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South African clinical psychology's response to cultural diversity, globalisation and multiculturalism: a review

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Abstract

This article reviews responses of South African clinical psychologists to multicultural issues within an increasingly diverse and globalised context. Psychological perspectives on diversity, multiculturalism, and globalisation are presented initially as background to a review of multicultural and cross-cultural clinical psychological research conducted within the South African context. The discussion is located within the context of South African psychologists' historical response to multicultural issues, within a unique socio-political situation. Implications for ongoing development of relevant clinical psychology services to address the diverse needs of all sectors of South African society are also discussed.

Keywords

Diversity, globalisation, multicultural competency, multicultural responsiveness, multiculturalism, relevant service delivery

All practising psychologists are expected to provide ethical and responsive services to clients from diverse cultural backgrounds (Gallardo, Johnson, Parham, & Carter, 2009). In recent years, there has been an emphasis on diversity, multiculturalism, and multicultural competency in the international and South African psychological literature. The following discussion focuses on global diversity, its impact on psychological well-being, and psychology's approach to these issues internationally. South African clinical psychology's response to diversity, multiculturalism, and globalisation within a historically complex socio-political context is subsequently reviewed.

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Increased global diversity and multiculturalism

Two important rapid social changes have significantly contributed to increased intercultural contact across the world, namely globalisation and migration (Tanaka-Matsumi, 2008). Globalisation is a concept 'pregnant with multiple meanings', at times referring to the globalisation of capital, and at others, to the export and import of ideas (Prilleltensky, 2012, p. 612). It has been identified as a process whereby traditional boundaries separating societies and individuals are receding, with the result that cultures influence one another through the exchange of information, ideas, immigration, and trade, leading to cultural and individual change (Arnett, 2002; Berry, 2008; Moghaddam, 2008). Large-scale immigration from Latin America and Asia have contributed to ethnic diversity within the States, and Europe has also been home to many immigrants from non-European backgrounds, bringing contact and cultural influences from around the world (Launikari & Puukari, 2005). Globalisation does not necessarily result in linear change from being engaged in one's heritage culture to accepting a more dominant one (Berry, 2008). Rather, intercultural contact can have various possible outcomes, including daily interaction with other cultures while not wanting to maintain one's cultural identity (assimilation), avoidance of interaction with others and placement of value on maintaining one's original culture (separation), little possibility or interest in cultural maintenance and relating to other cultures (marginalisation), and maintenance of one's original culture in daily interaction with other cultural groups (integration) (Berry, 2013).

Increased human mobility and intercultural contact have resulted in multiculturalism, a demographic condition reflecting cultural diversity within a society. Multiculturalism has been policied, particularly in Europe, to create national unity in ethnic diversity. As such, it has been criticised for essentialising culture and reifying cultural difference (Howarth & Andreouli, in press). This is in contrast to the use of the term to describe a situation in society where diversity is widely accepted and valued, by all ethnocultural groups, and where cultural groups maintain their ethnic and cultural distinctiveness while still participating in the daily life of greater society (Berry, 2013; Sam, 2006).

Increased global diversity's impact on psychological well-being

The migration of individuals, as well as the dispersion and adoption of processes and products throughout the globe, also brings repercussions of a psychological nature (Prilleltensky, 2012). Economic, transportation, and telecommunication changes link our well-being and welfare to events in other parts of the world. Emergent political, social, cultural, and environmental problems around the world place complex demands on collective and individual psyches, and challenge identities, control, and well-being (Marsella, 1998). Kirmayer and Minas (2000) note that in addition to effects on ethnocultural identity, globalisation's impact is related to socio-economic effects on the course and prevalence of mental disorders as well as the production and dissemination of psychiatric knowledge. The mental health of refugees has also been discussed, with awareness drawn to the presence of unique psychological difficulties (related to acculturative stress, culture shock and fatigue, the effects of political victimisation and repression, as well as the loss of family and culture) in this population. Mental health interventions need to be culturally sensitive and cognisant of the ecological context of refugees' experiences (Jackson, 2006). The role of psychology in fostering a globalisation of well-being and justice has also been highlighted, with a call to engage in education, research, and advocacy that promote emancipatory policies and encourage understanding of ecological connections (Prilleltensky, 2012).

Psychology's response to global diversity

While internationally the discipline of psychology has a well-developed history in a limited number of countries, it often mirrors the cultural traditions of these societies. As such, it has been criticised for remaining culture-bound and culture-blind, ignoring the insights of many of the earliest-developed societies in the world, as well as the role of culture in shaping the development of human behaviour (Berry, 2013). However, a number of perspectives which recognise the importance of cultural diversity have emerged. These include cross-cultural, racial and ethnic minority, multicultural, indigenous, and global psychology.

Cross-cultural psychology emphasises the scientific study of how cultural factors influence mental processes and human behaviour, and is significantly influenced by cross-national studies of human behaviour as well as anthropology. It has an emphasis on social psychological analysis, and is more often concerned with methodological and measurement challenges (Anderson & Miller, 2011; Leong, Leung, & Cheung, 2010). Racial and ethnic minority psychology has been more influenced by sociology and is concerned with social opportunities, social stratification of national sub-groups, political advocacy, as well as social justice and change (Leong et al., 2010). Indigenous psychology refers to a set of approaches to understanding human behaviours within the cultural contexts in which they have developed and are currently displayed. This is in contrast to global psychology, which involves a sampling of behaviours in many cultures, using indigenous concepts and methods, and examining them for their commonalities (Berry, 2013). Multicultural psychologists argue that it is necessary that multicultural competence be developed by psychologists, including appropriate culturally sensitive interpersonal skills, an understanding of one's own culture and respect for other cultures, as well as cultural guidelines for therapeutic interventions (Lott, 2010).

A number of disciplines have thus emerged within psychology addressing diversity. The following sections focus more specifically on diversity and multiculturalism within the local context and South African clinical psychology's response to these issues.

Cultural diversity within the South African context

South Africa is culturally, linguistically, and ethnically diverse, embracing many cultures, customs, and 11 official languages (Berg, 2012; Sotshangane, 2002). The concept 'culture' has carried multiple meanings within this context, having been associated with race, ethnic identity, Afrocentricism, historical tradition, material deprivation, and poverty, and often that which is not Western or Eurocentric (Eagle, 2005). Van Der Merwe (1996) notes that South African diversity is a peculiar one, in that the apartheid regime, as a totalitarian system, 'short-circuited' her multiculturality, politicising existing ethnic diversity and privileging specific socio-cultural and ethnic groupings (p. 77). Baldwin-Ragaven, de Gruchy, and London (1999) also note that the apartheid ideology advocated total racial segregation, entrenching and expanding existing colonial segregation, and White minority domination, when the National Party came to power in 1948. Apartheid policies were effected through various Acts, including the Population Registration Act (1950), which classified every South African according to racial group: 'Black' (African), 'Indian' (Asian), 'Coloured' (mixed race), or 'White'. Simultaneously, the Group Areas Act (1950) and the Bantu Authorities Act (1951) implemented a rigid system of segregation, legally sanctioning the forcible relocation of people into racially defined urban and rural 'homelands' (Baldwin-Ragaven et al., 1999). One of the effects of these and other policies was to deeply entrench segregation and racism within the South African context, impacting cultural relations, long after a democracy was established in 1994. Since 1994, there has been a resurfacing of various forms of ethnicity, and a resurgence of

interest in diversity (Swartz, 1996), with transformation in South Africa reshaping 'practices and patterns of encounter between historically defined race groups' (Durrheim, Mtose, & Brown, 2011, p. 24). This, as well as an influx of immigrants from neighbouring countries for historical, political, or social reasons, has often been associated with socio-cultural and ethnic conflict (Crush, 2001; Khan, 2007; Mabiala, 2013; Van Der Merwe, 1996).

South African psychology's response

Historical perspective

South African psychology has a long history of grappling with culture, ethnicity, and diversity as well as seeking to provide a relevant response to her needs, within an often fractured society. The early history of psychological organisations and mental health in South Africa, and how these complied with discriminatory developments in the social–political context have been discussed by a number of authors, including Cooper (2014), Cooper and Nicholas (2013), and Burke (2006). Shortly after the apartheid government was established in May 1948, the first national psychology organisation (South African Psychology Association [SAPA]) was born (Cooper & Nicholas, 2013). Initially, under the leadership of A.J. Le Grange, who was a protégé of Hendrik Verwoerd (one of the main architects of apartheid, developing his racial engineering theories during his involvement in sociology and psychology academia), SAPA's membership was exclusively White (Burke, 2006; Cooper, 2014). The Psychological Institute of the Republic of South Africa (PIRSA) was subsequently formed in reaction to SAPA's decision to include Black membership, a number of years later. Cooper (2014) also notes that segregation along colour lines was evident in Universities and internship sites, as well as biasing applied areas such as test development and usage. In 1994, shortly before the birth of a democracy, the Psychological Society of South Africa (PsySSA) was formed following discussions between emerging Black psychologists, progressive Whites, the exclusively White Afrikaner leadership of the Psychological Association of South Africa (PASA), and the Professional Board for Psychology. Although racial tensions were still present, this heralded a move in South African psychology towards the development of more non-racist, non-political, and non-sexist psychological approaches over the next 20 years (Cooper, 2014). Much work in this direction was also undertaken, particularly in the 1980s, within the informal sector through anti-apartheid and community orientated non-government organisations (NGOs) (e.g., Organisation for Appropriate Social Services in South Africa [OASSA], Detainee support committees, and others) (Hayes, 2000).

The influence of Eurocentric, Western, and medical perspectives has also traditionally defined psychological research, practice, and education within the South African context (Ngcobo, 2002). Since its inception in the late 1950s and early 1960s, clinical psychology training in South Africa has been particularly influenced by British training models in its orientation and scope (Eagle, 2005). The relevance of Eurocentric knowledge for the people of Africa has been challenged particularly by proponents for the Africanisation of the discipline (Holdstock, 2000). In more recent years, there has been a quest by African scholars for the indigenisation of psychological knowledge, and the advancement of African paradigms, definitions, and practices of psychology (Baloyi, 2009; Mkhize, 2004; Sodi & Bojuwoye, 2011). This perspective appears consistent with indigenous psychologies elsewhere in the world, where attempts to establish psychological research in the philosophical, scientific, and theological conceptual systems that are indigenous to local cultures have been encouraged (Berry, 2013). A distinction between the Africanisation of psychological knowledge (including the adoption of African ethnopsychologies) and the relevant application of modern research and psychological theory within the context of Africa (developing interventions that are

eco-culturally sensitive) has also been made (Dawes, 1998), suggesting that of an indigenous psychology, versus that of an indigenising one (Berry, 2013). Cautioning against marginalising, oppressing, or rendering African conceptions of socio-psychological processes invisible as well as encouraging an African psychology to draw on both local and external knowledge systems has also been discussed (Dawes, 1985; Mkhize, 2004). In addition to the re-assertion of the indigenous, Swartz (2008) notes that globalisation has impacted practices surrounding mental disorder in local contexts, namely, through the adoption of policies in line with neo-liberal global thinking, as well as the construction of global and marketised identities.

Swartz (2008) also notes that any attempt to understand mental health and issues of culture must recognise poverty, displacement, inequality, and migration issues. Social processes accompanying mental disorder have a cultural component but are also based in the realities of the material aspects of peoples' lives (Swartz, 2008). Kagee and Price (1994) argue that apartheid's legacy of economic inequalities and political oppression contributed to the aetiology of psychological difficulties in South Africa. Apartheid was not only a system of segregation but also a socio-economic one which exploited Black South Africans, denying them full citizenship and social services (health, education, and social welfare) and disrupting family life through the migrant labour system (Burke, 2006; Hayes, 2000). State repression through army invasions of townships, torture and detention without trial resulted in high levels of traumatisation (Hayes, 2000). Trauma exposure continues to be present in the general population, often related to criminal violence as the result of ongoing socio-economic disparities and rapid urbanisation (Atwoli et al., 2013), The vicious cycle between mental illness, poverty, and social deprivation, evident in other middle- and low-income countries, is exacerbated in South Africa through its history of racial discrimination, exclusion, and violence (The Mental Health and Poverty Project [MHAPP], 2008).

Mental health services in South Africa have on the whole mirrored broader race, gender, class, and urban–rural inequalities in the country (Naidoo, 2000) affecting (in contrast to the States or Europe) the majority as opposed to the minority of South Africans. In 1985, Dawes criticised the profession for being unresponsive to its socio-political context and over-adhering, in its attempts to be relevant, to a conservative, non-critical ideology. Emergence of the relevance debate, a discourse in the literature calling for the discipline to be more socially valuable and accessible to those who need it (Sher & Long, 2012), has highlighted these disparities. Sher and Long (2012) note that the indigenisation of South African psychology is a unique aspect of this debate. A tension between recognising cultural diversity and perpetuating perspectives that make reference to indigenous South African cultures as having inherent 'otherness'; critique on the applicability of Western psychology in the South African context; discussion on the involvement of indigenous healers as a mental health resource; and whether psychology in South Africa should reflect a relativist or universalist perspective are also emergent themes (Sher & Long, 2012).

Development of appropriate research and training has also been highlighted as an important aspect in addressing the impact of apartheid's policy of racial segregation on the mental health of most South Africans (Dawes, 1985). With the racial integration of services post-apartheid, new challenges were posed for rendering culturally appropriate care (Swartz, 1996). In addition to ethnic, linguistic, and cultural diversity, South African clinical psychologists are faced with the following challenges: recruitment and training of clinicians who are prepared to work in contexts of diversity and disadvantage, the development of relevant policy, curricula, and practice, and addressing issues of equity and injustice to assist with the process of reparation and healing for individuals and communities (Ahmed & Pillay, 2004; Pillay, 2000; Swartz et al., 2009). The need to maintain relevance in the face of socio-economic inequalities left by the apartheid era, as well as to consider issues of adjustment due to rapid social changes brought about by social reform have also been highlighted (De la Rey & Ipser, 2004). Promoting culturally congruent services and mental health literacy to

improve help-seeking behaviour and reduce stigma, defaulting, and human rights abuses, as well as the need to engage with both local traditions and global forces have also been discussed (Petersen & Lund, 2011; Swartz, 2008).

Cross-cultural and multicultural research in South Africa

Despite the complexities of the South African socio-political context, substantial research involving different cultures has been documented, including comparative research with other countries as well as collaborative interdisciplinary work (Asmal et al., 2011; Asmal, Mall, Emsley, Chiliza, & Swartz, 2013; Barbarin, 1999; Slone, Durrheim, Kaminer, & Lachman, 1999; Valchev et al., 2011; Valchev, Nel, Meiring, De Bruin, & Rothmann, 2013; Valchev, van de Vijver, Nel, Rothmann, & Meiring, 2013).

Within the clinical psychology field, as well as other fields such as neuropsychology, there has been significant research related to the cultural relevance, development, and use of culturally appropriate psychological tests and assessment procedures in diverse South African populations (Amod, Cockcroft, & Soellaart, 2007; Blumenau & Broom, 2011; Foxcroft, 2004; Grieve & van Eeden, 2010; Luiz, Foxcroft, & Stewart, 2001; Odendaal, Brink, & Theron, 2011; Shuttleworth-Edwards, 2012; Shuttleworth-Edwards, Donnelly, Reid, & Radloff, 2004; Van Ede, 1995; Van Eeden & Mantsha, 2007; Van Eeden, Prinsloo, & Casper, 1997).

Beliefs, values, experiences, and specific behaviours in different cultural groups in South Africa have also been documented (Beekrum, Valjee, & Collings, 2011; Furnham, Ndlovu, & Mkhize, 2009; Pillay, Wassenaar, & Kramers, 2001; Renner, Peltzer, & Phaswana, 2003; Schlebusch, Vawda, & Bosch, 2003; Thwala, Pillay, & Sargent, 2000; Wassenaar, van der Veen, & Pillay, 1998). There has also been an emphasis on cross-cultural and cross-ethnic research focusing on specific illness or disorder (Marais, Wassenaar, & Kramers, 2003; Schlebusch & van Oers, 1999; Wassenaar, le Grange, Winship, & Lachenicht, 2000).

Although there is substantial South African work on the implications of one's understanding of culture for clinical practice, much of this work is unpublished and discussions about inter-racial clinical exchanges are often reliant on American research, which is not always relevant to the South African context (Eagle, 2005). Critiques of more traditional Western approaches to psychotherapy (Berg, 2009; Swartz, 1999) cross-race pairings in the therapeutic and clinical dyad, and the power relations inherent in this have, however, been a focus (Eagle, 2005). There has also been emphasis on the contribution psychoanalysis and psychodynamic perspectives can make to complex mental health issues in South African society, including settings characterised by increased globalisation and dislocation, the development of psychoanalytic parent–infant/child psychotherapy within a multicultural society, as well as cross-cultural differences in infant–caregiver interactions (Dugmore, 2012; Richter, 1995; Smith, Lobban, & O'Loughlin, 2013; Swartz, Gibson, & Gelman, 2002).

Community work development and intervention, particularly within more rural contexts, have also been addressed in the literature (Edwards, 2000; Pillay & Lockhat, 1997), as have indigenous healing approaches (Edwards, 2011; Ramgoon, Dalasile, Paruk, & Patel, 2011). The relationship between gender and culture in multicultural South African society (Eagle & Long, 2011) and the integration of Western and indigenous healing methods in, for example, the area of trauma, have also been explored (Eagle, 1998).

Debates within the area of training have tended to focus on level of cross-cultural experiential learning, and whether addressing multicultural issues should be confined to one course or integrated through training models (Eagle, 2005; Ruane, 2010). Facilitating students' cross-cultural encounters, and the training and experience of Black African clinical psychologists or trainees have also been a source of concern (Eagle, Haynes, & Long, 2007; Kometsi, 1999, 2001; Pillay &

Siyothula, 2008). The lack of equity in clinical psychology training, and the implications this has for mental health provision for the majority of South Africans, has also been highlighted (Pillay & Siyothula, 2008) as well as the need for training in cultural sensitivity and for the development of multicultural counselling competencies (Ngcobo, 2002; Ngcobo & Edwards, 2008).

In general, globalisation has tended to receive less focus. The impact of globalisation and neo-liberal ideologies, as well as political transformation, have been discussed as potential factors contributing to the construction of 'race' and 'racism' within South African psychological academic discourse (Stevens, 2003). Effects of globalisation on changing perceptions and cultural acceptability of mental disorder have also been highlighted (Swartz, 2008). The impact of global migration and relocation on psychotherapists' and counsellors' work with culturally different clients has also been noted (Eagle et al., 2007). Literature related to the psychosocial needs of refugees in South Africa is very limited, focusing primarily on xenophobia and post-migration stressors (Harverson, 2014). The need to include contextually and culturally appropriate intervention practices that are both clinical and psychosocial in nature, in, for example, the context of global conflict, has, however, been highlighted (Stevens, Eagle, Kaminer, & Higson-Smith, 2013).

Following the 30th International Congress of Psychology, hosted by PsySSA in 2012, a situational analysis by Macleod and Howell (2013) highlighted that most psychological research conducted in South Africa involved predominantly adult, urban-based, middle-class participants from hospitals or clinics, universities, and schools, and that social issues and socio-economic inequities were still largely ignored. Pillay, Ahmed, and Bawa (2013) also called for the profession to critically examine the extent to which it is meeting its predominant mental health needs, and to re-align its practices and goals to reflect the imperatives of democracy, in order to ensure that the mental health needs of all South Africans are addressed. The utilisation of current resources, and a primary health-care orientation were highlighted as important foci in addressing some of the challenges, particularly with regard to training.

Conclusion

The multicultural experiences and training of clinicians to work in diverse contexts have been well-documented in other parts of the world (Glockshubera, 2005; White, 2013; Worthington, Soth-McNett, & Moreno, 2007). There has, however, been less literature pertaining to the experiences and training of clinical psychologists with regard to multicultural issues (Quintana & Bernal, 1995), particularly within the South African context, at the level of everyday clinical and supervisory practice.

Ongoing examinations of our understandings of culturally responsive practice and culture, grappling with the ethical implications of current practice, and addressing inherent tensions in training models that may advocate treatments that are not culturally responsive, are important (Gallardo et al., 2009).

In the context of growing uneasiness regarding policied multiculturalism across European and other Western countries, there is an imperative to develop a deeper bottom-up understanding, grounded in everyday actual experience about how people consider and 'do' multiculturalism, and how it works in practice (Howarth & Andreouli, in press). One of the effects of Apartheid was that, in many respects, 'it alienated our philosophical reflection from its immediate context. As a consequence, ironically, we are late-comers to the intellectual scene of multiculturalism, whilst at the same time perhaps forerunners in the experience of multiculturality' (Van Der Merwe, 1996, p. 77).

There is a need to extend our understanding of how South African clinical psychologists make sense of multicultural issues in everyday clinical practice and supervision, as well as the implications this has for training, within the context of continuing efforts to develop relevant services to address the mental health needs of all South Africans.

Funding

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