is distinctly different from that which is advocated by Western psychology. The individualism discourses aim to emphasize the malaise rather than understanding the influence of the social, cultural and political context in experiencing health (Deacon, 2012; Long, 2016; Nwoye, 2014). This is in sharp contrast to the Afrocentric worldview which emphasizes collectivism and communal perspectives, thus, pathology may not be necessarily found within the individual but rather have a broader community context (Deacon, 2012; Grubbs, 2000; Pretorius, 2012). The condition and realities of African communities cannot be subjected and defined under the realms of Western psychology.

African psychology thus understands the importance of culture in a therapeutic setting. It asserts that culture plays a pivotal role in the everyday lives of African communities. According to Grills (2006, pg. 6), "culture is motivational- it affects our choices of goals and our level of commitment to them". Culture is not separated from the lives of African people; culture speaks to an individual's social context, history and other issues which the individual deems to be relevant. In African psychology, disharmony with one's culture often results in the manifestation of illness or distress (Menkiti, 1984; Nwoye, 2014). Thus, in order for order to exist within an individual; a level of balance is required between self and universe. This belief underpins the notion of culturally competency. The interconnected of all things as experienced by African communities where things do not exist in isolation but are connected together and life cannot be viewed from a linear perspective (Mkhize, 2008; Nwoye, 2014). Through this, cultural competent practitioners in line with culture-based therapies are important to be able to cater for the individual in a more holistic manner. Furthermore, the implicit denial of the effects of culture and social environment subtly promotes the idea of psychotherapeutic universality (Grills, 2006; Palmary & Barnes, 2015). The idea of universality assumes that the pathology solely rests on the individual rather on the existing on a broader cultural context (Grills, 2006; Nsamenang, 2005). The cultural variables are thus addressed as existing within the individual, in the same way political and socioeconomic challenges that people are faced with. Consequently, the client may thus be blamed for their socioeconomic challenges. Psychotherapy then becomes a system which supports the status quo by encouraging communities to accept a culture which is unfair to them and not reflects on their own values (Bandawe 2005; Kakkad 2005; Macleod 2004). It is not surprising then

as psychotherapy in it claim to neutral and objective while it has unknowing supported the current status quo of the dominant cultural assumptions (Alessandrini, 1990; Roche, 2005).

The *Subjective/Relational* psychotherapeutic models emphasize the belief that the human mind is interactive rather than monadic and individualistic. This emphasis has resulted in the emergence of psychotherapeutic approaches such as object relations theory, interpersonal theory, intersubjective psychoanalysis and the like (Roche, 2005). Although said models aim to understand individuals as they exist in interpersonal relationships; they fail short in expanding the African belief that the self is only understood in the context of the other as an individual lived experience (Fox, 2000; Roche, 2005). The other is extended far beyond other people but encompasses animate and inanimate world of nature, spirits and ancestors. The individual is known by their actions, and through their actions; the context in which they reside is made known. When African communities inquire about someone, they ask whose child is this? which highlights the significant of family, the other and the interconnectedness of the two. According to Fox (2000), Western modalities reinforce the idea of self-effort, the need to work harder to find individually appropriate outcomes and divert energy from challenging and transforming community and societal institutions.

Psychotherapy cannot exist outside the parameters of the socio-political context in which it operates. To plead neutrality and objectivity would be to deny the cultural and socio- political influence into an individual‘s presenting problem as they enter a therapeutic space. This is because psychotherapy itself is space for identity formation, problem- solving and an understanding of one‘s frame of reference (Parker, 2002). Therefore, there is a call for indigenous approaches to prevail in South African contexts. The failure of dominant psychotherapeutic modalities to understand Black realities and the de-humanisations of Black and other racial groups resulted from the imposition of Eurocentric worldviews. This is because it is nearly impossible to describe or comprehend a culture without considering the sub-cultural variations, and temporal transformation (Gergen, 2014). In the latter case especially, given the global flow of people, ideas, values, and so on, it is increasingly difficult to speak of culture in terms of a stable, geographically located people (Gergen, 2014, pg. 105). Nonetheless, there is a communal ideology which exists among African communities inherent in African cultures despite the invasion of Eurocentric propagations (Mpofu, 2006). This extends beyond the cultural context proposed by the *socio-constructive* approaches. African healing systems can be thought of to be more concrete (ritualistic) while Western

forms are abstract (talking techniques) thus, a merger of these two may provide a comprehensive form of intervention.

Ntu Psychotherapy

Ntu Psychotherapy aims to highlight the oppressive determinism of a Eurocentric worldview in traditional psychology conceptual framework and to correct the negative effects on the African psyche from slavery and colonial structures which continue to exist (Gregory & Harper, 2001). The critical interventions that place emphasis on Ntu principles such as harmony, spirituality, community orientation and the like with Africans which Ntu Psychotherapy hopes to implement by drawing on African beliefs and rituals inherent in African culture. This is because psychotherapy provides an intimate space for invaluable insight, the construction of a new self in accordance to African ontological assumptions and interventions. Ntu psychotherapy may provide black psychologists the benefit of psychotherapeutic theories to draw on in understanding the importance of a systematic sanction of African ideals and restore these in African personalities. Indeed, African psychology which aims to explain African nature apart from European cultural oppression, and explain how this domination has affected the African personality. Ntu Psychotherapy is thus a way for black individuals to repaint, reshape and rewrite their own narratives.

Ntu psychotherapy emerged as a reaction to the prevailing negative effects of using Westernized modalities on Africa individuals (Gregory & Harper, 2001; Queener & Martin, 2001) such as pathologising African behaviour, minimization of cultural influence and in-depth understanding of the role of spirituality. These modalities include theoretical frameworks such as psychodynamic or cognitive based therapies which tend to devalue the role of a community in shaping African personalities. This is because the African personality is thought of in the context of a collective ‘and communal ‘orientation rather than an individualized notion of self -actualization ‘and self- fulfilment‘. These adopted modalities lead to the construction of African mind as primitive and irrational whereby these formulations allow for the disqualification of any indigenous healing interventions (Yen & Wilbraham, 2003b). Ntu psychotherapy is one which is founded upon the African assumptions regarding human behaviour and personality. It is an African understanding of the world, which stresses the importance of African experience as it is seen through an Africa perspective (Akbar, 1994; Gregory & Harper, 2001; Philips, 1990).

Ntu psychotherapy takes a critical stance in questioning how psychological theories that assume a universalistic framework can be modified to conform within the cultural and

religious norms of particular context; be it South Africa, Malawi or Zimbabwe. This is due to the notion that universalistic assumptions perpetuate an ethnocentric view point regarding other cultures. According to Schopmeyer and Fisher (1993) ethnocentrism involves the dual judgment that the cultural patterns and practices of one's society are normal and natural and that other societies because they are different are necessarily abnormal and inferior (Schopmeyer & Fisher, 1993, pg. 148). Thus, Ntu psychotherapy argues for the role of articulating, uncovering, applying and operationalizing principles of African reality structures which are congruent to African phenomena (Queener & Martin, 2001; Philips, 1990). This highlights the space where dominating Western/European frameworks can be challenged and questioned in terms of their validity when applied to our South African context. Ntu psychotherapy achieves this by asserting to be a culturally competent framework which caters for the vast majority who have been previously marginalized. Ntu is a pluralistic approach to psychotherapy which means that it is a combination of different schools of thought which create multiple ways to achieve a goal or an objective (Gregory & Harper, 2001; Sue & Sue, 1999). This approach considers the appropriateness of the context in shaping the treatment plan. This is important as it aims to match theory with practice as expressed by the needs of the client (Helms & Cook, 1999; Philips, 1990). Ntu psychotherapy centres itself in the debate surrounding the superiority of one school or the other as the product of culturally promoted, dichotomous thinking that encourages a choosing of one position over another as opposed to blending (Gregory & Harper, 2001, pg 130). Thus, Ntu psychotherapy is different in the sense that it is not focused on a single explanation (b it intra-psychic or interactional but a combination of these) for the etiology of the psychological distress, through this it moves away from being reductionist and aims to understand the individual in a more holistic manner.

Ntu psychotherapy is a humanistic/spiritual based modality which aims to cater for our diverse population (Philips n.d, Gregory & Hamper, 2014). Ntu is a Bantu term which refers to the essence of things, that is, it is the energy which connects all things, making them interrelated and interconnected (Philips, 1990; Gregory & Harper, 2001).

The principles of Ntu Psychotherapy

The basic principles of Ntu psychotherapy include harmony, balance, interconnectedness and authenticity which are in line with the African worldview (Philips n.d, Gregory & Hamper, 2014). Ntu psychotherapy is a culturally competent technique which continually changes to accommodate the evolving way of conceptualizing human behaviour (Philips 1990, Gregory

& Hamper, 2014). However, there are no reports of this psychotherapeutic approach being used by South African psychologists working with Black South African clients. Ntu psychotherapy is based on the Africentric worldview which emphasizes subjectivity, free will and systematic causes (Queener & Martin, 2001). Harmony is a stance against the dualist discourse which asserts that the mind, body are soul are separate entities which do not interact or influence each other in determining behaviour. Harmony suggests a unity with the oneness of life and recognizing the ability to adapt in the ever changing context (Jackson, et.al, 2004; Gregory & Harper, 2001). According to the Africentric perspective, disharmony is usually the result of an imbalance between the self and the context (Grills, 2006; Queener & Martin, 2001). Traditional psychological theories only consider the effect of the context on the individual but not the dysfunction of the environment as to how it maintains the psychological distress on individuals. Balance refers to the development of equilibrium between opposing forces (Gregory & Harper, 2001; Jackson, et.al, 2004). Interconnectedness is the principle that all things are connected by a common essence Ntu which is the life force that affects all things. Therefore, all human experiences are connected internally and externally (Philips, 1990; la Roche, 2005). The critical framework argues that all human experiences take place within a physical, familial and cultural space. This takes a stance against the widely accepted idea that any psychological distress can be explained through any bio-medical discourse. Authenticity refers to the importance of becoming more connected to one‘s spiritual self, spontaneity and realness is highly valued (Jackson, et.al, 2004; Queener & Martin, 2001). This is because spirituality is central to the African structure of reality as stated by Mbiti (1970) who argues that African individual‘s relationship with their Creator sets forth rules and principles which govern their lives.

The characteristics of Ntu Psychotherapy

The characteristics of the Ntu approach to psychotherapy include: spirituality oriented, family focused, culturally competent, competency based, holistic, and values driven. Before giving an account of the Ntu approach to psychotherapy, one must understand what psychotherapy is. According to Dryden and Feltham (1994) psychotherapy can be regarded as any form of formal talking-centred treatment or any attempted treatments of psychological difficulties. Thus, psychotherapy predominantly involves the use of language. Language plays a significant role in the communication of thoughts, beliefs, ideas and position (Anderson & Goolishian, 1988). Furthermore, psychotherapy in of itself is a Westernized form of treatment action which primarily centres on the individual. This form of talking cures ‘appears to not be

able to cater for African communities who prefer more concrete based solutions to their everyday struggles. This is because the behaviour of the individual is more situational and contextual rather than dispositional (Roche, 2005; Gergen, 2014). It is controlled by external, rather than internal factors that emphasize roles and norms rather than personal attribution of behaviour (Gergen, 2014). In this regard, African people may require more concrete based solution focused intervention rather than the highly emphasized idea of talking cures by Western cultures. The idea of talking cures creates a space where practitioners can distance themselves from the actual struggles of African people, thus, it offers a more passive way of helping an individual. This approach becomes problematic for clients who adopt collective personality should work towards restoring psychosocial integrity between the individual and his family (Eagle, 2005). Intervention should focus on and address individual–family relationships and conflicts rather than intra-psychic ones. Insight therapy that provokes unconscious contents misses the central problem and could create or increase individual–family conflicts that the client will be unable to face. Thus such modalities miss the opportunity to foster social change in a larger context as the focus is predominantly on the individual (Roche, 2005; Madsen, 2015). This is because mainstream psychology reinforces Western society‘s unacceptable status quo which fosters social control rather than social change (Ahmed & Pillay, 2004; Eagle, 2005). Its individualized nature hinders the efforts to bring people together to solve common problems. Thus, this alien structure ignores the oppression and inequality perpetuated by such systems of thought (Eagle, 2005; Mocan-Aydin, 2000). In this regard, the Ntu approach to psychotherapy encompasses as noted above, the cosmological assumptions held by African people. This is done in order to aid the therapist in understanding the client more fully in terms of their interpretation of their experiences. Firstly, the Ntu approach is geared towards spiritual orientation. This is a difficult concept for psychologists as many of them deem spirituality to be unscientific. According to Queener and Martin (2001), Western models tend to see spirituality as being a suspicious framework and hold the idea of spiritual beliefs as pathological. This in turn has adverse effects for majority Africans who seek therapy from psychologists using Western modalities as they can be subjected to misinterpretation and unjust labelling. Therefore, Ntu acknowledges the importance of the relationship that individuals have with their Creator, as assesses how spirituality shapes and affects individual attitudes and behaviour (Gregory & Harper, 2001; Philips, 1990). This is because failure to acknowledge this minimizes the major motivational framework apparent in the lives of Africans. It is thus imperative to distinguish the difference between spirituality and religion. Religions being a social constructed

phenomenon in which people are expected to follow rituals are customs religiously; while spirituality is the manner in which people relate to others and their treatment of them (Philips, 1990; Gregory & Harper, 2001). It is primarily the relationship one has with Creator as it manifests in interpersonal relations and treatment of others.

Secondly, the Ntu approach is family focused where it examines the family as a system which can inevitably affect individual functioning. According to Gregory and Harper (2001), "It is the family's functioning not solely the individual's that is seen as the site of the problem and ultimately the solution" (Gregory & Harper, 2001, pg. 306). This moves away from seeing the pathology as existing within the individual as proposed by many traditional Western theories. But it considers the possibility of a pathology existing within a broader context. Thus, the focus on the family structure provides psychologists with the opportunity to understand how the family dynamics have played a role in shaping individual behaviour and beliefs (Gregory & Harper, 2001; Cherry, 1998). This is stemming from the belief that parents are the primary agents in fashioning behaviour in their children and are inherently present within each of us. Thirdly, the Ntu approach aims for culturally competence in that it stresses the notion that people are different, and in as such, they should be engaged in treatment that is culturally appropriate. According to Gregory and Harper (2001), "A culturally competent approach promotes competence in its workers by requiring that they understand their own cultural bias and the effect their bias may have in the treatment process"(Gregory & Harper, 2001, pg. 307). Hence, the Ntu approach argues in this regard that there are no extra cultural standards by which cultures can be judged, thus, it forces psychologists to understand the experiences of the patient through their own cultural context and to assist clients in becoming aware of how culture plays a role in their socio political and environmental contexts (Philips, 1990; Queener & Martin, 2001). Being a culturally competent model does not mean it endorses the belief that humans are shaped exclusively by their culture but it considers the importance of culture in shaping human behaviour and attitudes. Fourthly, the Ntu approach advocates for psychotherapy to be competency based in that it does not adopt a pathological framework when working with clients (Gregory & Harper, 2001). This moves away from the Western concept of the person who is identified as having a deficit because too often this model values the "therapist according to his or her ability to understand what is wrong with a client. What is right or wrong is always the product of a culturally based assumption about morality and pathology" (Gregory & Harper, 2001, pg. 307). This is due to the premise that there is no such thing as objective reality; all knowledge

and morality are exclusively culture-bound, scientific methods are nothing more than a culturally bound form of ethnocentrism, ultimately resulting in a biased way of thinking. Therefore, competency focused attitudes begin with a general genuine acceptance of people and the understanding of their capabilities.

Fifthly, the Ntu approach stresses a holistic view regarding psychotherapeutic technique (Gregory & Harper, 2001). The holistic framework argues that for optimal health care to occur in clients, the mind, body and spirit must be recognized as connected and interrelated (Philips, 1990). This is stemming from the belief that human beings are composed of and members of many interconnected systems (Gregory & Harper, 2001). Therefore, Ntu psychotherapy aims at helping people in their contexts/environment while at the same time helping their environments meet their needs. This is because we may be setting clients to being continually victimized by hostile, ignorant systems (Pedersen, 1996; Philips, 1990). This move away from the Western form of treatment which only aims to 'fix' the individual but then sends then back into the very environment which caused their very distress. Ntu psychotherapy takes on a critical approach in challenging the influence of the context in contributing to the health of the individual (Philips, 1990). As noted above, this is because the pathology may exist within the broader community and thus, targeting the systems in which people reside will aid in the betterment of individuals living in Africa and South Africa. Lastly, the Ntu approach assumes a value system. This value system is based on the Nguzo Saba principles of unity, faith, and creativity. (Gregory & Harper, 2001). According to Gregory and Harper (2001), "western tradition of objective empiricism and the Eastern tradition of subjective phenomenology are mutually compatible, as well as affirming each other" (Gregory & Harper, 2001, pg. 309). From Ntu perspective, it is both important in knowing things from the outside in and from the inside out. Given the Ntu approach to psychotherapy as a reaction to the prevailing negative effects of Western modalities on African individuals, the Ntu approach has been applied in African American communities as a means to increase protective factors, improve skills and knowledge about African culture. A study was done on whether a focus on African values would improve substance prevention use in African American youth. The results in the study showed that there was an improved gain in protective factors such as positive racial identity and problem solving skills (Cherry et.al, 1998).

Many approaches have been developed as recognition that mental health care has been highly influenced by the traditional Western/European values which are harmful when applied to

many racially and ethnically different contexts. Ntu psychotherapy was derived from clinical experience of urban, African American families by emphasizing the importance of African cosmology. Traditional approaches had negated the experiences of African communities; their values, culturally practices and ways of knowing. Ntu psychotherapy as mentioned beforehand places Africanism at the centre of mental health care and the ways to attend to African communities which does not hinder their own agency towards mental health. There has been a short supply of African conscious techniques that stress holism, harmony, spirituality and the like. The lived experiences of blackness seem to exist across contexts (Grills, 2006). This modality is needed for the South African population as there have been grievances regarding the effectiveness of traditional psychotherapeutic methods, that is, these methods are found to be culturally inappropriate when applied to our multicultural context. Furthermore, some of the barriers which inhibit communities to seek out psychological services express the belief that clinicians will not be able to fully understand the culture and the impact it has on their everyday lives (Constastine, 2004; Leong & Hui Lee, 2006). Traditional therapy methods have been perceived to be inadequate in addressing human behaviour and motivations in ethnically underrepresented groups in Psychology. Indeed, such methods seem to be unable to provide adequate explanations for certain behavioural symptomology as presented by other ethnic groups. This cultural miscommunication seems to play an important role in help-seeking behaviour in ethnic and racially diverse groups (Ancis, 2004).

Ntu Psychotherapy and the role of culture

Ntu psychotherapy stresses the clinical significance of culture and context in any attempt to treat a client. This is because culture is believed to be fluid yet permanent but also invasive and pervasive in that it affects all aspects of an individual‘s development (Berg, 2003; Eagle, 2005). Thus, culture is not only regarded as a set of norms, rules, beliefs or values inherent in that community where it affects social roles and behaviour, but, it affects cognition, personality and perspectives on life events. As a result, culture affects the definition of mental health, illness, possible treatment and intervention. Indeed, the symptomatic expression of mental illness will be predominantly influenced by one‘s cultural orientation, internal ideation and external behaviour (Mwiti, 2014; Nwoye, 2010). This point is important in South Africa and Africa in general because individuals reside from different backgrounds and cultural influences. The aspect of culture is one where if it is ignored may lead to misdiagnose as mental illness is a culturally shaped phenomena. According to Ancis (2004) “[o]ne‘s

sociocultural background often influences one's reactions to stimuli, coping style, problem-solving approaches, and social interactions" (Ancis, 2004, pg. 5). This highlights the complexity involved in one's attribution towards mental illness, experience and possible treatment. Majority of African or South African black individuals believe in the ability for supernatural entities to play a pivotal role on their health, that is, some attribute mental illness as stemming from spiritual possession, sorcery or angering a deity (Ancis, 2004). Spirituality may thus be used as a means to explain a disruption in mental health and as a coping mechanism. According to Jones (2007) spiritual interventions are usually employed by individuals as a link to connectedness and transcendence Thus, Ntu psychotherapy emphasizes the belief in the supernatural realm and its endless impact on the living.

Taking into consideration the demographics of South Africa, the country is becoming more racially and culturally diverse, and the research on the appropriateness of Western models of treatment has shown a need for more culturally appropriate interventions. This is because issues such acculturation, discrimination, oppression and the like have shown to be clinically significance in therapy. South Africans experience challenges in poverty, oppression, culture and a constant re-exposure to traumatic events. These challenges add a layer of complexity to an individual who may use culture as internal reference of psychological distress and this influences external behaviour. Thus, when psychological distress is expressed through culture-bound idioms, diagnosis becomes challenging and the intervention implemented may not cater for the specific needs of the individual (Jones, 2007; Holdstock, 2000). Hence, Ntu psychotherapy is suitable for a South African context in that it addresses said challenges and implements culturally appropriate methods.

Theoretical Frameworks

Cultural Domination Theory

Cultural domination theories posit that any dominant group will find various ways in ensuring that they maintain their position in society (Chamallas, 1994; Schwartz, 1999). These dominant groups will create structures or forms which will foster oppression and discriminatory hierarchical systems. According to Chamallas (1994), "discrimination operates at the unconscious level, such that even members of the minority groups do not escape the effects of the dominant ideology" (Chamallas, 1994, pg. 4). Indeed, the dominant group constructs their own cultural identity which expands into a relationship marked by power and knowledge which affects every facet of the dominated group. Accordingly, cultural

domination can lead to violence and harassment of such marked individuals. Chamallas (1994) and Grubbs (2000) argue that there are three modes of imperialism: cultural domination, cultural imposition and cultural fragmentation. Each is marked by a relationship of power distribution between the colonial administration and subject groups. Cultural domination is marked by the colonial administrative power being distributed through administrative decree, that is, the imperial administration will use indirect forms of authority to impose artefacts, values and beliefs on said subjects (Chamallas, 1992; Chamallas, 1994; Grubbs, 2000). This form of subject subjugation occurs at a macro level where knowledge is often contained and situated. This means that the dominant groups have the ability to maintain their position.

Cultural imperialism is the domination of one cultures values over another (Galtung, 1971); and is marked by a relationship between collectives, especially between nations (Galtung, 1971; Rothkopt, 1997). An imperial relationship is one which is marked by domination and power. It entails not just a subtle repression of societal principles but it is one which seeps into the values held by individuals (Galtung, 1971; Rothkopt, 1997). The interplay between cultures is subjected to power relations and dynamics which influence the norms and values of the recessive absorber of those values (Galtung, 1971; Rothkopt, 1997, pg.). Culture is "total pattern of human behaviour and its products embodied in speech, action, and artefacts and dependent upon a man's capacity for learning and transmitting knowledge to succeeding generations" (Rothkopt, 1997; Valsiner, 2009). Thus, culture is often used by society organizers, be it politicians or academics, to impose change and order. Culture is a form of social control and an imposition since it is deemed to be natural and unchangeable; it is legitimized and the knowledge produced by that culture remains unchallenged (Burr, 1995; Parker, 1998; Burr, 2003). Hence, Western cultural principles which drive psychotherapy in South Africa continually get produced and reproduced during interaction in psychotherapy. This contradicts the notion that cultural practices remain in the past and no longer have any influence on present individuals promote cultural amnesia. According to Airhihenburwa (1995), "those who teach us amnesia about our past, especially while doping us with accounts of other people, cannot have our best interests at heart"(Airhihenburwa, 1995, pg. xiv). The structural theory of imperialism argues that the cultural imposition caused by the dominant countries, known as the Centre (Western and European) has resulted in the deterioration of norms, values and beliefs held by countries, known as Periphery (Asian and African) (Galtung, 1971). Due to the realization of the imposition caused by Western/European values,

the Ntu psychotherapy grew out of concern regarding the limited psychological tools oriented for African communities.

Cultural fragmentation is both an instrument of control and as a consequence of cultural imperialism (Airhihenburwa, 1995; Sistare, 2004). The former refers to the colonial states ability to control cultural diverse groups of individuals. Power is often distributed through hegemonic practices of the Western/ European countries. These practices often aid to the strategies which are designed to fragment the subjugated peoples (Sistare, 2004; Friedman, 1994). As noted above, culture is not static; it changes over time in accordance to the values, beliefs and norms which communities live by. Thus, when the very same culture is blamed for particular illnesses or psychological distress, when in essence it is due to the lofty interpretation of a culture; this is done for the sole purpose of maintaining the imperial dominance of the Western hegemonic doctrine (Airhihenburwa, 1995; Yen & Wilbraham, 2003). The latter refers to the consequences bought on by the effects of colonialism. Colonialism has resulted in the totalizing of the African experience in terms of health, mental health, disease and even death. According to Airhihenburwa (1995), "each culture gives shape to a unique Gestalt of health and to a unique conformation of attitudes towards pain, disease, impairment and death" (Airhihenburwa, 1995, pg. 28). The critical framework asserts the negative consequences of acculturation which tacitly reinforces the assumptions that Western and European standards and experiences to explain the totality of human experience. Acculturation is the "modification of the culture of a group or an individual as a result of contact with a different culture" (Mkhize, 2004, pg. 102). It is important to note how acculturation is unilateral, that is, it is the views of the West which are imposed onto South African communities, mostly on the black population. Indeed, it is the blacks who are usually assimilated into the white way of living rather than it being bi-directional (Hook, 2004; Mkhize, 2004; Berry, 2003). This stance implies the view that Western ways of life are better, and African ways are superstitious and backward. This viewpoint was also propagated by the historical account of European philosophers who contended that nothing of worth ever came out of Africa. These accounts had major influence of the foundation of Western ideas and psychology itself. Thus, this laid a foundation for the marginalization of African philosophy and knowledge systems (Airhihenburwa, 1995; Mkhize, 2004).

However, the cultural imperialism theory falls short in that it implicitly suggests that people did not object to the importation and implementation of such practices. Critics of Cultural imperialism argue that the flow of information from the global North to the global South

results in the intermingling of cultures and not necessarily the dominance of one culture over another (Tomlinson, 1991; Airhihenburwa, 1995). Cultural practices, values and experiences imposed on one culture assume an audience with a rather passive response. According to Ekeanyanwu (2009), Cultural imperialism theory implies the before the arrival of Western practices African communities were enjoying a cosy golden age of indigenous, authentic traditions and cultural heritage untainted by values and orientations imposed from outside.
This view risks being patronizing to what are seen as weaker‘ nations and of romanticizing as indigenous those cultures whose traditions and heritages have been shaped by very long and brutal processes of cultural conflict, triangulation and synchronization (Airhihenburwa, 1995; Ekeanyanwu, 2009). Critics of the Cultural Imperialism theory argue that audiences have an active role in criticizing, interpreting and analysing ideological messages from the outside. Through this, they are able to fit the appropriate message within their context. Therefore, local cultures play an active role in interacting with foreign ones, and creating hybridized individuals from the two schools of thought, instead of one culture subjugating another (Airhihenburwa, 1995; Ekeanyanwu, 2009).

Post- Colonial Theory

Given South Africa‘s colonial history, post-colonial theory is a critical orientation in understanding the relationship between the colonizer and the colonized. The post-colonial theory provides means in deconstructing the Western/ Eurocentric systems, as well as seeking to explore the marginalized identities of previously oppressed individuals (Hook, 2004; Fanon, 2008). Even more generically, post-colonial is used to signify a stance taken against imperialism and Euro centrism, that is, the Western ways of knowledge which have been disseminated as truth. The term post-colonial‘ has given rise to many lively debates, indeed, due to many former colonized countries still far from being free from colonial influence or domination and thus cannot be post-colonial‘ in a genuine sense. In this sense, it would be naïve to engage in premature celebratory ceremonies which implicitly is under the guise of neo-colonialism. The apparent emphasis on the colonizer/colonized relationship causes a deviation from critically engaging with the internal oppression within the colonized individuals. Literature has on post-colonial has only been receptive if it dealt with issues of hybridity while down playing the critical issues of social and racial oppression in former colonized countries. However, post-colonial discourse has flourished since it allows for a new space where it can investigate relations of power in various contexts. It addresses the formation of colonization, the cultural production of colonized societies and it seeks to

explore the residual of colonization in education, science, identity as well as language of post-colonial societies. Similarly it explores how Western conceptions of post colonialism have been overemphasized (such as hybrid) at the expense of material realities of communities of post colonialism (Bahri, 1996).

According to Kiguwa (2004), post-colonial discourses use the notion of double consciousness‘ which seeks to explore the marginalized identity by which the individual "from an oppressed group seeks to understand him/herself through the eyes of the dominant culture, thereby fostering and sustaining a sort of self-loathing" (Kiguwa, 2004, pg. 310). This highlights the basic nature of an authoritative force in which individuals are expected to adopt values and norms that relay the interests of the dominant culture. Thus when these societies seen as subordinate accept these dominant discourse and representations, they inevitably "predisposed to see the world from the point of view framed by the ruling ideology" (Venn, 2006, pg. 91). This may be the case in psychotherapy where marginalized individuals will be subjected to being understood using these dominant models which do not stress differences between contexts. This is because psychotherapy itself is a Western form of healing through conversation. The inherent danger in ignoring differences is that it distorts reality and it disregards power relations that have been built on so called perceived differences (Griffiths & Tiffin, 1995; Kiguwa, 2004). Furthermore, this only reinforces the relations of power and interests of those holding the power. In the case of psychotherapy, the one holding the power produces authoritative knowledge and narratives which can only be understood by those who speak the language (Venn, 2006). According to Griffiths and Tiffin (1995), "all post-colonial societies are still subject in one way or another to overt or subtle forms of neo-colonial domination, and independence has not solved this problem" (Griffiths & Tiffin, 1995, pg.2). Indeed, the residual of a colonized past is still seen in the psychological, material, and cultural effects of such a relationship. Therefore, Post colonialism in South Africa from a critical framework aims at understanding the relationships of domination and/ or resistance that manifest when one culture (typically Western) owns "or controls another" (Hook, 2004, pg. 88).

However, it is important to distinguish between imperialism and colonialism. According to Hook (2004), colonialism often involves the practical, physical and usually violent upheaval of people from their native land; while imperialism is often the more theoretical and ideological basis to justify such actions (Hook, 2004; Said, 2003; Kiguwa, 2004). Hence,

imperialism is a theory and colonialism is the practice of appropriating and controlling non-"Western territories (physical and psychological kinds) into subordinate versions of European/American society" (Hook, 2004, pg. 88). The post-colonial theory not only argues against the damaging impact of Euro centricity and universalizing theory but to it critically examines the cultural dependency of post-colonial countries (Said, 2003; Fanon, 2008). Postcolonial discourse argues that colonial power is reproduced through the reiteration of universalize particularism that is, the constant use of systems which were specifically designed to oppress and dominate. This is because much of psychology is based on theories and principles derived from middle aged white men, living in America who constitutes a small percentage of the world's population (Hook, 2004; Mkhize, 2004). Hence, throughout history, the cultural norms of the native people have been obliterated so such groups can be assimilated into the culture of the dominant group. According to Hook (2004), "colonization makes native people foreigners, or cultural minorities, in their own country, by marginalizing the experiences or norms of their culture to the imposed standards and values of the invading culture" (Hook, 2004, pg. 91). Thus, colonization is more than just an imposition but it is a practical means of forcing the people to judge each other on the basis of the dominant culture. This creates inferiority complexes within the natives who aspire to be like the colonizers but tend to reach a futile end. This sort of activity lets way for alienation, social rupture and estrangement within South African communities (Bulhan, 1985; Hook, 2004).

According to Venn (2006), the authority of the West still continues to demote the indigenous values and reshape communities, moreover, Westernization has been a force operating inside post-colonial communities not just at a macro level but seeks to penetrate right through to the private spaces of traditional South African communities. It is seen by the manner in which individuals are expected to conduct themselves and through the repletion or mimicry of the Western culture (Venn, 2006; Moore-Gilbert, 1997). Consequently, creating post-colonial identity disorders faced by communities previously regarded as subordinate projects of colonizers. South Africa has its historical roots on being a colonized society and the aftermath that followed this. Colonialism left a stringent mark on its colonized societies as there is evidence of debilitating impacts on the identities of the colonized in trying to gain some sense of understanding of who they are in a post- colonial setting (Bhabha, 1994; Venn, 2006; Quayson, 2000). According to Hook (2005), most individuals in previously colonized setting suffer from what Fanon terms double consciousness where it is the incessantly exposure to alien knowledge which continually oppress and subject them to understandings that are

hostile and consistent devaluing of oneself and culture. This ultimately leads to a nervous condition where it is a persistent sate of anxiety and agitation (speaking both psychologically and politically) where one possesses no cultural reference of their own because these have been eradicated by the imperialism of the colonizer. This is because the act of being colonized is not only of a political nature but one which affects the psychological well-being of the colonized (Bhabha, 1994; Venn, 2006). Colonialism not only subjected South African people through the subjugation of territory but through the imposition of new knowledge of the West which undermined the cultural values, indigenous knowledge which was highly sacred to African people. Indeed, through the vast influx of information from the Western societies, it had introduced new assumptions regarding psychological well-being and mental health (Marsella & White, 1982; Honwana, 1998). These ethnocentric connotations associated with phrases mental health and mental disorder introduced a new array of knowing which would become global representation of etiology and manifestation.

The implication of this is that mental disorders would be "regarded as universal processes which lead to discrete and recognizable symptoms regardless of the culture in which they occur"(Marsella & White, 1982, pg. 3). This highlights the dangers involved in adopting a universalistic approach in determining what ascribes to mental health as it over values the definitions imposed by the West/European societies on South Africa and other Periphery' countries. Therefore, Post-colonial theory is appropriate for this study as it deconstructs the very definitions which have aided in South African people developing a deep rooted sense of inferiority, a constant problematizing sense of identity and the understanding of colonialism as "appropriating culture and history themselves, that is, as a way of appropriating the means and resources of identity, and hence effecting powerful forms of psychical distress and damage" (Hook, 2005, pg. 482). Thus, post-colonial theory advocates that culture is not simply incidental to mental health and therapy but rather it is an important variable which interacts with the biological, psychological and environmental in determining the etiology, manifestation and treatment of an array of psychological distresses (Marsella & White, 1982; Hook, 2005). In this respect, all psychological distress and therapy is culturally related and culture specific. The understanding of the therapeutic process requires research into the interpretation of mental illness, that is, post-colonial theory aims at addressing the conceptual models which have been designed as a structure into the understanding of mental health through the biomedical or psychiatric reductionism of Western/European philosophies. This is because these conceptual models have been utilized as general means of interpreting

mental health and illness, assuming a personal and social significant. This has had implications on the colonized as they have been subjected to this form of understanding which has subjected them to being pathologized and made to adhere to inadequate forms of treatment. Moreover, the interpretation of mental health or illness influences the therapeutic method which one will adopt, that is, it would be inadequate to understand the therapeutic method without understanding individuals' conceptions of what constitutes mental health or illness. Therefore, post-colonial theory tackles not only the dominant discourses which have influenced the use of certain therapeutic measures, or the power relations involved but addresses how the dominant logic of mental health impacts the relationship between psychologist and client in a therapeutic setting (Marsella & White, 1982; Guilfoyle, 2001).

Guilfoyle (2001) argues that when we borrow from other contexts, or any other form of erudite knowing, what are we failing to understand, or obscuring when we expropriate other discourses and what other impacts can be noted? This seeks to highlight the notion that meaningful therapeutic reality is predominantly shaped by the two interacting individuals (psychologist and client) and their ability to coordinate their nonverbal exchange and communication. This type of exchange requires some form of linguistic and cultural knowledge for it to be effective in developing an understanding of the psychological distress and route of action which will be for the best interests of the client. Venn (2006) argues that linguistic understanding is important as it is a symbolic representation of one's culture and ontological possession thus to experience a form of abandonment or loss may result in an individual's inability to find ground for ontological security. This is further enhanced by a sense of rootlessness which may trigger behaviours that are alien to the client, which may lead to a sort of dispossession violence which makes one forget who one is, where they come from and where they are going.

Conclusion

This chapter outlined the history of Psychology and the discourses that influenced and shaped it to what is recognized today as being Psychology. Scholars have expressed concerns with how psychology is applied by some psychotherapists who ignore cultural sensitivity and the context of an Afrocentric worldview. The dilemmas faced in understanding and practicing appropriate psychotherapy in a multi-cultural context. The following chapter will discuss the methodology that was used in this study.

Chapter Three: Methodology

Introduction

This methodology chapter focuses on the research design that was used in this study. This is then followed by a discussion on sampling procedure and a description of the participants. The instruments used in the study are described in detail. The chapter concludes with a detailed discussion on how the data was analysed as well as the ethical issues that were considered in the study.

Research Design

This study used a qualitative exploratory research design. A research design is a detailed outlined plan of the research process (Terre Blanche, Durrheim & Painter, 2006). A qualitative exploratory design is a design which aims to generate new information in an area not fully explored before, to gain familiarity with a phenomenon as well as to acquire new knowledge in order to develop precise hypothesis (Terre Blanche, Durrheim & Painter, 2006). Qualitative research focuses on soft data; meaning that it captures its data in words, sentences and symbols (Terre Blanche, Durrheim & Painter, 2006). The principle of qualitative research is a language of ―causes and contexts‖ as well as the cultural aspects attached to it (Terre Blanche, Durrheim & Painter, 2006). It emphasizes on understanding the cases that arise in the natural flow of social life (Terre Blanche, Durrheim & Painter, 2006). Therefore, qualitative exploratory research design was suitable for this study as it was interested in an under researched area, it aimed to understand discourses which shape human argument and behaviour. Furthermore, it was appropriate in generating new theories, hypotheses and to describe in detail findings on the topic of interest.

Sample

Non- probability sampling was used in this study. This type of sampling technique entails a selection of a specific group of people relevant and appropriate to study (Henry, 1998; Terre Blanche, Durrheim & Painter, 2006). The sample was chosen through convenient selection of psychologists registered with the Pietermaritzburg Private Practice Forum and purposive sampling was used to recruit psychologists in Pietermaritzburg not registered with such a forum. Convenience sampling is made up of individuals' who are accessible and relevant for the study (Terre Blanche, Durrheim & Painter, 2006). Purposive sampling is based on the characteristics of the population required for this study (Miles & Huber man, 1994; Bick man,

1998; Durrheim & Painter, 2006). It‘s the purposeful selection of individuals who fit the criteria of the objectives of the study. These types of sampling procedures were appropriate for this study as it aimed to document the arguments as presented by psychologists in Pietermaritzburg (who work with black African clients) regarding the appropriateness and relevance of the Ntu psychotherapy. Hence, the sample was specific to the interest of the study.

Sampling procedure

For participants in the Pietermaritzburg Private Practice Forum:

a) A letter requesting to select participants from the Forum was emailed to the gatekeeper of the Forum and permission was obtained (see appendix A).
b) The potential participants that responded were sent emails entailing a synopsis of the study (See Appendix E).
c) The participants that responded were thus contacted with the final arrangements concerning the time and date of the scheduled interview.
d) Follow up emails were sent to remind and confirm with the participants.
e) Interviews were then conducted in Scottsville and Napier Ville.

For participants outside the Forum:

a) The participants were located via an internet search for psychologists located in Pietermaritzburg.
b) A letter was sent informing the participants of what the study entailed (Appendix E)
c) The participants that responded were thus contacted with the final arrangements concerning the time and date of the scheduled interview.
d) Follow up emails were sent to remind and confirm with the participants.
e) Interviews were then conducted at the University of KwaZulu-Natal

Participants

The participants comprised of both black and white psychologists practicing in the Pietermaritzburg area. There were 6 participants in this study. 3 were female and 3 male. The ages of the participants ranged from 27 years old to 50 years old. The experience in the field of psychology ranged from 3 years to 20 years. The participants are from different streams of

practice e.g. Clinical, Educational and Counselling psychology [1], but all streams are incorporated. Scottsville is a predominantly White suburb where the participants were selected.

Table 1.1

Participant	Age	Gender	Category	Experience (in years)	Race	Theoretical Orientation
1	31	Male	Educational	5	Black	Eclectic Approach
2	50	Female	Educational	20	White	Psychodynamic
3	47	Female	Educational	12	White	Cognitive Behavioral Theory
4	41	Female	Clinical	5	Black	Cognitive Behavioral Theory
5	27	Male	Counselling	3	Black	Psychodynamic
6	31	Female	Educational	5	White	Cognitive Behavioral Theory

Instruments

Semi-structured interviews were used. The interviews comprised of 12 questions (See Appendix C).

Data Collection

Qualitative method of obtaining data included the use of semi-structured interviews. A Semi-structured interview composes of set of pre-determined open questions (Terre Blanche, Durrheim & Painter, 2006). Semi-structured interviews allow for a participant to give elaborated answers within the confines of the topic of interest (Seidman, 1991; Terre Blanche, Durrheim & Painter, 2006). Therefore, semi-structured interviews are a fairly open framework which allows for a two-way conversation and communication in order to understand the arguments, meanings and experiences of the participants (Seidman, 1991). Semi-structured interviews were appropriate for this study because it is a flexible way of obtaining qualitative data as it allows for descriptions regarding the phenomenon of interest (Seidman, 1991; Kvale, 1996; Terre Blanche, Durrheim & Painter, 2006). Through this data collection method, the study was able to permit the participants to fully present their arguments regarding the use (or not) of Ntu psychotherapy.

[1] HPCSA registrations for practicing psychologists in South Africa

Data Analysis

This study used critical discourse analysis. Critical discourse analysis pays particular attention to the linguistic element of unearthing meaning, argument and position within a specific topic (Starks & Brown Trinidad, 2007). Thus, critical discourse analysis is concerned with the role of language and words as systems which generate meaning, action and shapes reality (Terre Blanche, Durrheim & Painter, 2006). Furthermore, it assessed the manner in which dominance, power abuse and inequality are reproduced, enacted and resisted by text, talk in social and political contexts. Critical discourse analysis is interested in the types of discourses which shape reality, identities and relationships (Terre Blanche, Durrheim & Painter, 2006). The analytical method in discourse analysis involves coding, identifying relationships through: naming, opposition and speech presentation, and drawing conclusions‖ (Starks & Brown Trinidad, 2007, p. 1373).

Coding is a process where the researcher focused on the words and arguments of the Ntu psychotherapy technique in a therapeutic setting. Naming involves looking at the content for noun phrases. Noun phrases are the units of language which name things. The significant of naming comes from the fact that when one names things, we apply a label to it and through it presuppose its existence (Evans, 2013). Opposition is a linguistic feature which looks at the creation of oppositions through language. Oppositions have a tendency to depict a world through binaries. Speech presentation is a manner in which speech is presented in text (Evans, 2016). This helped gain a better understanding of their position regarding other psychotherapeutic techniques. The study utilized an edited transcription method which entails the transcription of every spoken word, laugh, emotion and any garbled up sentences but the transcriber can omit parts that are seen to be irrelevant (Silverman, 2006). Edited transcription through the use of Jefferson Notation (See Appendix D) required the transcriber to understand the meaning and purpose of the audio or video file to be able to clean up the clutter (distinguishing what is important and what is not important), while still retaining the meaning and integrity of the audio or video file (Silverman, 2006; Silverman, 2010). Therefore, critical discourse analysis focused on what shaped the participants' arguments, how they told their story and how their meaning is expressed through language (Starks & Brown Trinidad, 2007).

Critical discourse analysis (CDA) involved analysing constructions in arguments. This means that in CDA, language is in itself seen as a discourse in both a form of action through

which people can change the world and a form of action that which is socially and historically situated (& Phillips, 2002; Wodak & Reisigl, 2009, Fairclough, 1992). This is because construction implies active selection where an individual decides on which argument to propose whilst including and excluding other resources. Thus, critical discourse analysis involves describing the practice rather than words; as discourses construct rather than passively describing. Furthermore, it looks at how texts may conceal elements of social power relations (van Dijk, 1993).

Validity, Reliability and Rigour:

Qualitative research differs distinctively in terms of validity, reliability and rigour to quantitative research design. Qualitative research design has to establish trustworthiness through: credibility, dependability and transferability (Long & Johnson, 2000; Creswell, 1998). In qualitative research, credibility is judged as the extent to which the researcher is able to provide sufficient information regarding the phenomenon under study (Durrheim, 2006). Qualitative research achieves credibility through a number of procedures which include: self-description and reflective journal, respondent validation (member checks), prolonged engagement, persistent observation, peer debriefing and triangulation (Long & Johnson, 2000; Creswell, 1998, Cho & Trent, 2006). Self-description and reflective journaling is the process where the researcher is aware of their own assumptions, prejudices and biases regarding the phenomenon under study. The researcher has to ensure that their beliefs are taken into account and explicit through the use of a reflective journal (long & Johnson, 2000; Morse et. al, 2002). The researcher did this as to not add on prior ideologies into the interpretation (Creswell, 1998). Respondent validation (member checks) is when the researcher provides feedback to the participants regarding the results of the study (Long & Johnson, 2000). Therefore, a written follow-up were conducted via email; and the findings were interpreted by a second party (Supervisor) (Long & Johnson, 2000; Cho & Trent, 2006). There was prolonged engagement and persistent observation of the study (Creswell, 1998). This is done to ensure that the researcher became sensitive to the inconsistencies between pre-assumed meanings between the investigator and the studied population (Long & Johnson, 2000). Through prolonged engagement the researcher is able to certify any relevant information which otherwise would have been omitted. Peer debriefing initially was the process of presenting the research to peers (Creswell, 1998). However, Long and Johnson (2000) have argued that this is not sufficient to prove credibility. Hence, Long and Johnson

(2000) propose that peer debriefing should involve a daily discussion of the research with knowledgeable colleagues, the researcher has to be able to present the research at national conferences and to present findings to interested groups. The findings of the study were discussed extensively with the supervisor. This assisted in preventing premature closure of the research (Long & Johnson, 2000; Morse et.al, 2002). Triangulation is the process of using multiple resources, or methodologies when collecting data (Long & Johnson, 2000; Creswell, 1998). This in turn creates a broader understanding of the topic for the researcher and to highlight any possible omission of relevant material. The data was collected through the use of structured interviews only.

According to Durrheim (2006), reliability is the state whereby the study will produce consistent information when performed under comparable settings, that is, it is dependent on the stability of the data (Long & Johnson, 2000). However, qualitative research design aims at a study to be dependable and consistent (Merriam, 1995). This means that there is consistency in data collection where the findings are not the result of external variation which may unknowingly be wielding an effect on the nature of the data (Long & Johnson, 2000). There are several strategies for qualitative studies to ensure dependability which includes: stepwise replication, triangulation and audit trial (Creswell, 1998; Long & Johnson, 2000). Stepwise replication is the process where the data was divided between researcher and Supervisor for independent analysis (Creswell, 1998; Silverman, 2000). This is to highlight any discrepancies which may not be evident to one researcher. Triangulation is the application of multiple sources or methodologies when researching a phenomenon (Long & Johnson, 2000). The study made use of journal articles and various video sources. This was done to create a broader understanding of the experience of interest. Audit trial is the process where the research is placed through a trial and is interpreted by other independent parties (Morse et.al, 2002). This allows for the external researchers to evaluate objectively the consistency and dependability of the study (Long & Johnson, 2000; Morse et.al, 2002). The findings were discussed with a supervisor to minimise subjective interpretation.

Qualitative studies seek to transfer its findings to a similar group of people, that is, people who have experienced the same effects of the variable under study (Creswell, 1998, Morse et.al, 2002). There are several strategies for qualitative research to ensure transferability which includes: thick descriptions, purposive sampling and dependability (Creswell, 1998, Morse et.al, 2002). Through the provision of thick descriptions, the researcher makes sure to describe the phenomenon in great detail where it will be easier to transfer the findings to

other similar settings (Creswell, 1998, Long & Johnson, 2000). The study described the participants in details in order to set the context in which the data was collected. Through the understanding of the context and provision of thick descriptions, it will be possible to transfer the findings to a similar context. Purposive sampling was used to gather information from a particular region of people whose information is of interests to the study. This was done by purposely selecting a distinctive group of individuals in a particular location who are different from others (Babbie & Mouton, 2005). Information was gathered from participants in different working environments. As noted above, dependability is the ability for a similar study to be replicated in similar condition (context) and yielding similar results (Babbie & Mouton, 2005). Therefore Babbie and Mouton (2005) argue that, since credibility cannot be established without dependability, "a demonstration of the former is sufficient to establish the latter" (Babbie & Mouton, 2005, p. 278).

Ethical Considerations

Researchers face numerous ethical dilemmas throughout their practice. Ethics are an important aspect of the research process and the management of good practice. Ethics ensure researchers adhere to appropriate ethical conduct and in this regard, the participant is protected from mal-practice. There are seven ethical guidelines proposed by Emmanuel, Wendler and Grady (2000) to ensure the participants are protected.

A study needs to have social value. This means that the study is for the benefit of the community rather than the individual researcher. According to this requirement, a study where the results cannot be utilized is considered to be unethical. The intended study was designed to highlight the harmful impacts of culturally inappropriate psychological tools on African communities. It aimed to introduce a new approach more suitable for an African context as it emphasizes African cosmology. This could possibly dismantle existing systems which proposed a narrowed view of mental health and challenge the role of Psychology in a South African context.

The second requirement is scientific validity (Emmanuel et.al, 2006). This requirement ensures that a study is methodologically sound for it to be regarded as ethical. The methodological process needs to sound, clear and precise. The method needs to adhere to the objectives of the study. The current study adhered to widely accepted research methods and processes that addressed the objectives. The scientific validity of the study was judged by the

Social Sciences Research Ethics Committee at the University of KwaZulu-Natal (see Appendix F)

The third requirement is fair selection (Emmanuel et.al, 2000). Fair participant selection is designed to make sure that the study is not biased as scientific rigour demands an unbiased sample to allow transferability. Non-probability sample was used as the requirements for the study as targeted a specific population. This research study ensured that participants were selected fairly to ensure a non-bias sample.

The fourth requirement is favourable risk benefit ratio (Emmanuel et.al, 2000). This requirement indicates the importance of minimizing the risks in favour of benefits in a research study. There were no risks identified for participants in this study. In the likelihood of any discomfort or harm caused by participating in this study, participants were given the details to the Child and Family centre based at the University of KwaZulu-Natal (see Appendix B)

Independent review is the fifth requirement (Emmanuel et al, 2000). This requirement takes into cognizant that the research process in filled with ethical dilemmas and challenges, thus the Independent review is stationed to ensure that researchers adhere to ethical guidelines and standards. Independent reviewer(s) can help ensure that scientific rigour and principles are not overtaken by researcher interests (Emanuel et.al, 2000). It is important for studies adhere to acceptable research ethical standards. Furthermore, this study was supervised by an experienced researcher to help curve unforeseen pitfalls and to make sure the researcher remained ethical during the duration of the research.

Informed consent is the sixth requirement (Emmanuel et.al, 2000) (See Appendix B). Each participant was required to complete an informed consent form which included consent to partake in a semi-structured interview that was recorded. The form stated that if participants wished to withdraw at any point, they could do so without completion of the interview. They were also informed of confidentiality through the use of pseudonyms. The participants in the study were all older than the age of 18 and thus able to make informed decisions.

Respect for potential and enrolled subjects is the seventh requirement (Emmanuel et.al, 2000). This requirement stresses the need to respect all individuals involved in the study. Participants were notified that their participation was voluntary and should they wish to

withdraw from the study they could. Furthermore, data gathered from participants is kept in a safe place and accessible only to the researcher and his supervisor

Conclusion

The chapter has provided the description of the methodological procedure employed by the study. It has provided details of the participants and the process of data collection. An explanation of the data analysis process as well as how reliability, validity and generalizability were ensured was discussed. The following chapter will provide the results from this study.

Chapter Four: Results

Introduction

This chapter will highlight the findings from the interviews conducted with the psychologists who participated in this study. The transcribed interviews were coded using the Jefferson light system of transcription notation. The structure will be based on the three aims of the study which entail: the general definition of psychotherapy and its relevance; Ntu psychotherapy and its appropriateness; Psychology training in an African setting. The results will attempt to show how the participants constructed their positions regarding each of the aims. It is important in not just understanding of just not what the participants said but how they said it and the discourses in which they are drawing their arguments from. The results will thus not only consider their position in talk but how their understanding of psychotherapy has influenced their approach and the implications of such.

Description of Participants

The participants comprised of both black and white psychologists practising in the Pietermaritzburg area. There were 6 participants in this study. 3 were female and 3 male. *Participant one*: black, 31 year old male with 5 years working experience in Scottsville as an Educational psychologist. *Participant two*: caucasian, 50 year old female with 20 years working experience in Scottsville as an Educational psychologist. *Participant three*: caucasian, 47 years old female with 12 years‘ experience in Scottsville as an Educational psychologist. *Participant four*: black, 41 year old female with 5 years‘ working experience at the Correctional Services in Napierville as a Clinical psychologist. *Participant five*: black, 27 year old male with 3 years‘ experience working at the Correctional service in Napierville as a Counselling psychologist. *Participant six*: caucasian, 31 year old female with 5 years working experience in Scottsville as an Educational psychologist.

1. Definition and relevance of psychotherapy

The definition and relevance of psychotherapy speaks to the general understanding of what psychotherapy is; the current state of psychotherapy in a South African context and discourses which argue for or against its relevance in an African context.

Definition of psychotherapy

Participant One:

Ummm I understand it in simple terms (.) I understand it more in terms of a treatment of emotional challenges (.) ↑Like how you would get injections or antibiotics for any physical pain = Like how you would get injections or antibiotics for any physical pain (.) Psychotherapy aims to help or treat (.) Ummm when you cannot a treat (.) it"s supposed to be a form of intervention that helps one to cope and live on the challenges (.) It"s my definition = it"s not a textbook definition (.) It"s a realistic definition↑= it"s supposed to help people with psychological distress (.) At the end of the day you suppose to help people with emotional difficulties= It"s a definition that is informed by your practice

Naming	Opposition/ negation	Speech Presentation
Treatment, textbook, injections, antibiotics	*„treatment of emotional challenges"*	*Assertiveness – „it"s not a textbook definition (.) It"s a realistic definition↑="*

In this extract, Participant One seems to be comparing and contrasting the definition of psychotherapy to the bio-medical model definition. The raise in notation in the word *like* may imply an emphasis on the similarities between psychotherapy and the use of medical tools which is consistent with the medical discourse which dominates the profession of Psychology. There is also a rise in voice notation when the participant is describing that "*it's a realistic definition*" which may signal the importance in distinguishing between what the participant has been told to believe what defined psychotherapy and the need to detach himself from the dominant meaning of psychotherapy. The term *treatment* speaks to medical care given to a patient. It seems as though the Participant is also challenging the mainstream definition of the concept and seek to protect themselves by highlighting the inappropriateness of this definition. If this definition is realistic, what is the other one?

Participant Three:

Uhm (.) It"s a book definition of psychotherapy (.) Ahh (.) but the working definition here is uhm (.) techniques that are used to uhm (.) A medical definition is to treat but the definition of educational psychology is to address uhm (.) emotional needs uhm in educational psychology relating to education systems= so it is techniques that can either treat or address the needs= the idea of enhancing

Naming	Opposition/ negation	Speech Presentation
Book, medical, educational	*„It"s a book definition of psychotherapy (.) Ahh (.) but the working definition here is*	*Defensive and uncertainty*

	uhm (.)" the word but negates the first statement	

There seems to be some hesitation and uncertainty by the constant brackets micro pause in-between sentences. It appears that Participant Three‘s definition draws predominantly from the medical model of understanding of what psychotherapy is. However, the Participant seems to be disguising the medical discourse inherent in Psychotherapy by arguing that = *it‘s a book definition* thus assuming a passive detached position into whether it speaks to the context she is in. This also highlights the scientification of Psychology as “book implies research, studies and the like.

Participant Five:

Uhm (.) It"s a process of assisting the patient or client in developing greater sense of selfawareness = And uhm (.) identifying ways in which they behavioural patterns have been counterproductive or destructive and uhm (.) yeah assisting them (.) uhm (.) I don"t know= Making better life choices and uhm (.) yeah enlighten their patterns of behaviour uhm (.) yeah behaviour in different ways or yeah that sort of thing and then= or adapting to any emotional difficulties or uhm change in life situations or life circumstances and yeah it"s very broad (.) It would depend on the approach you taking whether it"s behavioural or psychoanalytic psychotherapy (.) Yeah (.) depending on the approach that you are taking

Naming	*Opposition/ negation*	*Speech Presentation*
Process, developing, enlighten, approach	*„I don"t know= Making better life choices and uhm (.) yeah enlighten"*	*Hesitation and uncertainty*

Participant Fives gives an account of Psychotherapy as a process‘ but argues that it is a collaborative process – *process of assisting the patient or client"* but it still highlights the medical discourse with the use of patient‘. *“yeah that sort of thing “* that‘s telling. why is the participant undermining this new definition that follows *—I don"t know=”* This second definition also seems to have a taint of the humanistic approach/positive psych (*Making better life choices and uhm (.) yeah enlighten*) and seems to be undermined by the participant. Participant Five gives two definitions but appears hesitant to support either. There is also distancing as she stated depending on the approach *you* are taking.

The current state of psychotherapy

Participant One:

Psychotherapy involves a lot of things=→ How you do things (.) the framework so to say and it may not be relevant (.) An appointment at 12 to 1(.) It"s not an issue of us not keeping time= you cannot just cut it like that (.) Ummm but suppose it"s another person who has a certain understanding time who doesn"t value your ability to help as set by a certain time (.)→ And I see you as a person and I see you as person=and in reality when we meet a typical black person= and we have confidentiality and there will be a time with a black person

Naming	Opposition/negation	Speech Presentation
Relevant, framework		*Justification through providing examples of how black people differ in the understanding of time*

Participant One argues for the conceptualization of psychotherapy for a South African context. The participant makes a relation to the African identity concerning things such as: time, bewitchment and the construction of an African identity in a therapeutic space. There is talk around the adoption of foreign knowledge to understand African people. The participant argues that foreign modalities are somehow a measure of competency in a therapeutic space. This is shown by the emphasis on the word *competent*. Participant One highlights the distinction between two approaches and their assumptions.

Participant Four:

uhm (.) Its okay↓uhm (.) its just that uhm (.) From the African side= there is still no good understanding which makes it difficult for them to engage with it

Naming	Opposition/negation	Speech Presentation
okay	*The positioning of the participant and clients creates an opposition*	*Victim role is assumed- „no good understanding which makes it difficult for them to engage with it"*

Participant Four begins by a neutralizing response where it communicates a desired end to engage with the topic. However, Participant Four moves to construct a point around the limitation of the current state of psychotherapy as not speaking to the livelihoods of Black individuals. In this, the Participant also positions Black communities as *them* and through a process of othering, blames Black societies for having no good understanding‘. Hence, by the virtue of othering, the current state of psychotherapy is maintained.

Participant Six:

=→it is not accommodating (.) Not enough being done by scholars and always reading freud (.) Therapy has always been there↑ although we did not give it a <u>name</u> (.) we didn"t individualize it (.)→ Psychotherapy individualises people

Naming	Opposition/negation	Speech Presentation
Not accommodating	*„we didn"t individualize it (.)→ Psychotherapy individualises people*	*Victim stance. A sort of defense*

Participant Six argues that the state of psychotherapy falls away from the collective stance of African understanding and still perpetuates the Western idea of individualism. It's as though they are saying it has been hijacked or made foreign for the wrong reasons —*we didn"t individualize it (.)→ Psychotherapy individualises people"*

<u>The relevance of psychotherapy</u>

Participant One:

<u>yes</u> = I believe so on the grounds that South African blacks still face challenges to what → extent though is another thing(.)They lose people (.) issues of bereavement= issues of divorce they get mugged (.) Black people can have learning difficulties (.) Those mental challenges affect them as well= if you want to <u>conceptualize it</u> (.) A lot of students will have problems and learning difficulties as well= If you see psychotherapy a mental intervention=those that have emotional difficulties cognitive difficulties

Naming	Opposition/negation	Speech Presentation
Conceptualize, intervention		*Detach*

Participant One argues how the given definition is relevant in the lives of Black South Africans but appears to query the depth of its relevancy and applicability in Black communities. The Participant appears to be conceding to something that they don't necessarily believe those mental challenges affect them as well, the distancing and othering of mental challenges as prevailing in Black societies.

Participant Five:

uhm (.) sure it is yeah↓ because if you uhm (.) You get a very wide range of clients and uhm (.) you have to fit in into the context in which they are living and functioning= And context should be a big part of the therapeutic relationship (.)uhm (.) yeah but it should uhm = there is no expect answer that relates to it= And certainly something that is important and should be taken into consideration

Naming	Opposition/negation	Speech Presentation
Context, living, functioning		*„there is no expect answer that relates to it"- a removal from the „expect" role*

Participant Five also argues that such a definition given is relevant but there is a hint of uncertainty as indicated by the low voice notation. The participant argues for a definition that is constructed to fit into the context in which one works. It seems the Participant is attempting to justify it internally first but undermines her stance in the matter through there is no expect answer that relates to it'. It appears the Participant is conflicted regarding whether the given definition is relevant or not.

Participant Six:

=it is↑ Although there is always a gap (.) People seeing a need in our communities (.) psychology↑ It"s a problematic profession (.)It is relevant= its very relevant (.) People experience problems= Given the context cultural issues→ Others would not understand South African history has so much embedded in our experiences (.) uhm (.)→ Becoming westernised compromised us (.) We are <u>stuck</u>↑ →We cannot move forward in understanding the essence of who we are (.)

Naming	Opposition/negation	Speech Presentation
Relevant, problematic	*„=it is↑ Although there is always a gap"*	*Stagnation, conflictual*

The participant speaks to the definition of psychotherapy reaching a stalemate, a plateau where it is void of socio-political, cultural and historical influences. However, in the same breathe; the participant constructs the given definition as being relevant. The participant also seems conflicted in this regard as the Participant argues that_→ *Becoming westernised compromised us (.) We are <u>stuck</u>↑ →We cannot move forward in understanding the essence of who we are (.)"*

Summary:

The definition of psychotherapy provided by the participants draws significantly from the medical discourse. It is indicated by noun phrases such as: treatment, book, medical where the definition is labelled and through the use of language presupposes its existence. Hence, the definition of psychotherapy cannot exist outside the medical discourse as it is deemed to be part of the package. This is often marked by the creative oppositions of treatment and emotional distress. Treatment speaks to the medical sphere whilst emotional speaks to the

subjectivity of a lived experience. These oppositions are powerful as they play into the tendency view the world in binaries, separate and a by-product of the medical discourse. Furthermore, the current state of psychotherapy is described as: western, foreign, adopted and insufficient. This speaks to the problematic nature of Western modalities of understanding African identity. The participants argue that psychotherapy is relevant for an African setting though it does have it short comings. The state of psychotherapy still lingers the idea of inaccessibility where it is only a select few who firstly can access these services and secondly, deemed fit to be understood through the light of the Western paradigm.

1. Ntu psychotherapy and its appropriateness with diverse clientele

The participants acknowledged that they have never been exposed to Ntu psychotherapy and thus have no knowledge of it. The appropriateness of Ntu psychotherapy was derived from questions alluding to its principles, cultural sensitive modalities and the understanding of emotional distress through a cultural medium.

Culturally appropriate modalities

Participant Four:

= → not the ones we are taught >< but (.) uhm but (.) every therapist should draw from their own (.)→ Obviously we need to adopt from Western people (.) uhm (.) I have been able to mix modalities= At times there is a need to make it more eclectic to make sense of it

Naming	Opposition/negation	Speech Presentation
Western		*Victim approach – „= → not the ones we are taught"*

There seems to be a marked speed in speech as Participant Four hints at the inadequacy of the training received by psychologists in terms of their capability to work with a culturally diverse population. However, the participant appears to reject their stance by asserting that *_uhm but (.) every therapist should draw from their own (.)*'- Hence, gravitating towards an individualistic approach both between practitioners and promoting it in their clients. The use of the "*Obviously*" seems to indicate that there are no other alternative means of understanding human behaviour besides taking from a Western ideology. This speaks to the idea of mimicry where Western concepts not only promote cultural imperialism but the mimicry of the value system.

Participant Six:

=some are (.) Some are not (.)→ Its how you use them= Application is important in that context uhm (.) Understanding the context and not assuming assume uhm that we fully understand (.) It is interesting you know uhm (.)→ That the Western profession they assume you know about African revelations by just knowing the context (.)= They want to know of what they are presenting with uhm (.) Is it culturally appropriate= an example would be impunzi

Naming	*Opposition/negation*	*Speech Presentation*
Application, culturally, appropriate, Western, African	*„That the Western profession they assume you know about African revelations by just knowing the context (.)="- Western and African are parallel to each other*	*Subjective interpretation of cultural appropriateness – „(.)→ Its how you use them= Application is important in that context uhm"*

Participant Six speaks to the applicability of said techniques regardless of their cultural appropriateness *=some are (.) Some are not (.)→ It"s how you use them="*. Participant six argues that understanding the context is not sufficient in understanding another‘s worldview.

Participant Two:

= some (.) not in general= some disorders could be (.) But more than culturally =is the <u>way of life okay</u>↑= There are some pathologies you know even add= adhd those kind of things= Yes (.) there is a lot of neurological problems but its culturally based in the sense that if you look at those families often there are some maladaptive behaviours=and yes= in my own belief = but in my own belief it is (.) There is a relevance with the environment

Naming	Opposition/negation	Speech Presentation
Culturally, pathologies, neurological, maladaptive	*„(.) But more than culturally =is the <u>way of life okay</u>↑="*	*Subjective – „in my own belief = but in my own belief it is (.)"*

Participant Two appears to be defensive in the argument for culturally based disorders *=But more than culturally =is the <u>way of life okay</u>↑=‘* as indicated by the rise in the voice notation. Participant Two argues that culture is important but disputes the depths of its relevance by stating its importance as existing in the same breathe as family.

Participant Three:

→I think it is very Western (.) uhm (.) I deal with a lot of students that are suffering from clinical depression (.) Not just necessarily depressive episodes but where they have been diagnosed by psychiatrists as clinically depressed = or for example with bipolar or personality disorder (.)→ And the African culture does not have words in their language for those conditions (.) uhm (.) therefore there is a lot of misconceptions about it = And a lot of

the (.) uhm (.) are coming for psychotherapy are on psychiatric medication for quite a few conditions that at home are being told „grow up", „grow up"↑(.) It is very frequently reported that the family will say →that"s a white thing (.) So I think (.) uhm (.) in terms of the psychopathology there two definitions = two conditions that define all the characteristics and criteria (.) uhm (.) there exists = and the conditions exist with all kind of cultures but I don"t think all cultures accept them as conditions (.) So↑ therefore (.) you would quickly work with someone on psychiatric medication and do psychotherapy but they are also going through traditional treatment methods as well

Naming	*Opposition/negation*	*Speech Presentation*
Western, African culture		*Defensive*

Participant Three begins by arguing that cultural based emotional distress stems from a Western understanding *„→I think it is very Western"*. But appears to justify this by stating that *„(.)→ And the African culture does not have words in their language for those conditions (.) uhm (.) therefore there is a lot of misconceptions about it ="*. And due to this, culturally different communities at times may not benefit fully from psychotherapy *„(.) So↑ therefore (.) you would quickly work with someone on psychiatric medication and do psychotherapy but they are also going through traditional treatment methods as well"*. This speaks to the Western misconception that African cultures do not necessarily have concepts in explaining emotional distress thus said cultures have to be subjected to a Western interpretation. This further perpetuates the discourse of othering and African identity and in turn puts the practitioner in a position of power where the need to provide insight is indicated.

Summary:

The arguments provided by the participants' hint at the inappropriateness of imported modalities but in the sane light provide justifications for the continuing use of these. The reasons include the supposedly unavailable cultural sensitive alternatives to limited understanding.

2. Psychology training in an African setting

Current state of psychotherapy Participant One:

→not much is done to conceptualize it = And the form of modalities that people adopt (.) So↑ what im saying is the form of psychotherapy people use is so not practical (.) So =my feeling that is adopted= something that is foreign which has not been conceptualize very well and elevated and the result is that= If you are a trainee for an example (.)→ if you cannot conceptualize using these foreign modalities= you are not <u>competent</u> (.) →when in fact those are insufficient when applied to <u>us</u> = And yes we have mental challenges but how much of

those do we have (.) How much those do we have to attachment (.) compared to finances or food insecurities (.) If it carries on <u>like this</u> = psychology will become one of those professions which doesn"t target people specifically (.)

Naming	Opposition/negation	Speech Presentation
Competence, adopted, foreign, insufficient		*Directive*

Participant One argues for the conceptualization of psychotherapy for a South African context. The participant makes a relation to the African identity concerning things such as: time, bewitchment and the construction of an African identity in a therapeutic space. There is talk around the adoption of foreign knowledge to understand African people. The participant argues that foreign modalities are somehow a measure of competency in a therapeutic space. This is shown by the emphasis on the word _competent'. Participant One highlights the distinction between two approaches and their assumptions. The issue of *_If you are a trainee for an example (.)→ if you cannot conceptualize using these foreign modalities= you are not <u>competent</u> (.)",* placing the practitioner as the pinnacle of psychotherapy while on the other hand; the notion of *„(.)→ And I see you as a person and I see you as person="* speaks to the idea of being. Participant Four:

uhm (.) Its okay↓uhm (.) its just that uhm (.) From the African side= there is still no good understanding which makes it difficult for them to engage with it

Naming	Opposition/negation	Speech Presentation
okay		Victim role

Participant Four begins by a neutralizing response where it communicates a desired end into engage with the topic. However, Participant Four moves to construct a point around the limitation of the current state of psychotherapy as not speaking to the livelihoods of Black individuals. In this, the Participant also positions Black communities as _them' and through a process of othering, blames Black societies for having _no good understanding'. Hence, by the virtue of othering, the current state of psychotherapy is maintained.

Participant Four:

= → not the ones we are taught >< but (.) uhm but (.) every therapist should draw from their own (.)→ Obviously we need to adopt from Western people (.) uhm (.) I have been able to mix modalities= At times there is a need to make it more eclectic to make sense of it

Naming	Opposition/negation	Speech Presentation
Western		Defensive, victim role – _= → *not the ones we are taught"*

There seems to be a marked speed in speech as Participant Four hints at the inadequacy of the training received by psychologists in terms of their capability to work with a culturally diverse population. However, the participant appears to reject their stance by asserting that *_uhm but (.) every therapist should draw from their own (.)*‘- Hence, gravitating towards an individualistic approach both between practitioners and promoting it in their clients. The use of the *_Obviously*‘ seems to indicate that there are no other alternative means of understanding human behaviour besides taking from a Western ideology. This speaks to the idea of mimicry where Western concepts not only promote cultural imperialism but the mimicry of the value system.

Participant Five: *uhm (.) golly uhm (.) Some are↑ I guess no (.) because no=because different cultures deal with emotional issues in different ways (.) Sitting with therapists and talking through uhm (.) problems or reflecting back on uhm = childhood and seeing where issues might have arisen from uhm (.) I think different cultures deal with emotional difficulties and understanding emotional difficulties very different >< so no I don"t think so↓(.) No experience*

Naming	Opposition/negation	Speech Presentation
Different, cultures		*Defensive – „No experience"*

Participant Five begins by suggesting that the dominant therapeutic modalities are culturally _sensitive‘ as indicated by the rise in voice notation. However, in the same manner, the participant rejects this notion. Participant Five constructs an argument on the differences between culture and emotional experience. Hence, they argue *„I think different cultures deal with emotional difficulties and understanding emotional difficulties very different >< so no I don"t think so↓(.)*‘. However, the entire argument is undermined by *_No experience"*.

Traditional therapeutic modalities

Participant Two:

they do (.) they do have assumptions but they are linked (.) In the sense that they must all link= Whether its psychodynamic or cbt (.) there are so many other uhm models that you can really implement. My ↑ uhm preference is to use the psychodynamic model but not the psychoanalytic model and then the psychodynamic model always has a touch of mindfulness to it (.) And at times a little bit of solution based therapy and a little bit more cbt=Psychodynamic can be very limiting (.) psychodynamic requires time= I did it myself a long time and I could allow myself to do that

Naming	Opposition/negation	Speech Presentation
Linked, my, psychodynamic	*The therapeutic positioning of the participant – „My ↑ uhm preference",*	*Subjective experience – no room for objectivity*

The use of *me, I, what I do, my curiosity* speaks to the individualistic nature of Western understanding. Not only is this expected from clients but also from the practioners. The individualistic nature dominates the profession and how one interacts with their clients will be affected by how one is socialised into this profession.

Participant Five: *uhm (.) I don"t know enough of the broad context really (ha ha) = I don"t know in the context of the whole of South Africa but I do know there should be more culturally appropriate = so a lot of our understanding is coming from western uhm (.) western understanding uhm (.) a western theory uhm = studies and uhm (.) and that sort of thing (.) Uhm it would suit South Africa since they are very unique = a unique culture uhm = country where it has a wide range of different uhm= backgrounds so yeah I think it would be more south African <u>friendly</u> approach to therapy considering there is such a variety of backgrounds from where people are coming from*

Naming	Opposition/negation	Speech Presentation
Western, African, unique	An opposition created as Africa is positioned as _*unique*‘ against a Western culture	Detach by first providing a disclaimer of not knowing enough – _*I don"t know enough of the broad context really (ha ha"*

Participant Five speaks to the move away from the traditional psychotherapeutic models of understanding to the cultural and contextual aspects of it. The issue of culture is spoken of as a form of resistance from the prevailing dominant psychotherapeutic modalities – _= *I don"t*

know in the context of the whole of South Africa but I do know there should be more culturally appropriate = so a lot of our understanding is coming from western uhm (.)".
However, the emphasis on _friendly' diverts the argument to a more social space where the urgency and importance of context and culture is reduced.

Summary:

The understanding of psychotherapy is seen as a mirror image of the training one has received. The participants seem to shift the responsibility to training institutions for the lack of exposure and awareness to cultural interventions. Furthermore, there is a salient process of othering where blame can easily be directed towards the side of a client; this process maintains the current state of psychotherapy since them cannot engage with it so what is the point' because black communities are deemed as not having the capacity to engage with such discussions.

Conclusion

The chapter has presented the study results. Discourse analysis focused on naming, oppositions and speech presentation to show how discursive patterns shape the arguments provided by the participants. The definition of psychotherapy stemmed from the medical and scientific discourse which resulted in the medicalization of psychotherapy. These discourses have further influenced the choice of a psychotherapeutic method to be employed by psychologists. Hence, the subscription to the medical/scientific has resulted in the justification of the subjugation of African perspectives in understanding African identity. This was also espoused through othering and the positioning of the self. The results presented indicated that the participants had no knowledge of the Ntu psychotherapy and the concept of culture was utilized as a resistive stance against the prevailing traditional psychotherapeutic modalities.

Chapter Five: Discussion

Introduction

This chapter will discuss the results of the study. The research questions of this study will be used to structure the discussion.

Research Questions

1. How do psychologists practicing in Pietermaritzburg define psychotherapy?

The definition of psychotherapy provided by the participants made use of noun phrases such as: *treatment, book, medical* where the definition appears to draw significantly from the medical discourse and through the use of said nouns presupposes that the definition rests solely on the medical discourse. Psychotherapy was defined as a *treatment, a process* and used as an umbrella term for the various *approaches/techniques* it has. In these utterances, the definition of psychotherapy is positioned where it cannot exist outside the medical discourse as it is deemed to be part of the package. This is often marked by the creative oppositions of *"treatment"* and *emotional distress"*. Treatment speaks to the medical sphere whilst emotional speaks to the subjectivity of a lived experience. These oppositions are powerful as they play into the tendency to view the world in binaries, separate and often speak to the medical and scientific discourses. Psychotherapy was further defined as a form of *enlightenment*, a way to *assistant or address* and the various *techniques* it has.

The literature speaks to the definition of psychotherapy as being influenced by the dominant discourses prevailing in the profession of psychology. These discourses have subjected the definition within the psychiatric practice as Yen and Wilbraham (2003) argue that the conceptualization of mental health and illness by the psychiatric discourses has gained legitimacy through biomedical discourses. Hence, the medicalization of psychology and inevitably psychotherapy promotes the "diagnoses of patients' illnesses" (Yen & Wilbraham, 2003, pg. 544) and the role of the psychotherapy thus becomes a way to fix body while disregarding the emotional, social or cultural contexts involved (Crossley, n.d, Stevens, 2001; Yen & Wilbraham, 2003). The definition of psychotherapy provided by the participants draws significantly from the medical discourse. The medical discourse promotes the idea of neutrality, objectivity and a sense of detachment (Cooper & Nicholas, 2012; Deacon, 2013).

The term treatment suggests an analogy of a mechanic fixing that which is broken. The aim is to remain neutral and objective as this is imperative for the effectiveness of the treatment

(Stam, 2005; Yen & Wilbraham, 2003). The definition of psychotherapy is constructed as a form of treatment of psychological disorders where practitioners assist their clients through a wide range of emotional difficulties (Ahmed & Pillay, 2004; Cooper & Nicholas, 2012) as indicated by the participants responses. The implications of the given definition aids in maintaining the power inherent in the medical discourse as the blueprint for healing. The concepts of neutrality, objectivity position the practitioner as the *"expert*[2]*"* where the power and voice of the client is usurped (Pretorius, 2012).

Psychotherapy is spoken of by the participants as based on a certain theory in which a *type* of therapy approach is practised. Roche (2005) argues that there are broad psychotherapy categories that are used to understand human behaviour. The psychotherapy that is practised is purely set from the frame of reference in which a therapist will hope to understand the client (Crossley, n.d; Roche, 2005). Hence, the scientific and medical discourses still perpetuate the need for psychology to be natural science and to see human experiences as being quantifiable and fixed (Crossley, n.d, Stevens, 2001). The consequence of presenting the definition in these directive terms of '*enlightenment, techniques, to address*' has the consequence of rendering the said definitions as being natural and anchored immutably in history. Psychotherapy as space for the creation and shaping of identities is neglected at the hands of a *techniques"* in the definition as it implies that psychotherapy in and of itself is separate from the context in which it occurs (Roche, 2005). In these texts there was a description and contrast from the dominant discourses of what psychotherapy is not but not a clear explanation of what psychotherapy is or should be. Through the negation of a clear definition, there is space for the professional discourse to prevail. This discourse implies the subtle power inherent in the therapist as the expert while negating the role played by the client (Yen and Wilbraham 2003). The negation of the activity inherent in the psychotherapeutic space highlights the exclusion of the influences of the cultural, sociopolitical and economic contexts in which clients reside. This also filters into the Universalist discourse where should behaviour be quantifiable and objective there would not be a need to challenge the premise proposed by the findings (Yen & Wilbraham, 2003; Anderson, 1996).

[2] *'uhm (.) yeah but it should uhm = there is no expect answer that relates to it= And certainly something that is important and should be taken into consideration"*

2. What discourses shape the use of psychotherapeutic techniques utilized by South African psychologists based in Pietermaritzburg?

The discourses which shape the psychotherapeutic method choice provided by the participants made use of noun phrases such as: *injections, antibiotics, book definition, treat* which draw from both the scientific and medical discourses. This was indicated by the participants' comparative responses of psychotherapy and the use of antibiotics. The *book definition* speaks to that which is studied, learnt and standardized. The utterances which speak to the relevance of psychotherapy: *relevant, those mental challenges affect them as well* which draws from the universalism discourse of sameness and a discard of cultural differences. Furthermore, the said discourses are said to be: *adopted, foreign, Western* and *insufficient.* These utterances speak to the shortcomings of Western modalities and their use in the African context. The participants' draw from the inappropriateness of current psychotherapeutic modalities but provide justifications for their continued use by the inadequate training received: = → *not the ones we are taught,* to the othering of clients through the pronouns of '*them'* and '*I'*/ 'we'.

The dominant discourses led to the medicalization of psychology as supported by the literature. The medicalization of psychology resulted in the categorization and quantification of behaviour (Pretorius, 2012; Ahmed & Pillay, 2004). This blindly promoted the establishment of purely organic psychological approach to healing where medicine surpasses humanistic understanding of emotional distress (Pretorius, 2012; Hook & Parker, 2002). Furthermore, this created a space where psychological phenomena could be generalized throughout an entire population and a universal understanding solidified and legitimatized (Hook 2004; Pretorius, 2012). The participants provided arguments which spoke to the medical/scientific and professional discourse. The medical, professionalism and universalism discourses were used to justify the continuing utilization of contextually inappropriate methods. The process of othering was used to maintain the passive detachment from engaging with black communities regarding their stance on psychology and the appropriateness of psychotherapeutic interventions. This maintained the irrelevance of psychotherapy as being in a position to affect change in communities at large through dialogues of social injustices (historically perpetuated by psychology), neo-colonialism and the African identity. The justification for using contextually inappropriate modalities stems from the scientific/medical discourse. The universalistic nature of the scientific/medical discourse has resulted in the general acceptance of the stance it promotes (Grills, 2006; Gibson, 2004).

According to the literature the discourse of professionalism still prevails in most therapeutic spaces. This discourse impacts both the practitioner and the client in differently. The professional discourses stipulate the standards in which practitioners should work and function (Yen & Wilbraham, 2003). This speaks to the idea of competency in having the ability to formulate in Western modalities and intervene accordingly. The professionalism discourse shies away from the political aspect involved in the interaction between practioner and client (Holmes et al, 2006; Yen & Wilbraham, 2003). This speaks to the construction of the self in a therapeutic space. Participants use – the use of *me, I, what I do, my* speaks to the individualistic nature of Western understanding. This discursive utterance of 'me' and 'I' create a language of exclusion. The individualistic nature of the professional discourse dominates the profession and how one interacts with their clients will be affected by how one is socialised into this profession (Ahmed & Pillay, 2004; Eagle, 2005).

The scientific/medical discourse speaks to the idea of objectivity, neutrality' and a language only a select few are able to participate in conversation. This is because the medical and scientific discourses promote a distinct language that either includes or excludes communities from engaging in conversation. Language is fundamentally an exercise of power and the language spoken through these dominant therapeutic techniques is not one of interrelationship, harmony, spirituality and the like (Pretorius, 2012; Ahmed & Pillay, 2004; Hook, 2004). This begs the question of how do we ensure that psychotherapy is not just a guise used to promote the subtle impositions of the dominant culture's values, norms, concepts, languages and how one responds to emotional distress. Africa has been commoditised where the culture, rituals and sacred spaces have been used as cultural appropriations for those around the world but in the same wavelength subjugating African narratives (Parker, 1998; Gergen, 2014). The Post-Colonial theory argues "To what extent the ethnocentric approach to psychology can be modified remains an open question, for the power wielded by Western institutions and paradigms is undoubtedly very strong and very difficult to resist" (Holdstock, 2000, pg. 158). Traditional dominant therapy techniques have been challenged where the results indicated a new discourse – one which aims to dismantle psychotherapy in its entirety.

3. What is the impact of the discourses on therapeutic choices made by psychologists when working with black South African clients?

The impact of said discourses was indicated by the use of noun phrases such as: *competent, individualizes, accommodating* and *link.* These nouns speak to the impact of the discourses on

psychologists when working with black clients. The talk around competence draws from the professionalism discourse where there is an inherent standard in which practioners should attain. On the other hand, nouns phrases of *link* and *accommodating* speak to the idea of sameness as propagated by the universalism discourse. The use of noun phrases as*: them, they, my* and *I* speaks to the construction of the self within a psychotherapeutic space. The effect of these discursive patterns is that they create distinct categories of '*u'* and '*them*' which depicts an image of psychotherapy as a non-collaborative process. The binary creates an opposition between clients and practioners.

The literature highlights that the discourse of universality (of creation of sameness) hints at the conceptualization of fixed techniques and identities (Hook, 2005). It assumes that these techniques and identities are fixed and unchangeable. In this view, techniques presented as determined categories that cannot be challenged or disrupted. The consequence of this is that relevance and adaptation can be spoken of simultaneously. This creates an oxymoron since psychotherapy is made to fit the context; and this being dominantly techniques utilized and the consequence of the dismissing of the assumptions regarding human. The participants' argument in this instance states that there should be a change in the approach, however the assumptions of the Western modalities still belittle Black lived experience. The implicit bias inherent in dominant therapeutic modalities keeps the looking lens and metaphorically just changes the colour. The assumptions are still being maintained, naturalized and normalized. If the definition is relevant, why is there a need to adapt it to a context? In this sense, psychotherapy as a universal approach to managing emotional distress is intrinsically problematic in itself however more than the approaches that are embedded in it. Evidence from the literature states that psychotherapy and the psychological theory which fails to recognize the understanding of self in relation to another in various cultures (Marsella & White, 1982; Hook, 2005). This was indicated by the participants' binary depiction of '*us*' and '*them*' as set indicators of one's relationship to the other. The universalistic approach dominantly sees a person as a single entity and not existing in a broad socio-political context. This brews misconception regarding how African individuals come to understand who they are and their worldviews. The issue of universalism discards the consequences of universalistic understanding such as what Frantz Fanon calls double consciousness' (Fanon, 1991). According to Fanon (Hook, 2004), many people of colour who experienced the effect of colonialism are aware of the inability to attain what has been deemed as the standard but in the same light deriving means to attain it.

The participants further used noun phrases such as: *them*, *they*, *my*, and *I*. In these utterances, clients are depicted as existing outside the space of understanding psychotherapy. The discursive utterances of '*them'*, '*they*' along the subjective pronouns of 'I' may lead to the dispossession of knowledge except their place (be it marginalized) as these utterances create in and out group categories. This may have the potential effect of shutting down openness toward a multicultural context and cultural hybridity as it exists in the current community (Bhabha, 1994). The strategy at work here is this may lead to the perpetuation of fixed identities associated with the psychotherapeutic space and how such spaces are actively involved in the construction of the self. This implies the idea of mimicry. The notion of mimicry is seen when members of a colonized society aim to imitate the: language, dress, politics, or cultural attitude of their colonizers (Bhabha, 1994). The one who mimics does this to attain the power that they think is inherent in the person in power. Prolonged engagement with the desire to mimic often results in the manifestation of the nature of colonial rule; and according to Homi Bhabha (1994), mimicry can often dismantle colonial structures by highlighting their ludicrous nature. This is the same with Culture. The results further showed how the issue of culture being used as a resistive measure against the prevailing dominant techniques though to an extent. Culture is used as bandage to counteract the consequences of inappropriate modalities. Culture as an argument to highlight the distorted nature of traditional therapeutic modalities has opened a space where individuals able to able to express their differences in a space which has previously discarded cultural significance.

Evidence from the literature indicates that the professional discourse perpetuates the subtle power dynamics which are already at play as these dynamics exist inevitably should we consider human relationships in all contexts. According to Polifroni (2010, pg 8), "wherein power does not reside within a position, but rather, within a person and within a relationship bounded by knowledge, a new destiny of power to and power of is created". This argues that power does not merely exist within a position but within a person and bounded by *knowledge* (own emphasis). Taking into consideration that psychotherapy in of itself presents with different knowledge regarding the self, and that knowledge is known only to the practitioner; it may maintain the so called expert position as assumed by the practitioner. The implication in this manoeuvre is that it inevitably disempowers a client from any form of social agency. As a result, the professional discourse maintains the power dynamics and the roles of expert and follower (Holmes et al, 2006; Yen & Wilbraham, 2003). Furthermore, this may result in the prescription of inappropriate interventions, misunderstanding of a client in their totality

and as well as the legitimization of Western perspective. This is problematic because professionalism discourses will continue to prevail in psychotherapeutic spaces where the Western understanding not only impacts a client but the practitioner as well. The Western paradigm promotes individualism even within practitioners, hence, the constant use of *my, I"* in the participants response. The lack of engagement within professionals maintains the current discourses which are not being challenged and changed. Therefore, it begs the question of psychologists being pawns to colonial understanding or changers of the prevailing unjust norms?

4. What knowledge do psychologists in Pietermaritzburg have of Ntu Psychotherapy?

The results showed that there is limited knowledge of what Ntu psychotherapy is or entails.

However, the understandings of its characteristics exist in isolation. Therefore, the understanding of Ntu psychotherapy will be inferred from the discussions around culturally appropriateness and the principles of it. The utterances of: *_(.)→ obviously we need to adopt from Western people", „=some are (.) Some are not (.)→ it"s how you use them* and *„→I think it is very Western (.) uhm".* The use of the "*Obviously*" seems to indicate that there are no other alternative means of understanding human behaviour besides taking from a Western ideology. These utterances speak to the inadequacies of using culturally inappropriate tools. The use of '*different*' denotes the distinction between African and Western cultures.

The perusal of literature indicates how culture is used as a medium for understanding mental health and illness (Yen & Wilbraham, 2003; Holmes et al, 2006). This is supported by Grills (2006) who argues that culture is a motivational factor in the understanding of our being, how individuals set goals and their commitment to them, thus, culture is not separated from communities as it speaks to their history, context and values. The participants' responses hinted at the concept of culture as an add-on aspect in understanding individuals. According to Palmary and Barnes (2015, pg 35) "they go on to claim that Africa needs culturally sensitive psychological research for and about African children". They acknowledge that African societies are hybrid and that there are very different systems of thought in Africa as well as a pressure on Africans to adopt systems of thinking and research that reflect Western norms. However, for them: psychology came to Africa as a ready-made intellectual package, rather than as a natural growth from native soil. According to the Post-Colonial theory (Bahri, 1996, Bhabha, 1994) the appropriation of indigenous cultural knowledge from African

communities was instigated for the marginalization of communities from that which they held in high esteem. The impact of that was not just for the subjugation of sacred values, norms and ways of living but for the promotion of mimicry as well, that is, not only did the colonizers aim for cultural imperialism but for said communities to mimic the very same oppressive cultures (Bhabha, 1994; Venn, 2006). This constructed what Foucault (1980) would call the subjugated knowledges where during the historical colonial period cultures were being appropriated in place of civilization‘ and advancement‘. This speaks to the scientification of communal knowledge across African communities where indigenous systems of understanding were deemed to be primitive, superstitious and the like (Holmes et al, 2006). Such discourses allowed for the subjugation of African knowledge as said systems did not adhere to Western forms of understanding. According to Skott-Myhre (2015, pg 56) “It is in this regard that Foucault‘s reading of subjugated knowledges as arising among the marginalized and disenfranchised classes – those whose knowledge has been bypassed or suppressed in favour of the existing dominant ideology or discourse – becomes an imperative for a revitalized immanent spirituality”.

The participants’ responses regarding their knowledge of Ntu psychotherapy included utterances such as: *_I have never heard of it"*, *_no exposure*‘ to *_I do not know what it is"*. This indicates the level of exposure that the participants have had about the Ntu psychotherapy.

5. What encourages/discourages the use of Ntu psychotherapy by psychologists in Pietermaritzburg?

Due to the limited knowledge of the Ntu psychotherapy in the responses of the participants, the results may not be a clear reflection of their discussion regarding of Ntu psychotherapy in their therapeutic space (Gregory & Harper, 2001). Ntu psychotherapy is a holistic, humanistic stance which stresses the concepts of spirituality, harmony and interconnectedness. These concepts were generally seen as add-ons and not encompassing the understanding of an individual in their totality (Queener & Martin, 2001; Philips, 1990). Scientific and medical discourses seemed to hinder the notion of being as understood in Ubuntu and for such cultural beliefs to be legitimized as superstitious and primitive because they lack scientific validity‘ (Schopmeyer & Fisher, 1993; Grills, 2006). Discussions that focus on the relevance of psychotherapy, the current state of psychotherapy and the concept of culture appear to

promote the humanistic approach in therapy as it creates a dialogue of difference, context and the influence of it in identity formation and the worldview regarding mental health.

Subjective utterances by the participants' regarding the concept of culture:_=*some are (.) Some are not (.)→ It"s how you use them* which speaks to the applicability of said techniques regardless of their cultural appropriateness and _*But more than culturally =is the way of life okay*↑=‘whereby this dismisses the importance of one‘s cultural understanding. The arguments provided by the participants' hint at the inappropriateness of imported modalities but in the same light provide justifications for the continuing use of these. The literature states that the dismissal of cultural understanding stems from the universal discourse (Roche, 2005; Alessandrini, 1999). The universalism discourse not only promotes the idea of sameness (and subtle discards differences) but also that emotional distress is intrinsically intra-psychic where etiologically it can void of any influence from one‘s culture and sociopolitical context.

There is a constant need for therapeutic modalities to be culturally appropriate any arguments around the dismantling of oppressive psychological knowledge were not provided. Culture is made to fit into the mould of an already problematic approach into understanding African identity and community. Hence, the concept of culture becomes problematic in that it can be used as a superficial stance to mask the inadequacy of therapeutic approaches. This is highlighted by the Post-colonial theory (Bhabha, 1994) where it argues that coloniality did not only impact dominant structures but seeped into academia and how practitioners have come to define themselves and the practice of psychotherapy. When looking at the concept of hybridity in Post-colonial theory it speaks to the ambivalence of existing in two cultures. Psychologists are trained in more Westernised means of understanding human behaviour but live in an African context (Bhabha, 1994). This consideration against the backdrop of the discourse circulating about African culture; practitioners may be faced with the dilemma of noting the importance of culture but still attempt to make it fit into Western psychotherapy‘. Culture, that is, as an uneven, incomplete production of meaning and value, produced in the act of social survival‘ (Bhabha 1994, pg. 247). From the perspective of postcolonial theory culture is therefore not reducible to either recognized as forms of specialized artefacts production or romantic narratives of organic popular traditions meant to validate ethnic and nationalist claims (Painter, 2015). However, in a similar light, the prevailing movement towards the importance of culture has provided a space for the resistance of dominant therapeutic modalities.

However, the utterances of difference such as: *=because different cultures deal with emotional issues in different ways", „(.) I think different cultures deal with emotional difficulties and understanding emotional difficulties very different", „but I do know there should be more culturally appropriate"* and *„Uhm it would suit South Africa since they are very unique".* The participants depict a world in which culture determines a set social positionality and associated cultural practices and this positionality appears immutable. Culture in this instance is used as an argument against the irrelevant traditional psychotherapeutic techniques. The discursive patterns reinforce the immutable social locations by the use of words such as different and the interplay of oppositional comparative pronouns – *=My , I* .The cultural approach appears to be a hallmark which encourages the use of culturally sensitive modalities. The understanding of emotional distress and how to go about the healing process is deeply embedded in one‘s culture as argued by the participants. African psychology understands that disharmony between one and their culture often results in the manifestation of distress and illness. According to Jane (2004) a disregard of culture would remove one‘s grounding in their understanding of who they are and their understanding of the world. This may create epistemological clashes within the individual where the sense of groundlessness invokes symptoms of anxiety, isolation and even psychosis (Jane, 2004; Gergen, 2014). Hence, there have been arguments for culturally appropriate modalities to counteract the effects of culturally inappropriate tools. The participants' responses encourage the use of culturally appropriate modalities as psychotherapy cannot exist outside the parameters of the socio-political context in which it operates (Gergen, 2014; Akbar, 1994; Philips, 1990).

Conclusion

The chapter provided a discussion of the discursive patterns evident in the responses of the participants. The discussion showed that that the definition of psychotherapy is still being influenced by the discourses of science and medicine. This has had implications of the relevance and progression of psychotherapy as a therapeutic tool and the discipline of psychology. The following chapter will provide the conclusion and recommendations.

Chapter Six: Conclusion and Recommendations

In this conclusion chapter a summary of the main findings of the study will be discussed. This will be followed by the limitations from the study. Recommendations for theory and future research into similar areas of study are also discussed.

Summary of main findings

The participants in this study were Psychologists in different categories practicing in Pietermaritzburg, KwaZulu Natal. The years of experience ranged from three to twenty years.

There were five research questions in this study and they were the following: how psychologists situated in the Pietermaritzburg area come to define psychotherapy, what discourses shape the use of psychotherapeutic techniques utilized by psychologists, what is the impact of the discourses on therapeutic choices made by psychologists when working with black South African clients, what is their knowledge of Ntu psychotherapy and what encourages/discourages the use of Ntu psychotherapy by psychologists in Pietermaritzburg.

The definition of psychotherapy has been produced and maintained by the medical and scientific discourses. The conceptualization of mental health and illness stemmed from the idea of medicalization and scientification of emotional distress. The definition was accompanied by descriptions of: *medicine, antibiotics* and *treatment* which are noun phrases which fall into the medical discourse. These utterances presuppose that the medical discourse definition surpasses any other understanding of psychotherapy other than through the prism of bio-medicine. The definition of psychotherapy further spoke to the relevance of psychotherapy as a healing system in Black communities. The participants provided arguments that justified the relevance of the given definition through the process of othering and positioning of the self in relation to another.

The medical and scientific discourses still maintain how psychotherapy is defined and practiced. The historical understanding of emergence and practice of psychology in South Africa informs the discursive analysis of the psychologist‘s talk about psychotherapy. The discourses which have influenced the choice of psychotherapeutic modalities are the: medical, scientific and professional discourses. These discourses have been prevalent in the historical emergence and progression of psychology and inevitably the practice of psychotherapy. The medical discourse has influenced the way the body is perceived and

treated. Through this, the positionality that practitioners assume speaks to the idea of expert[3]‘ and patient‘. The word *patient* assumes a passive role in which a client automatically assumes while the practitioners is an expert‘. The discourses have thus played a role not only in the definition of psychotherapy but the psychotherapeutic choice made by psychologists when working with clients.

The discourses which have played a role in the progression of psychotherapy have had implications on both practitioners and clients as previously mentioned discourses still perpetuate the subtle power dynamics in a therapeutic space. Such discourses encourage the concept of fixed identities associated with the psychotherapeutic space and the idea of sameness. The idea of sameness ignores the utterances of difference where the lived experiences of black communities are undermined and subjected to Western understanding. The results indicated that the participants had no knowledge of Ntu psychotherapy due to limited exposure.

The concept of culture was used as both a resistive stance against the prevailing discourses and inappropriate psychotherapeutic modalities as well as a means to justify inappropriate tools. The latter speaks to the conceptualization of culture as an add-on aspect in understanding an individual in their totality. In some instances, culture is seen as existing separately and only influences the intervention should emotional distress be culturally bound. The former speaks to culture as a resistive argument against the shortcomings the Western perspective in understanding African identity. The participants argued that the Western modalities are: *foreign*, *adopted* and *insufficient*.

Study Recommendations

Recommendations for training

The study results indicated that there was no knowledge of the Ntu psychotherapy by the participants. It is recommended that for future psychology training that students are taught the Ntu psychotherapy modality in working with a diverse clientele. The reason for this is that the HPCSA recognises the need for psychologists to use culturally appropriate psychotherapeutic tools.

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[3] (.) yeah but it should uhm = there is no expect answer that relates to it= And certainly something that is important and should be taken into consideration

Recommendations for methodology

Community-based Participatory research which would focus on the exploring mental health care provision in areas where there are no psychologists or other HPCSA registered mental health care practitioners could be useful in beginning the process of finding more indigenous and community based therapeutic methods that can be brought to the attention of the mainstream mental health care services in South Africa.

Recommendations for Further Research

It would be useful to have further studies that explore indigenous African therapeutic methods in psychotherapy in black South African communities. South Africa and South Africans although sharing in many of the values and principles with many Africans continentally and in diaspora, there are some differences. A therapeutic method that would look at some of the values like Ubuntu may be useful in South Africa.

Limitations

The participants had no prior knowledge of Ntu psychotherapy thus it proved to be difficult in determining their arguments regarding their use of it in their psychotherapeutic space.

The participants were mostly working in a suburban area where they may have exposed to the similar clients. This impacts the generalizability of the results onto other contexts.

Convenient sampling was used to sample participants through the internet. The limitation included the response rate of potential participants. In the future it may be useful to make use of a more random sampling method that will allow for a wider and more diverse selection of participants.

Conclusion

This chapter highlighted the major findings from the study and provided some recommendations for methodology and future studies. This chapter also highlighted some of the limitations that were identified during this study.

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Appendices

Appendix A

Appendix Three: Gatekeeper's Letter

Dear Pietermaritzburg Private Practice Forum Chairperson

I am Nosihle Mntungwa, a master's student at the University of KwaZulu - Natal, in the school of Psychology. I am currently carrying out a study looking at the discourses that influence the therapies used by psychologists in Pietermaritzburg on whether they are appropriate for their Black African clients.

I am aware that this study involves recruiting psychologists registered within this organization. I understand that all information collected from individuals will be done with duly informed consent from the participating members and they can refuse participation with no negative consequences for said individuals.

Sincerely,
Nosihle Mntungwa
University of KwaZulu- Natal

University of KwaZulu- Natal, School of Psychology

University of KwaZulu-Natal
School of Psychology
Private Bag X01
Scottsville
3209

Pietermaritzburg Psychologists Forum
216 Woodhouse Road
Scottsville
Pietermaritzburg
3201
22 May 2015

To Ms Nosihle Mntungwa
This letter serves to confirm that you have been granted permission to advertise your study on the discourses that influence the therapies used by psychologists in Pietermaritzburg with the Pietermaritzburg Psychologists Forum. I understand that you intend to recruit members of this forum to participate in said study granted informed consent it received from members.

Kind regards,
Cindy Coleman
PPF Chairperson
083 290 3069
Cindy.coleman.clc@gmail.com

Appendix B

Appendix Two: Informed Consent

University of KwaZulu-Natal, Pietermaritzburg

An Informed Consent form for Psychologists currently located in the Pietermaritzburg area. I am inviting them to participate in my research project titled ―Psychologists' discourses that influence the application of the Ntu Psychotherapy in therapeutic settings in Pietermaritzburg, KwaZulu Natal, South Africa‖

Name of Principle Investigator: Nosihle Mntungwa

Name of Organization: University of KwaZulu-Natal, Pietermaritzburg (School of Applied Human Sciences).

Name of Project: ―Psychologists' discourses that influence the application of the Ntu Psychotherapy in therapeutic settings in Pietermaritzburg, KwaZulu Natal, South Africa.‖

Part 1: Information Sheet Introduction

I am Nosihle Mntungwa, studying at the University of KwaZulu-Natal (Masters Level). I am doing a research project on the arguments regarding Ntu Psychotherapy given by psychologists in Pietermaritzburg. I am going to give you information about my study and ask if you would part of this research project.

Purpose of the Research and Procedure

Traditional psychotherapy techniques have been found to be limited in addressing the challenges faced by everyday South Africans. As a result, there was an emergence of the Ntu psychotherapy which claims to be able to adequately address the problems faced by our multicultural population. I am interested in knowing your arguments around the relevance of the Ntu psychotherapy in your practice.

If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. The information recorded is confidential, and no one else except Mr Thabo Sekhesa (Supervisor of the Research Project) will have access to the information documented during your interview. The entire interview will be

audio recorded, but no one will be identified by name on the recording. The tape will be kept at the University of KwaZulu- Natal. The recording will be destroyed after 4-6 weeks.

Type of Research Intervention and Duration

This research project will involve your participation in an interview which will approximately take an hour.

Participant Selection

You are being invited to take part in this research project because I feel that your arguments around the relevance of psychotherapy in South Africans will help me understand the discourses which influence the psychotherapeutic practice.

Voluntary Selection

Your participation in this research project is entirely voluntary. You may choose to withdraw from the study and you will not be penalised for doing so.

The risks related to the execution of the task

There are no readily identifiable risks from participating in this study. However, if your participation creates emotional distress, you will be referred to the Child and Family Center at the University of KwaZulu-Natal, Pietermaritzburg.

The benefits obtained in participating

There will be no direct benefits to you for participating in this study, but your participation is likely to help me uncover the discourses which influence psychotherapy technique choice and practice.

Reimbursement

You will not be provided with any incentive to take part in the research.

The confidentiality of the results

We will not be sharing any information about you to anyone outside of the research team. The information that is collected from this research project will be kept in a closed cupboard in the Psychology building at the University of KwaZulu Natal. Any information about you will have a number on it instead of your name

Findings of the results

The participants will be given a summary of the findings via email. Where this is not a possibility, participants in the study will be contacted for a one on one feedback session highlighting the findings of the study. After examination on the thesis and corrections have been made, the final copy of the thesis will be placed at the library (main library at the University of KwaZulu Natal, Pietermaritzburg), and the participants will be told its location.
How and where the results will be published

Nothing that you tell me will be shared with anyone outside the research team, and nothing will be attributed to you by name. The findings from the study will be shared with you once the study has been finalized. It is possible that the study might be published in a psychological journal, should this happen, all the commitments to confidentiality and anonymity earlier mentioned will be retained.

Whom to contact

If you have any questions or inquiries, you are free to contact the researcher.

For any questions you may have about this study, you can contact my supervisor Mr. Thabo Sekhesa who can be reached at the University of KwaZulu Natal. His contact details are:

Email – sekhesa@ukzn.ac.za or telephone -033-2605370

You can also contact me on the following email address (mntungwa.nosihle@gmail.com) or telephone (0714305196).

This proposal has been reviewed by the local IRB which is committed to make sure that no harm befalls you during our research process. If you wish to find more about IRB please contact name, address, telephone number]. It has also been reviewed by the Ethics Review Committee.

HSSREC RESEARCH OFFICE

Full Name: Prem Mohun

HSS Research Office

Govan Bheki Building

Westville Campus

Contact: 0312604557

Email: mohunp@ukzn.ac.za

Social Sciences, College of Humanities,

University of KwaZulu-Natal,

Pietermaritzburg Campus

Dear Participant

INFORMED CONSENT LETTER

My name is Nosihle Mntungwa; I am a Psychology Masters Student candidate studying at the University of KwaZulu-Natal, Pietermaritzburg campus, South Africa.

Traditional psychotherapy techniques have been found to be limited in addressing the challenges faced by everyday South Africans. As a result, there was an emergence of the Ntu psychotherapy which claims to be able to adequately address the problems faced by our multicultural population. I am interested in knowing your arguments around the relevance of the Ntu psychotherapy in your practice. To gather the information, I am interested in asking you some questions.

Please note that:

- Your confidentiality is guaranteed as your inputs will not be attributed to you in person, but reported only as a population member opinion.
- The interview may last for about 1 hour and may be split depending on your preference.
- Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.
- Data will be stored in secure storage and destroyed after 5 years.
- You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

	willing	Not willing
Audio equipment		
Photographic equipment		
Video equipment		

I can be contacted at:

Email: mntungwa.nosihle@gmail.com

Cell: 0714305196.

My supervisor is Mr. Thabo Sekhesa who is located at the School of Applied Human Sciences, Pietermaritzburg campus of the University of KwaZulu-Natal.

Mr. Thabo Sekhesa

Applied Human Sciences, School of Social Sciences,

Pietermaritzburg Campus, University of KwaZulu-Natal

(Tel) 0332605370 (Cell) 0607186161, Email: Sekhesa@ukzn.ac.za.

You may also contact the Research Office through:

P. Mohun

HSSREC Research Office,

Tel: 031 260 4557 E-mail: mohunp@ukzn.ac.za

DECLARATION

I…… (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT DATE

…… ……

Appendix C

Appendix One: Interview Schedule

Demographic Details:

1. Age-
2. Profession-
3. Levelof education-
4. Length of profession-

Introduction:

Thank you for participating in this study. Just to reiterate again, your identity will remain completely anonymous and no records of the interview will be kept with your name on them. I would also like to thank you for giving me permission to audio record this interview, because the main reason behind this recording is to have the set of accurate data – your responses and opinions. If you don‘t have any further questions, I would like to proceed with the interview.

Questions:

1. What is your understanding of psychotherapy?

2. Do you think this definition (which ever definition was offered above) is relevant to South African?

3. What are your thoughts on the current state of psychotherapy in South Africa?

4. Do you think the psychotherapies used are culturally appropriate? Please draw from your own practice

5. Do you consider spirituality as important in the psychotherapy that you practice? Please elaborate

6. In psychotherapy, do you aim to align your patient‘s behaviour with their beliefs and intentions?

7. Do you regard family as an important contributor to change? In what ways? Please elaborate.

8. Do you think that pathology is a culturally based phenomenon?

9. Do you think techniques such as herbology, aromatherapy, music therapy and mantras are useful in psychotherapy?

10. Do you think the predominant forms of psychotherapeutic techniques are values driven? Please elaborate

11. If yes, what are those values? Who are they serving? What are they assuming about human nature?

12. Do such values relate to your patient and their context?

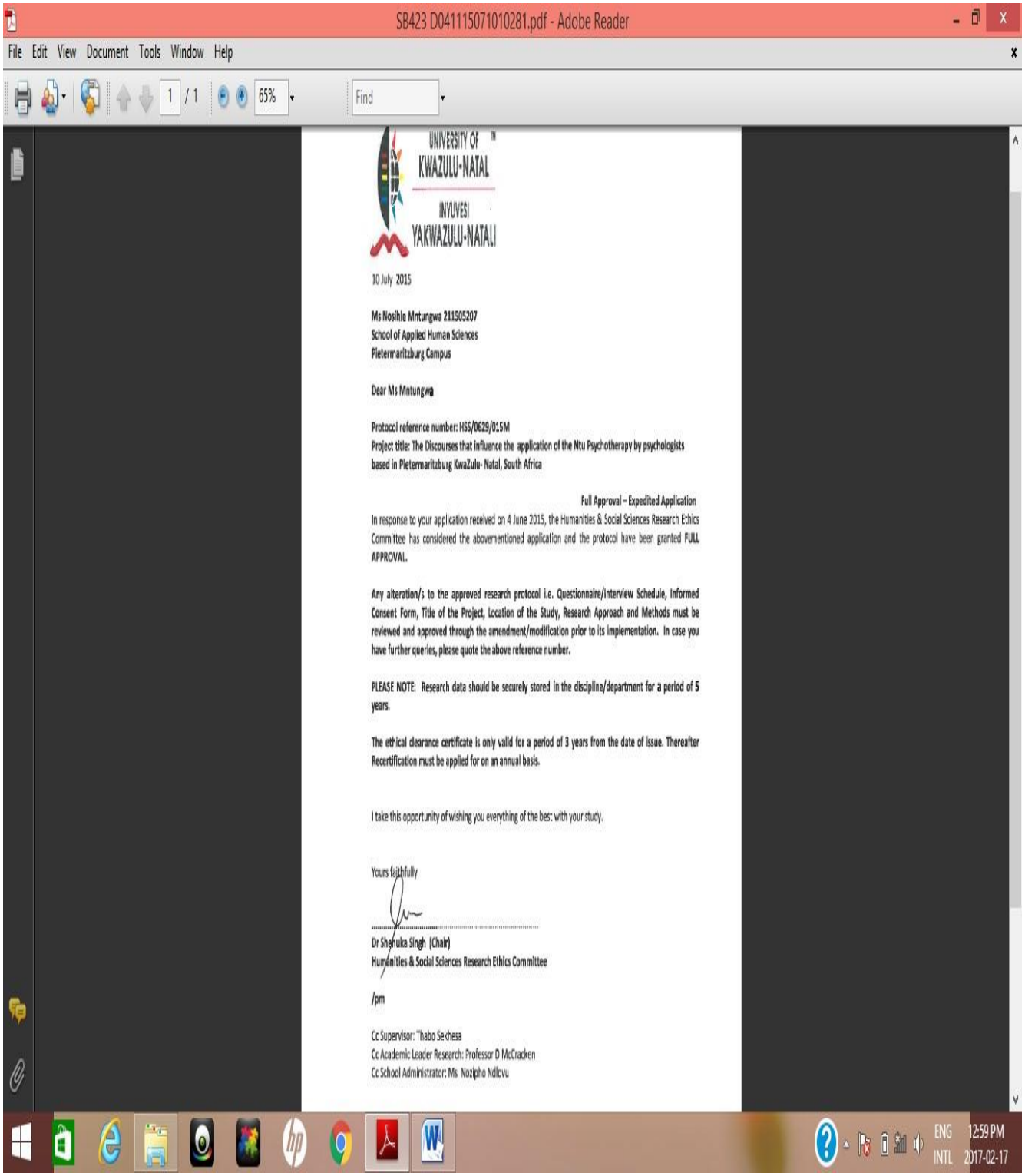
Appendix D

Jeffersonian Transcription Notation includes the following symbols:

Symbol	Name	Use
[text]	Brackets	Indicates the start and end points of overlapping speech.
=	Equal Sign	Indicates the break and subsequent continuation of a single interrupted utterance.
(# of seconds)	Timed Pause	A number in parentheses indicates the time, in seconds, of a pause in speech.
(.)	Micropause	A brief pause, usually less than 0.2 seconds.
. or □	Period or Down Arrow	Indicates falling pitch.
? or □	Question Mark or Up Arrow	Indicates rising pitch.
,	Comma	Indicates a temporary rise or fall in intonation.
-	Hyphen	Indicates an abrupt halt or interruption in utterance.
>text<	Greater than / Less than symbols	Indicates that the enclosed speech was delivered more rapidly than usual for the speaker.
<text>	Less than / Greater than symbols	Indicates that the enclosed speech was delivered more slowly than usual for the speaker.
°	Degree symbol	Indicates whisper or reduced volume speech.
ALL CAPS	Capitalized text	Indicates shouted or increased volume speech.
underline	Underlined text	Indicates the speaker is emphasizing or stressing the speech.
:::	Colon(s)	Indicates prolongation of an utterance.
(hhh)		Audible exhalation
? or (.hhh)	High Dot	Audible inhalation
(text)	Parentheses	Speech which is unclear or in doubt in the transcript.
((italic text))	Double Parentheses	Annotation of non-verbal activity.

Jeffersonian Transcription Notation is described in G. Jefferson, ―Transcription Notation,‖ in J. Atkinson and J. Heritage (eds), *Structures of Social Interaction*, New York: Cambridge University Press, 1984.

Appendix E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UNIVERSITY OF KWAZULU-NATAL
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10 July 2015
Ms Nosihle Mntungwa 211305207
School of Applied Human Sciences
Pietermaritzburg Campus
Dear Ms Mntungwa
Protocol reference number: HSS/0629/015M
Project title: The Discourses that influence the application of the Ntu Psychotherapy by psychologists based in Pietermaritzburg KwaZulu- Natal, South Africa
Full Approval – Expedited Application
In response to your application received on 4 June 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted FULL APPROVAL.
Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.
PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.
The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.
I take this opportunity of wishing you everything of the best with your study.
Yours faithfully
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee
/pm
Cc Supervisor: Thabo Sekhesa
Cc Academic Leader Research: Professor D McCracken
Cc School Administrator: Ms Nozipho Ndlovu
ENG
INTL
12:59 PM
2017-02-17