



**THE TRAINING AND
PRACTICE OF PSYCHOTHERAPY
IN POST-APARTHEID SOUTH AFRICA**

Case Studies, Controversies
and Contemplations

ZELDA G. KNIGHT

Editor

NOVA



The Training and Practice of Psychotherapy in Post-apartheid South Africa

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(Editor)

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Library of Congress Cataloging-in-Publication Data

ISBN: ; 9; /: /: : 8; 9; 96; "gDqqm-

Published by Nova Science Publishers, Inc. † New York

Dedication

This book is dedicated to all those hard-working and devoted teachers who train students in the art of psychotherapy and all the students who had the passion to learn as well as all the clients who have passed our doorways and teach us about the depths of the psyche.

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Preface

South Africa has been through enormous political and societal changes since the fall of apartheid in 1994. Nelson Mandela became the first Black president and was heralded as one of Africa's finest leaders. In April 2023, it will have been 29 years of freedom from white rule and racial oppression. There have been significant advances at legislative and governmental levels to ensure and sustain a vision of a society free from oppression, racism and inequality. Many of the institutions and governing bodies of the country have been successfully integrated as a response to apartheid policies of racial segregation and discrimination.

However, in recent years, starting around 2016, South Africa has undoubtedly become a 'country in crisis'.

This crisis is the outcome of a complex interweaving of multiple socio-political processes that are embedded in deep layers of sustained corruption, 'State capture' and poor or inept governance. As I write, the previous president is in jail for corruption, and the current president has been caught breaking the law regarding not declaring foreign monies received and hiding it in one of his homes. Since apartheid, serious violent crime has increased, the unemployment rate is almost 40% and most of the citizens are still living in poverty without basic needs such as running water, adequate housing or access to medical health and mental health services. The elite few have rapidly moved up the social and financial ladder to extreme wealth and comfort, leaving behind disenfranchised citizens. The crisis in the country is a crisis of inequality. The 'haves' and 'have-nots' remain, with the gap between them widening. The cost of living has risen, school and university fees are at an all-time high and petrol prices have increased, meaning transportation of goods by roads has become expensive and food costs have increased. State hospitals are under-staffed and under-resourced, many in a state of shabbiness or disrepair and some on the brink of total collapse. Helen Joseph Hospital in Johannesburg is one such case example. With urbanization increasing, the local infrastructure is old, not maintained, overloaded and breaking down. Sewage and water systems are under strain; road maintenance is non-existent with the development of large potholes that pose a danger to citizens, lack of white painted markings on the roads, leaving South Africans to guess where the middle of the road is, and lack of working street lamps; and in some parts of the city, main arteries of roads have collapsed in the recent rains and are closed. Repair is slow, if at all.

This 'country in crisis' is located with a broader context of the ever-increasing energy crisis that means the main city of commerce – Johannesburg – is without power on a daily basis, sometimes up to 12 hours a day. As I write, we currently have no power for nine hours daily. This impacts an already weakened economy with businesses closing down or forced to offer limited services when the power is out. South Africans scramble to make a plan for electricity during these power outages. I am forced to buy expensive inverters to install in my home to assist with backup power when there is no power, and to consider the much more expensive option of solar energy installation. These two items – inverters and solar power –

are at a premium in terms of demand and supply. The government does nothing to assist citizens with alternative power and has not planned for green resources. I am one of the lucky ones who can afford at least one of these uninterrupted power technologies (inverters) to get through the day, to power my computer, to run a washing machine, to charge my phone, to cook a meal and to live and work. But the inverters need replacing every six to nine months as they cannot cope with the frequency and length of power outages. It has been announced today by the government that the country will have permanent power outages for the next two years. What they fail to say is power outages have been in existence since 2007 and have increased in length and frequency since 2015. This energy crisis reflects a lack of good planning and maintenance.

Nelson Mandela's dream of a 'rainbow nation' is an illusion. What he sacrificed for freedom is a debt that can never be repaid, but what many of the corrupt government leaders of this country have done with their bad governance and greed will take generations to fix and rebuild.

To add to the social, economic and political crisis, the COVID-19 pandemic hit us all in March 2020. The country went into lockdown for almost two years. Both economically and emotionally, the impact of this pandemic has been immense. Many people died from COVID-19, some people lost jobs and homes, some became stressed and anxious, or depressed and suicidal, some people got divorced and families broke up, some were victims of gender violence at home by intimate partners as people were forced to stay at home and some people lost hope. The president, during one of his 'Talks to the Nation' in 2021, announced that 'we have a pandemic of domestic violence against women'. Women in South Africa are more likely to die from partner murder than sickness.

A country in crisis means a country with most of its citizens simply trying to cope and survive with only the basics available.

Life is tough for many South Africans. Many citizens in other parts of the world simply don't have these kinds of societal challenges. Many other countries have managed to cope with social transitions and new governments, the COVID-19 pandemic, riots and protests and even corruption and unemployment, but many South Africans struggle to live and make a living. Some of the luckier wealthier, educated, middle class, regardless of race, have relocated to other countries, like Canada, the USA, Britain, Australia and New Zealand, taking with them their skills and expertise. While apartheid has been dismantled and some social and political progress has been made in terms of democratic freedoms and the protection of human rights, the issue of mental health in South Africa is a low priority, judging by the under-staffed state mental hospitals and its overcrowded wards. Poor people find it hard to access help for mental distress, while the elite few can access help at private clinics and hospitals.

One of the ways to alleviate mental illness remains psychotherapy. Psychotherapy has a long history in South Africa spanning more than 60 years. The implication is that for decades South Africans have traditionally sought out psychotherapy. It has been criticized that this kind of psychotherapy and its history focused on Whites to the detriment of the majority of Blacks. To this end, in the early years of psychotherapy and psychotherapy training, the main approach was psychoanalytic and cognitive therapies. Psychotherapy training has continued to remain at universities. While there are non-university-based training programs and one can train to be a psychoanalyst or even a Jungian therapist, it is the category of clinical and counselling psychologists that make up the majority of mental health practitioners.

With a society in the post-COVID-19 era and a return to the office and in-person engagement, including training and the practice of psychotherapy, the time was ripe to reflect on the state of psychotherapy in South Africa since the fall of apartheid.

It seemed to me fitting to begin the process of starting a new book that would encompass some of the aspects of the current state of psychotherapy in South Africa. The emergence of this book – *The Training and Practice of Psychotherapy in Post-apartheid South Africa: Case Studies, Controversies and Contemplations* – is an outcome of this process.

The authors in this book are all psychologists and trained in the art of psychotherapy. Some are academics at universities and train student psychologists in psychotherapy. The authors have experience with working with a diverse population group and experience with working in different psychotherapy modalities. They are all South Africans and live and work within the context described above. They try to manage the layers of meaning of the multiple shifts from in-person sessions to virtual e-platform sessions and back again to in-person sessions. Their chapters are mirrors of what they do, what they have discovered and what they feel is important or missing in the training of psychologists in psychotherapy. They have personal working experiences that reflect what they believe about the efficacy of psychotherapy.

Chapter 1 – The Current Training of Psychologists in Psychotherapy at Universities in Post-apartheid South Africa: Some Thoughts on the Integration of Transpersonal Psychotherapy into the Training Program – written by me sets the scene for training in psychotherapy. The focus of this chapter is on the current training of psychologists in psychotherapy at universities in post-apartheid South Africa. It describes the training program that students are exposed to in terms of psychotherapy training. Critical issues about this training are documented and discussed. These include issues regarding the selection process, relevancy of psychotherapy modalities, as well as contextual concerns such as the lack of psychologists. During my many years of experience as a lecturer on the training program, I have noticed the enormous gap in training of students of psychotherapy that of a psychotherapy that transcends the ‘talking cure’. I offer some thoughts on the introduction to training programs at universities for these kinds of psychotherapies that bypass the intellect. To this end, I offer some of my thoughts on the integration of transpersonal psychotherapy into the training program. As a way of context, this chapter presents a brief history of psychotherapy or the world of psychotherapy.

Chapter 2 – From Freud’s Reclining Couch to the Modern Digital Screen in South Africa: An Argument for the Adaptability of the Psychoanalytic Situation – is written by Kgamadi Kometsi. In this chapter, Dr. Kometsi states that the COVID-19 pandemic has forced both a reflection on and a reconsideration of how psychotherapists provide services to their patients. In particular, a reconsideration of how to provide psychoanalytical psychotherapy in this context would inevitably affect the frame. He also remarks that psychoanalytic psychotherapy has always presumed the presence of the therapist and the patient in a consultation room that is uniquely set for the psychoanalytic endeavour. This chapter aims to trace the journey of the psychoanalytic setting from Freud’s reclining couch, through the post-Freudian setting requirements, and finally to the modern smart gadgets to which the pandemic forced the provisioning of psychoanalytic treatment specifically in South Africa. It uses Kohut’s description of the analytic setting as a lens to reflect backwards to Freud and forward to the COVID pandemic moment. It provides an illustration of a psychoanalytic process through a vignette reflecting a psychoanalytic process that started on a face-to-face basis and was forced into becoming a virtual consultation, where it has remained until the time of writing this chapter. The chapter also reflects on the implications of these changes both against the guidelines of the Health Professions Council of South Africa (HPCSA) on telehealth and for psychoanalytic theory as it applies to the analytic setting.

Chapter 3 – A Phenomenological Case Study on the Efficacy of Somatic Experiencing (SE) as Treatment Model for Adult Survivors of Child Maltreatment: Consideration for Teaching Body-Based Trauma Therapies to Trainee Psychologists – is written by Tshepo Tlali. In this chapter, Dr. Tlali writes that the landscape of psychology has changed pointedly over the past decades. Globally, the need to cultivate short-term and responsive therapeutic interventions for a variety of mental health issues remains an integral part of any robust psychotherapy. He claims that for over a century, the conventional model of psychotherapy treatment of psychological distress remains the ‘talking therapies’. By comparison, body-based psychotherapy with its numerous branches has an equally long but perhaps more controversial past. One such branch of body psychotherapy is the somatic experiencing (SE) model, which endeavours to link the mind–body gap that diffuses binary therapies. Using phenomenological case study methods, the author shall endeavour to demonstrate the effectiveness of SE therapeutic model as an efficient psychotherapeutic treatment for adult survivors of childhood maltreatment. Dr. Tlali also states that South Africa’s astonishingly high incidents of interpersonal violence call for an ongoing transformation of outmoded ways of treating traumatic stress emanating from all forms of trauma. It is the broad aim of this chapter to serve as an introduction to SE therapy within the South African context, particularly in relation to the treatment of adult survivors of childhood maltreatment.

Chapter 4 – Theraplay for Children in South Africa: Therapists’ Considerations for Its Use in the Local Context – written by Deidré du Toit and Ahmed Riaz Mohamed claims that attachment-based interventions and psychotherapies are targeted towards preventing and/or remediating relational challenges within caregiver–child dyads to facilitate child development and wellbeing. One such intervention is Theraplay, a dyadic attachment-focused psychotherapeutic approach. Despite its popularity among practitioners, these authors’ remark that limited consideration has been given in the literature to the implementation of Theraplay in contexts outside of North America and other developed countries. Based on semi-structured interviews with six Theraplay-trained South African psychologists, this chapter explores therapists’ perceptions regarding the implementation of Theraplay in South Africa. Through a thematic analysis, four main themes emerged: (1) Theraplay as a therapeutic modality; (2) South African perspective and Theraplay applicability; (3) considerations regarding resources in South Africa; and (4) caregiver accessibility and caregiver influence. The authors provide a discussion of these themes pertaining to the facilitating factors and challenges regarding the implementation of Theraplay in South Africa. Furthermore, the chapter discusses findings concerning potential adaptations to Theraplay that may enhance its applicability in the South African context. In conclusion, the chapter consolidates pertinent practice recommendations and additionally offers recommendations for future research on Theraplay in South Africa.

Chapter 5 – Process-Based Therapy and Its Potential in Accommodating a Diverse Post-apartheid South Africa – is written by Nevern Subermoney. In this chapter, he claims that post-apartheid South Africa brings with it the challenge of how to train and practice as a psychotherapist with a diversity of individuals while being sensitive to their unique history, context and goals. He proposes that a novel meta-framework for understanding evidence-based psychotherapy, process-based therapy (PBT), offers guidance on how to use the science of psychotherapy in a way that is tailored to the unique individual, their context, and their goals for therapy. Subermoney uses a multiple case-study method that is used to show how three different cases from the author’s psychotherapy practice can be formulated with three different therapeutic modalities while using PBT as a meta-framework. Future research on the effectiveness and