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The Traumatic State of Psychology: An Investigation of the Challenges Psychologists Face When Aiming to Help Trauma Survivors in Post-Apartheid South Africa

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Glossary

CBT	Cognitive behavioral therapy
Community counselor	A counselor who has received informal training and often lives in the community he/she works in. Same as lay counselor
Counselor	A person who provides mental health services in the form of counseling. Same as therapist and psychologist
CPT	Cognitive processing theory
CPTSD	Complex post-traumatic stress disorder
EMDR	Eye movement desensitization and reprocessing
PE	Prolonged exposure
Private practice counselor	A counseling mental health professional who does not work in the public sector
PTSD	Post-traumatic stress disorder. When people have experienced a traumatic event in which they felt intense fear, helplessness, or horror, the event is re-experienced, they avoid stimuli associated with the event, there are symptoms of increased arousal, the duration of these symptoms lasts more than one month, and their functioning is impaired
Public sector counselor	A counseling mental health professional who works at the primary, secondary, or tertiary level of the public health sector
Research psychologist	A mental health professional who primarily conducts research
TRC	Truth and Reconciliation Commission

Abstract

This project will sought to investigate the difficult role that psychologists play in post-apartheid South Africa, particularly when they are trying to create meaningful change for trauma survivors from the apartheid era. Many survivors found the results of the Truth and Reconciliation Commission (TRC) unsatisfactory, and thus still suffer from trauma (Kagee, Naidoo, & Van Wyk, 2013). There is a clear need in the present society of South Africa for a system which helps these trauma survivors find reconciliation and make peace with the atrocities of the past. Part of this system is the counseling psychologists that focus on the trauma that these survivors are still afflicted with. However, for a myriad of reasons, this task is an exceedingly difficult one for psychologists.

In order to understand these challenges, the researcher will interview a variety of psychologists to learn what problems they face in their work as well as how they work to overcome these challenges and still provide effective care for their patients. This study will illuminate the difficulties that mental health professionals handle on a daily basis, and as a corollary will show how it is hard for mental health patients to fully move on from the apartheid era. This project is relevant because psychology is still in a transitional state in South Africa (Cooper & Nicholas, 2012a) and has a paramount role in shaping the future society in South Africa. Moreover, many people in South Africa suffer from lingering effects of the apartheid era, and their stories and situations are crucial to present-day South African society. This project can be of use to the South African people because it is hoped that a synthesis of the interviews will reveal commonalities and differences among counseling psychologists that can be of use to experts in this field.

The results from the interviews showed that the majority of challenges counselors face come from the legacy of apartheid. In addition to the legacy of apartheid, the Western focus of psychology in South Africa also poses many challenges. A third major challenge is how to handle continuous traumatic stress because of how complicated it can be. Counselors have found many interesting solutions to these challenges including client-driven therapy, group therapy, community-oriented psychology, advocating beyond just counseling, and looking to evidence-based research.

Introduction

Topic and Rationale

Apartheid was one of the most important periods in South African history, and it permeated all aspects of life including the field of psychology which has a long and tumultuous history in South Africa. This controversial history began with Jun Smuts who wrote a psychobiography of American writer Walt Whitman (Cooper & Nicholas, 2012a). Soon after, R. W. Wilcocks founded the first South African psychology lab and conducted work about racial superiority (Cooper & Nicholas, 2012b). More central to the apartheid regime, H. F. Verwoerd was a renowned psychologist at the Stellenbosch University. All three of these psychologists aligned themselves politically with the ideals of white superiority, which contributed to the challenges the field of psychology faces today. Currently, psychologists face numerous challenges, some due to their role during apartheid and some not.

The primary challenge that psychologists face today is the poor reputation they have with the general population due to psychologists' involvement with apartheid. Black South Africans are very hesitant to trust psychologists because psychologists are seen as agents of the former apartheid state (Vontress & Naiker, 1995). In fact, the roots of apartheid can be traced back to psychology and H. F. Verwoerd (Vontress & Naiker). Verwoerd focused on controlling emotions, which combined with his own racist ideology helped him develop the ideas of apartheid (Cooper & Nicholas, 2012b). During the apartheid era, psychologists practiced racism themselves by forming white only organizations and forming new organizations for psychologists when black psychologists gained membership in the old organizations (Cooper & Nicholas, 2012a). Moreover, the people of South Africa are dealing with extreme trauma because of apartheid (Kagee & Price, 1995). This is a very difficult issue which requires innovative and nuanced approaches from psychologists in order to help those in need.

Another huge issue is psychologists' overreliance on Western psychology (Brack, Hill, & Brack, 2012). Multiple authors have mentioned that these Western methods are ineffective in a South African context (Brack et., 2012; Cooper & Nicholas, 2012b; Ngonyama ka Sigogo, Hooper, Long, Lykes, Wilson, & Zietkiwicz, 1994; Vontress & Naiker, 1995). More specifically, South African clinicians are using models and theories based on individuals who believe they have free will whereas the people of South Africa are a more collectivist society who are not used to having freedom. Thus, psychologists must reconsider their frame of reference when attempting to help the people of South Africa.

Lastly, there are an insufficient number of psychologists to serve the population (Cooper & Nicholas, 2012a). Data from 2009 indicate that there were only 9,704 licensed counselors in South Africa (Cooper & Nicholas, 2012b). This amount of psychologists leads to a ratio of 1:8,000 in terms of the South African population, which is only growing. This lack of professionals makes it even

more difficult to properly address the mental health issues of the people of South Africa. Specifically, there is a lot of trauma in South Africa stemming from the apartheid era and it is very difficult for counselors to help patients overcome this trauma to live healthy lives. It is evident that there are many issues plaguing the psychologists of today in South Africa, and that it is worthwhile to investigate how these professionals work to overcome the difficulties in their jobs to provide excellent care to their patients.

Objectives

There are two major objectives of this paper. First, this research aims to understand the various challenges that counselors face when trying to help patients overcome trauma from the apartheid era. These challenges can be structural issues in society, issues with the government, a dissonance between the population and psychologists, or general challenges associated with providing therapy to people with trauma. The second objective is to examine current and potential future solutions to these challenges.

Structure

This paper consists of seven sections. The first is a literature review which will give the historical context of psychology in South Africa and will discuss the various challenges facing counselors and solutions in the literature. Next, the methodology will be discussed to give an understanding for how this project was carried out and why the chosen methods were used. The third section will discuss the findings of the research thematically. Following findings will be a thorough analysis section that will offer explanations for the findings and will tie the findings back into the literature. Then ethical considerations and reflections will be discussed. A concluding section will follow to tie the ideas together and explain broader implications. Lastly, directions for future research will be discussed.

Primary versus Secondary Material

Primary sources. Interviews were conducted with experts in the field to get their opinions on the challenges that counselors face when helping people with trauma. They were also asked to discuss solutions and future directions for the field of psychology.

Secondary sources. Books and journal articles were used to supplement the interviews. These secondary sources form the basis of the literature review and are used to analyze the findings and put them in the proper context.

Limitations

There are limitations to this study. During this month long research project, the researcher was able to interview eight people currently working in the field of psychology. These experts work as private practice counselors, public sector counselors, researching psychologists, university professors, and clinic supervisors. It was difficult to contact and schedule interviews with everyone the researcher

wanted to interview. It was not possible to interview many experts who were affiliated with the TRC, and thus the findings focus more around the challenges of practicing counselors rather than the psychological effects of the TRC, but the literature is able to illuminate how the TRC impacted mental health. Lastly, a variety of sources were consulted to gain a thorough understanding of the topic, but it was not feasible to gain access to certain books or articles in the timespan of the project that could have been beneficial.

Literature Review

Introduction

Apartheid was one of the most important periods in South African history, and it permeated all aspects of life including the field of psychology. The field of psychology itself has a long and tumultuous history in South Africa. The first person to be involved with psychology in South Africa was Jun Smuts who wrote a psychobiography of American writer Walt Whitman (Cooper & Nicholas, 2012a). R. W. Wilcocks founded the first South African psychology lab and conducted work about racial superiority (Cooper & Nicholas, 2012b). More central to the apartheid regime, H. F. Verwoerd was a renowned psychologist at the Stellenbosch University. All three of these psychologists aligned themselves politically with the ideals of white superiority, which contributed to the challenges the field of psychology faces today.

The Truth and Reconciliation Commission (TRC) was a very important part of the transition to post-apartheid South Africa. It has been reported that the TRC had both positive and negative outcomes for survivors of gross human rights violations (Stein et al., 2008). Some survivors were able to heal from telling narratives (Gobodo-Madikizela, 2004). However, many survivors found the results of the TRC unsatisfactory, and thus still suffer from trauma (Kagee, Naidoo, & Van Wyk, 2013). There is a clear need in the present society of South Africa for a system which helps these trauma survivors find reconciliation and make peace with the atrocities of the past.

The current public mental health system in South Africa poses its own challenge to counselors. There are three levels within the public health system: primary, secondary, and tertiary (Visagie & Schneider, 2014). People start out by seeking a primary health service, and then get referred to secondary and tertiary services as needed. In theory, this is an effective system, but it can be very bureaucratic and overburdened which makes it difficult to provide effective care in the public sector (Visagie & Schneider).

The two most common registrations for therapists are counseling psychologists and clinical psychologists (Leach, Akhurst, & Basson, 2003). Clinical psychologists have a longer training period and often find themselves working at the tertiary level of the mental health system. The counseling psychology registration was created to get more counselors working at the primary levels of the health care system, but this has often proven to not be the case (Abel & Louw, 2009).

The primary challenge that psychologists face today is the poor reputation they have with the general population due to psychologists' involvement with apartheid. Black South Africans are very hesitant to trust psychologists because psychologists are seen as agents of the former apartheid state (Vontress & Naiker, 1995). Moreover, the people of South Africa are dealing with extreme trauma because of apartheid (Kagee & Price, 1995). These are very difficult issues which require innovative and nuanced approaches from psychologists in order to help those in need. Another huge issue is psychologists' overreliance on Western psychology (Brack, Hill, & Brack, 2012). More specifically, South African clinicians are using models and theories based on individuals who believe they have free will whereas the people of South Africa are a more collectivist society who are not used to having freedom. Thus, psychologists must reconsider their frame of reference when attempting to help the people of South Africa. Lastly, there is an insufficient number of psychologists to serve the population (Cooper & Nicholas, 2012a).

Although these are huge challenges, there appear to be some promising solutions. The Adlerian method of Individual Psychology appears to lend itself well to the South African context and has been implemented in schools (Brack et al., 2012). Group therapy is an excellent way to compensate for the limited number of psychologists and it also appeals to collectivist attitudes (Vontress & Naiker, 1995). Most importantly, many authors assert that psychologists must take a more political stance on issues to regain credibility with the people of South Africa (Cooper & Nicholas, 2012b; Kagee & Price, 1995; Vontress & Naiker, 1995). These three solutions all show promise, but it is yet to be seen how to synthesize these methods in a more comprehensive approach.

Trauma is one of the most severe mental health issues in South Africa (Kaminer & Eagle, 2010). There are many types of trauma that affect the people of South Africa including post-traumatic stress disorder (PTSD), complex PTSD (CPTSD), historical trauma, collective trauma, identity trauma, and continuous traumatic stress (CTS) (Eagle & Kaminer, 2013). There are many ways to treat PTSD, CPTSD, historical, collective, and identity trauma, but treating CTS has been much more difficult (Eagle & Kaminer).

History of Psychology in South Africa

The pre-apartheid era of psychology helped created an environment that was conducive to the ideals of apartheid. In 1895, Jan Smuts wrote a psychobiography of Walt Whitman in which Smuts called for a more holistic approach to personality and the individual (Cooper & Nicholas, 2012a). Smuts asserted that he was writing about Whitman because Whitman was a perfect biological specimen. This view about biological superiority shows Smuts' racist views and his position about the role of race in politics can be inferred from this belief. The next influential South African psychologist was R. W. Wilcocks. In 1917, Wilcocks contributed two important changes to South African psychology. First, he taught psychology as its own field rather than as a sect of philosophy

(Cooper & Nicholas, 2012a). Second, he established his own laboratory for psychology similar to William Wundt's original laboratory (Cooper & Nicholas). These innovations helped advance the field of psychology in South Africa. Like Smuts, Wilcocks was racist and used his psychological work as a conduit to express his racist views. In 1932, he wrote a paper in which he claimed that Whites and Blacks should not compete for jobs because there are many jobs that Blacks are not equipped for (Vontress & Naiker, 1995). Additionally, he believed that education was wasted on black people (Vontress & Naiker). Perhaps Wilcocks' most important and most damaging contribution to South Africa was his role as a professor because he served as a mentor to H. F. Verwoerd.

Verwoerd began his career as a psychology professor at Stellenbosch University (Vontress & Naiker, 1995). Much of his work as an academic was focused on controlling emotions. He moved on to a career in politics in which he is considered one of the architects of apartheid (Cooper & Nicholas, 2012b). It is clear how Verwoerd's psychology background combined with his own racist ideology was necessary for the development of the apartheid state. These three influential psychologists all harbored racist views and used psychology to justify subjugating Blacks and Coloureds. The apartheid government was about to be established, and psychology would continue to be heavily involved in controlling the majority population.

Once apartheid was established, psychologists' racist views manifested themselves within the field rather than towards the general public. They had already succeeded in taking over politically, so they turned to maintaining white supremacy in the field of psychology. In 1948, the South African Psychology Association (SAPA) was formed (Cooper & Nicholas, 2012a). This organization was exclusively white and actively kept Blacks and Coloureds from joining this society. In fact, the first Black person admitted to SAPA did not happen until almost 15 years later in 1962 (Cooper & Nicholas). Soon thereafter, many members of SAPA defected and formed the Psychological Institute of the Republic of South Africa (PIRSA). They were led by Dreyer Kruger and Verwoerd became an important member of this institute (Cooper & Nicholas). They left SAPA because they did not want Blacks to be admitted, and therefore, they ensured that PIRSA remained for white psychologists only.

The Bantu education system was another factor that kept the field of psychology predominantly white. Many Blacks could not receive the necessary education to obtain advanced degrees, which meant that they could not become psychologists (Vontress & Naiker, 1995). Along with the first democratic elections in 1994 came the first non-racial psychology association as well. The Psychological Society of South Africa (PsySSA) was formed and it was meant to serve the entire population of South Africa. This organization allowed any practicing psychologist to join and emphasized the need to help any South African in need regardless of race (Cooper & Nicholas). PsySSA is symbolic of a new era for psychology in South Africa in which there is a clear focus on

addressing the needs of all people and specifically moving past the issues that apartheid caused (Cooper & Nicholas; Kagee et al., 2013).

Although counseling psychology is much better now than it was during apartheid, there are still many faults with the current system. The majority of professional psychologists are white which indicates that Blacks still do not have proper educational opportunities (Cooper & Nicholas, 2012b). Many psychologists continue to take a laid back approach in their practices and they rely on referrals as the only means to get business. Moreover, many poor people in South Africa do not have the means to seek out effective psychological care (Pillay, 2011). Therefore, psychologists must find a way to effectively reach out to those in need.

Truth and Reconciliation Commission

The following quote from Pumla Gobodo-Madikizela nicely summarizes the goal of the TRC.

> South Africa's Truth and Reconciliation Commission (TRC) has been acclaimed for bringing the awful facts of apartheid to light for creating a context for those who had suffered to tell their stories, and for managing this difficult process in an evenhanded way that avoided acrimony (Gobodo-Madikizela, 2004, p. 8).

There were both positive and negative outcomes for trauma survivors from the TRC (Stein et al., 2008). On the positive side, giving testimony gave people control over their trauma (Gobodo-Madikizlea, 2004). Additionally, there is a cathartic role of telling narratives, and spreading these narratives can help with the cycle of violence and the transmission of transgenerational trauma (Gobodo-Madikizela, 2013). In a negative light, many survivors were not satisfied with the results of the TRC, and in fact became more traumatized as a result (Kagee et al., 2013). To help trauma survivors who participated in the TRC, some scholars have argued that therapy should focus on resilience rather than on traumatic stress, partially because the TRC was unlikely to help survivors with PTSD (Fourie, Gobodo-Madikizela, & Stein, 2013). Those authors also argue that the rehumanization of former adversaries is an effective way to promote cross-racial empathy which can help survivors overcome their trauma (Fourie et al.).

Mental Health System in South Africa

There are three levels to the public mental health system in South Africa. The primary level consists of community clinics in which there are social workers and nurses on a daily basis but doctors and psychologists only come once or twice per week (Visagie & Schneider, 2014). At the primary level, psychologists will assess patients and refer them to the other levels if need be. The secondary level has more specialized services and doctors are always present to provide services (Visagie & Schneider). If there are server psychological issues, patients will be referred to the tertiary level which is highly specialized. For example, patients with psychosis will likely be sent to a tertiary level hospital, such as a local teaching hospital (Visagie & Schneider). This system sounds great in theory,

but unfortunately the implementation has not been as effective as hoped. The services are often overcrowded and patients may who have severe issues encounter a long waiting list. Additionally, patients may need to be referred to three doctors just to get medication or see the appropriate specialist which is inefficient and time consuming (Lund, Kleintjes, Kakuma, & Flisher, 2010).

Psychologist Training

There are two types of psychologists who provide counseling services in South Africa. The first and original registration was in clinical psychology (Leach et al., 2003). Students who want to obtain this degree go to university for three years and major in psychology. Then, they must apply for a one year Honor's degree followed by a one year Master's program. They conclude their training with a one year internship. This internship is a community placement in which students do work at the primary level of the health care system around the country (Leach et al.). Clinical psychologists tend to work in private practice or at the tertiary level of the public health system. The second type of registration is for counseling psychology. These students apply for a counseling psychology program from their first year of university, and complete four years of training (Leach et al.). The degree for counseling psychologist was created post-1994, and was meant to help facilitate more trained counselors doing work at the primary level (Abel & Louw, 2009). However, the government has not created many posts for these counselors so they often work in private practice (Abel & Louw).

General Challenges Psychologists Face

There are many challenges that psychologists face today that likely stem from the role that psychology played before and during apartheid. The reasons for this type of challenge are psychology's involvement with the development of apartheid, the exclusively white psychological societies during apartheid, psychology's association with the oppressive government, and the fact that the majority of psychologists are white (Cooper & Nicholas, 2012a; Cooper & Nicholas, 2012b; Vontress & Naiker, 1995). The challenge for psychologists because of this rocky past involves their reputation. That is to say, Blacks have a very negative view of psychologists and therapy itself (Vontress & Naiker, 1995). Many people in South Africa see psychologists as agents of the oppressive state who sought to enslave black people (Vontress & Naiker). It is also very easy for Blacks to associate the predominantly white field of psychology with the former oppressive white government. As a result, black people have distanced themselves from psychology and therapy and assert that people should only get psychological help in extreme cases (Vontress & Naiker). This dissonance between what psychologists claim to do and what the majority of the population thinks they do presents a gigantic challenge to psychologists. They must find a way to bridge this gap and connect with people suffering from mental illness.

There are also challenges that psychologists face which are unrelated to their past as a pro-apartheid institution. South African psychology is largely based on Western, namely American,

theories which are not always applicable in a South African context (Brack et al., 2012). In fact, a Western worldview is directly in contrast to the traditional, or collectivist, world view that many South Africans hold. People in South Africa emphasize their communities much more and focus on their interpersonal relationships rather than on their individual needs (Brack et al.). American psychology is based on helping an individual who has free will. It is exceedingly difficult for a South African to see the world through this lens because of the community-oriented focus and the fact that South Africa has only been a free country for 21 years (Brack et al.; Vontress & Naiker, 1995). Moreover, Western psychological theories emphasize assimilation into the status quo rather than trying to change the environment (Brack et al., 2012). It is impractical to tell those affected by apartheid that they should just become a part of the present society. Instead, South Africans want to be agents of change to improve their society (Brack et al.). An additional challenge is that there are not enough psychologists in the country. As of 2009, there were only 9,704 professionally licensed psychologists in South Africa, which is a 1: 8,000 ratio in terms of population (Cooper & Nicholas, 2012b). This insufficiency exacerbates the challenges listed above because each psychologist will theoretically have too many patients to handle. It is clear that there are many incredibly difficult challenges for clinical psychologists in South Africa today.

General Solutions

A few interesting solutions to these challenges have been proposed and appear to be working at a cursory level. One solution that has been particularly effective at making psychology amenable in a South African context is using Individual Psychology, a field developed by Adler which focuses on the entire individual as an agent who interacts with the environment (Brack et al., 2012). Individual Psychology is likely effective because it is similar to *Ubuntu,* a central tenet of the South African collectivist worldview. Both Ubuntu and Individual Psychology focus on social interests and belonging. Members of a community identify as part of that community and they all have a stake in decisions (Brack et al.). Next, Individual Psychology and Ubuntu revolve around a nexus which serves as a center of important relationships. This idea is central to the traditional worldview in which a community is vastly important because of the interpersonal relationships between the various members (Brack et al.). An important feature of Ubuntu is mutual respect which is related to Adler's assertion that it is imperative that people do not patronize those that they help (Brack et al.). Respect is a large part of South African culture, and it is important for psychologists to understand and emphasize this aspect of culture. This similarity is definitely essential to making counseling relatable to the people of South Africa. Another comparable is the idea of focusing on the present and de-emphasizing the past (Brack et al.). Individual Psychology and Ubuntu have many overlapping features which help make Individual Psychology a viable paradigm for implementing effective therapy in South Africa.

Another prospective solution is associating psychology with politics. Many scholars believe that because psychology was affiliated with the apartheid government, it is necessary for psychologists to take a political stance to regain the trust of many South Africans (Kagee & Price, 1995; Vontress & Naiker, 1995). It has been argued that in traumatized societies, psychologists must take on the role of clinicians as well as social activists, which makes the connection between psychology and the political environment explicit (Gobodo-Madikizela, 2009). It is essential for patients to trust their psychologists, and political alignment is one way to help rebuild the trust between people and psychologists (Kagee & Price, 1995). Other authors have also argued that patients will not respect clinicians who do not take a stand against apartheid, and that psychologists need to take a political stance to combat how politics were used to dehumanize Blacks during apartheid (Cooper & Nicholas, 2012a; Vontress & Naiker, 1995). A further extension of this philosophy states that proper political association will help patients realize the root of their psychological problems as symptoms of poverty and racism (Kagee & Price, 1995). Once patients are able to properly understand the trauma they are dealing with, they can then work together with psychologists to deal with the trauma in a healthy and effective manner. Political association seems like such a small step, but it can definitely have far-reaching, important, and necessary effects towards repairing the relationship between psychologists and patients.

One last solution involves a greater use of group therapy. Conducting therapy in groups helps in two important ways – it eases the burden on the limited number of psychologists and also lends itself well to the collectivist worldview (Vontress & Naiker, 1995). There are less than 10,000 licenses therapists in South Africa, which implies that therapists cannot effectively help every person who is in need. Group therapy allows for seeing multiple patients at once so that more people get the help they need and therapists are not over-strained (Cooper and Nicholas, 2012a). Also, working with peers in a group can be an effective way to deal with problems, especially in a traditional society. People respect each other and are willing to learn from one another to improve their lives (Vontress & Naiker, 1995; Brack et al., 2012). Group therapy is a simple, yet effective way to compensate for some of the challenges psychologists face.

Types of Trauma

There are many variations of trauma that affect the people of South Africa. The most common forms include PTSD, CPTSD, historical trauma, collective trauma, identity trauma, and CTS (Eagle & Kaminer, 2013). People are considered to have PTSD if they have experienced a traumatic event in which they felt intense fear, helplessness, or horror, the event is re-experienced, they avoid stimuli associated with the event, there are symptoms of increased arousal, the duration of these symptoms lasts more than one month, and their functioning is impaired (Kaminer & Eagle, 2010). CPTSD is very similar to PTSD, but CPTSD refers to prolonged or multiple traumatic experiences whereas

PTSD is focused on one event (Eagle & Kaminer, 2013). Historical trauma refers to the trauma associated with the genocide of a people (Eagle & Kaminer). Collective trauma occurs when traumatic events are directed at and effect whole groups (Eagle & Kaminer). Identity trauma is similar to collective trauma, but specifically refers to a group's identity features leading to harm and the onset of trauma (Eagle & Kaminer). CTS is when the individual has the experience of still living in realistic danger. There are four important aspects of CTS that differentiate it from the other types of trauma. First, the context of CTS involves danger that is unpredictable but pervasive and substantive (Eagle & Kaminer). People with CTS also focus on their current or future safety rather than past events, which would be indicative of PTSD. There are also very real perceptions about future threats in people living with CTS (Eagle & Kaminer). Finally, these people are still in environments in which they do not have proper protection from these threats (Eagle & Kaminer). There are many solutions that have been shown to be effective for PTSD and CPTSD, but CTS is very difficult to treat (Eagle & Kaminer).

Treatment of Trauma

There are many effective ways for treating trauma. The most simplistic is individualized therapy that can be for a short, medium, or long duration (Kaminer & Eagle, 2010). The most common form of treating trauma in South Africa is cognitive behavioral therapy (CBT). There are a variety of forms of CBT that are employed depending on the counselor's preference (Kaminer & Eagle). Common CBT techniques include prolonged exposure (PE), cognitive processing theory (CPT) and eye movement desensitization and reprocessing (EMDR). All of them involve repeated exposure to memories, strategies to manage anxiety, and cognitive restructuring to change maladaptive thoughts (Kaminer & Eagle). EMDR comes from a CBT approach, but is slightly different because of the neurological processing (Kaminer & Eagle). The process of EMDR entails taking traumatic memories and the negative thoughts associated with these memories, and working to associate those traumatic memories with more positive thoughts (Shapiro & Laliotis, 2010). In addition to CBT, psychodynamic approaches are very common for treating trauma. Essentially, this approach involves connecting the traumatic event to past and present events in the client's life to have the narrative be a part of the person's life story (Kaminer & Eagle, 2010). Another technique for treating trauma is narrative therapy which comes from a post-modernist social constructionist point of view (White & Epston, 1990). In narrative therapy, the counselor and client collaboratively work to re-author the client's life story which can increase personal agency (Kaminer & Eagle, 2010). This process also involves seeing clients as products of the environment and society which they are in (White & Epston, 1990).

Other scholars have argued that integrated models offer better ways of treating trauma. The Wits model is combination of CBT and psychodynamic therapy and has five steps to help the client.

They start by telling and retelling the traumatic story, normalize the symptoms, then self-respect is restored, mastery is encouraged, and finally work is done to facilitate the creation of meaning. This integrated approach offers a way to combine the two most common ways of treating trauma and is meant to combine the best aspects of each method (Eagle, 2000). A more recent model comes from Edwards who based his model off of Ehlers and Clark's CPT approach (Edwards, 2009). There are three major steps to this model: crisis intervention and stabilization, promoting engagement with treatment, and selection, sequencing, and timing of active treatment interventions. There are sub-steps within each of these three steps which focus and building social support, gaining trust between the therapist and client, and helping clients reclaim their lives (Edwards). Kaminer & Eagle (2010) argue that it is often necessary to take a multi-dimensional approach which entails an integration of mental health services. They assert that an interdisciplinary team of social workers, counselors, and psychiatrists can create the best outcomes for clients.

Group psychotherapy has also been used extensively to treat trauma from psychodynamic, cognitive behavioral and supportive frames of reference (Kaminer & Eagle, 2010). A specific type of group therapy is community psychology which focuses on treating people who have been marginalized in a constructive group environment (Naidoo, 2000). Additionally, community counselors have become much more prominent in South Africa. These are counselors who are informally trained and live in the communities that they serve. They are often able to provide counseling services to people who cannot afford private mental health care (Benjamin & Carolissen, 2015). Although there are many ways of treating trauma, all of these methods are Western and have to be adapted to properly apply in a South African context. Moreover, it is exceedingly difficult to use these treatments for CTS, which is very common in present-day South Africa.

Synthesis of Literature

Each of these sources is useful on its own, but the commonalities between sources and a synthesis of all of them is the best practice for interpreting the information. There were four major themes across the articles that two or more explicitly mentioned. This history of psychology was an important and common topic and it is important to this research because history explains why we are in the situation that we are in (Cooper & Nicholas, 2012a; Cooper & Nicholas, 2012b; Vontress & Naiker, 1995). All three of these sources mention the evolution of psychology in South Africa and the role that psychology played in the creation of apartheid. Both the Cooper and Nicholas (2012a; 2012b) articles mention Jan Smuts and how he contributed to Individual Psychology whereas Vontress and Naiker (1995) does not. Individual Psychology is critical to the present landscape in South Africa, so it is definitely a weakness of the Vontress and Naiker (1995) article. However, that article was written 17 years before the Cooper and Nicholas (2012a; 2012b) articles, which indicates that Individual Psychology was not effectively implemented until the 21st century. A second pervasive

theme is the Western influence on South African psychology and its downfalls (Brack et al., 2012; Cooper & Nicholas, 2012b; Vontress & Naiker, 1995). These three articles take a similar stance on Western psychology: it is effective in its own environment, but it cannot work in more collectivist societies. The clear agreement from the three sets of authors indicates a consensus that South African psychologists must develop their own models and paradigms to conduct effective therapy. Both Vontress and Naiker (1995) and Kagee and Price (1995) mention the necessity of psychology to have a political association. Both of these articles were written soon after apartheid ended, and it is likely that politics and political allegiances were at the forefront in society. The more recent articles do not focus on politics, rather they talk about other ways to solve challenges. Perhaps as the times changed the need for political association lessened. However, Gobodo-Madikizela (2009) focused on the need for political association in psychology, so this strategy may still be a current phenomenon. A final common theme is advocating for group therapy. Vontress and Naiker (1995) and Cooper and Nicholas (2012b) talk about how group therapy can help with the lack of therapists as well as appeal to the collectivist attitudes held by South Africans. Additionally, Cooper and Nicholas (2012a; 2012b) and Vontress and Naiker (1995) both mention multiple solutions, and it is likely that the best solution is a synthesis of all three of these ideas because it could be vastly useful in creating an effective, triangulated model for helping people in need of psychological counseling. There is a lot of excellent research that has been done on this topic, but it is clear that there are gaps which should be filled by future research. None of the ideas are in conflict with each other, so it would be simple to implement.

The trauma literature is vast, but it is essential to synthesize sources to understand the full picture of trauma in South Africa. Kaminer & Eagle (2010) is an excellent source because of how comprehensive it is and because it covers the full spectrum of treatments for trauma. However, it relies on a lot of old sources and should be updated to reflect the current state of traumatic stress in South Africa. It is useful to understand the individual therapeutic practices, but it is clear how each is limited. Eagle (2000) and Edwards (2009) offer more integrated models, synthesizing multiple techniques which have been shown to be effective. More work should still be done on integrating techniques to help with various forms of trauma. There are two major limitations of the trauma literature at this time. First, essentially all of the methods come from the West. In Kaminer & Eagle (2010), there is only one study and article written which employs an African form of therapy which is a reflection of the Eurocentric focus in South African psychology. Second, it is important to find methods which are effective in treating CTS because of how common it is in South Africa. This treatment could be done on a preventative or a responsive level.

South Africa is faced with a very difficult psychological situation, likely due to apartheid, but there are many viable solutions. Individual Psychology, group therapy, and political association all appear to be potential solutions, but research needs to be done on a synthesis of these and any other

possible solutions. This is a very important topic because of the clear need for effective clinicians in South Africa. Moreover, the work that counselors do must be done properly and it must be applicable to South Africa. South African psychologists need to develop their own models and theories which reflect South African worldviews and synthesize solutions to create a better and more equitable society.

Methodology

Methods Used

There were three primary methods used in this study: analyzing and synthesizing scholarly literature in journals, consulting popular and scholarly books for reference, and interviews. The literature searches are secondary methods of investigation whereas interviews are primary methods of investigation, and both techniques were used extensively in a complimentary manner.

Journal Articles. Literature searches were conducted through both the PsychINFO database as well as Google Scholar using keywords such as trauma, counseling, challenges, South Africa, post-apartheid, therapists, issues, and solutions. Each literature search led to multiple other searches either by the author of a helpful paper or the reference section of a paper. Research was focused solely on work that was done in a South African context and was almost exclusively limited to South African authors. This focus allowed the researcher to understand the issues in South Africa and not be biased by other views. The research from these articles formed the basis for the literature review and also was the starting point to forming questions that were asked in interviews.

Books. In addition to consulting journal articles, books were also used in the research process. These books were either university published works or popular works in the field of psychology. This type of source enabled the researcher to ascertain what information was available more publically and also helped to supplement the journal articles that were used. Additionally, the reference section of these books was extremely useful in finding relevant articles and experts in the field. Information from books also aided in the interview question forming process.

Interviews. Interviews were conducted with public sector counselors, private-practice therapists, and university professors to get a variety of perspectives on the topic. These interviews took the form of single-issue testimony (Slim & Thompson, 1993) and were used to supplement and confirm or deny the findings from the literature. Interviews were conducted with a counselor who used to be in the public sector but is now in private practice, a counseling psychologist who has worked almost exclusively in the private sector, a university professor who has worked in both the private and public sectors of counseling, two private practice therapists, a university professor who does not practice therapy, and the director of a local trauma center.

Rationale

Journal Articles and Books. Reading, analyzing, and synthesizing the literature was used because it enabled the researcher to understand what the current knowledge on the subject is. Scholarly research is valuable because it offers insights into where the field is on a particular topic, and it also lays out the debates on the subject as well as the various viewpoints that people have on a topic. The literature search showed the researcher the myriad of information on the subject and also enabled the research to see the gaps and limitations of the current research. Moreover, the information from the literature enabled the researcher to form educated, insightful, open-ended questions for the interviews. The literature also pointed the researcher to experts in the field to potentially interview as well as trauma centers in the area. These articles and books were extremely valuable and helpful for the research project.

Interviews. Interviews were used because they are a primary way of getting information. They allowed the researcher to use what he found in the literature to ask poignant and nuanced questions that would shed light on the research topic. They also made it convenient for interviewees to talk freely. During the literature review process, authors are not given an opportunity to answer questions or critiques on their work, so they were not able to fully defend or explain their positions. Interviews were conducted to get experts' opinions on the findings from the literature and to help fill the gaps that currently exist in the literature. Single-issue testimony was used because this form of interview is the best for understanding a particular area of knowledge (Slim & Thompson, 1993). The researchers were not primarily concerned with the interviewees' life stories or why they are in this professional field, rather we were focused on the challenges that counselors face when helping trauma survivors and potential solutions to these problems.

Procedure

Journal Articles and Books. Research began with a Google Scholar search for literature on the topic. The articles found from this initial search were used to find many other sources. The researcher used the reference section of articles extensively to find more articles on the topic as well as to gain an in-depth understanding of the arguments in other articles. Authors who are experts in this field were also looked up in the PsychINFO database so that the researcher could view all the research that these experts had done in this field. Finding experts in the field led to books on the topic, and these books also helped to find numerous other articles that were pertinent to this research. After conducting interviews, the researcher asked interviewees if there were any experts in the field or articles that the interviewee would recommend, and the researcher used this information to find more articles and books to consult. This interconnected approach to literature research was very comprehensive, holistic, and useful for the project.

Interviews. After reading multiple articles and using these articles to form a concise set of interview questions, the researcher began to interview experts and other psychology professionals. The questions were designed to further understand the challenges that counselors face in their work and how they work to overcome these challenges. Interviews were semi-structured such that interviewees could elaborate on any topic that was pertinent. The interviews did not follow a rigid structure, rather there were guiding questions and follow-up questions were developed during the interview based on responses. This process allowed for personalization of each interview and to get the most out of each interview (Slim & Thompson, 1993). Interviews were individually scheduled with each participant and took place at a location of their choice. Interviews lasted approximately 40-50 minutes.

Primary Informants

There were eight primary informants for this research project. One of the informants is strictly a private practice therapist, one is a former public sector counselor who now works in private practice, one is a university professor who does not practice psychology, one is a former private-practice therapist who is now a university professor, two are private practice therapists who have some experience in the public sector, one is a university professor who works at a public sector clinic and also has a private practice and one is the director of a trauma center and a renowned trauma psychologist.

The first person interviewed (Maureen) was a Caucasian woman who used to work at a trauma center in the public sector and now works as a private practice therapist specializing in trauma. She was interviewed because she could provide extensive knowledge about both the public sector and the private sector of counseling psychology in South Africa. She has also encountered trauma from apartheid in her work, and therefore her stories were crucial to this research project. She was able to shed light on the difficulties that the various types of psychologists face in South Africa as well as what they can and should do to overcome these challenges to provide effective mental health care.

The three private practice psychologists (Kate, Mia, and Bailey) were all women. All are Caucasian. They were interviewed to understand the private-practice sector of psychology and to explain the type of work they do, the people that they work with, and how they deal with the challenges they face in their work. These interviews were compared and contrasted with those of public sector psychologists to look at the similarities and differences between these practices and to fully understand the challenges that multiple types of counselors face.

The three university professors interviewed were two Caucasian women (Devon and Ainsley) and a black woman (Riley). They were able to speak from an academic perspective and talk about the work that needed to be done in terms of research. These interviews were more focused on the existing research as well as current and future research that can help guide the field of psychology in the future.

This testimony complemented the findings from the private and public sector psychologists and was used to triangulate research findings so that a comprehensive view was possible.

The trauma clinic director is a white male (Gordon). He was able to offer insight into the public sector and how trauma clinics work to help people who might not otherwise be able to receive services.

Problems Encountered

The two primary problems encountered were time and scheduling. It was difficult to fully understand such a complex process in the timespan of a month, but extensive research and thorough interviews helped make up for the limited amount of time. It was impossible to read all the literature on this topic because it is very expansive, but it was possible to gain a thorough understanding of specific research and how it applies in present-day South Africa. It was difficult to schedule interviews with every expert that the researcher wished to speak with. Many were on vacation or out of the country during this time, and others were very busy and could not find time to talk. However, it was possible to conduct several interviews with a variety of psychologists that provided excellent information and made it possible to take a triangulated approach to the research findings.

Ethics

Informed Consent. All interviewees were told the nature of the project, that they did not have to answer any questions they were uncomfortable with, and that they were free to leave the interview at any time. All interviewees signed consent forms that outlined this information and was approved by the SIT Local Review Board.

Reciprocity. Careful consideration was given to ensuring that participants were appropriately compensated for their assistance in the research. It was also crucial to make sure that the researcher did not take advantage of the participants in any way because of the power dynamics that existed (Mauthner, Birch, Jessop, & Miller 2002). The researcher ensured that he did not impose on the interviewees in any way by giving them complete control over when interviews were scheduled as well as the location. Instead of saying when the researcher was available, he asked participants to give times when they were willing to accommodate an interview. All interviewees were sent a copy of the interview transcript and were allowed to make any changes they saw fit. Lastly, a copy of this paper was sent to every participant.

Other Considerations. Only adults were interviewed so that there were no ethical issues with interviewing children. Recording devices were used only with explicit written and verbal consent from interviewees. Participants also had complete control over what, if any, portions of their testimony was used in the final project. It was important to make sure that the interviewees knew that participation was completely voluntary. This was achieved through informed consent. Additionally, much thought was given to ensuring that participants were comfortable during interviews. Each

interview was scheduled individually with the participant and took place at a location of the participant's choosing. This way, interviewees would be expecting the researcher and would be in a place that they were comfortable. Additionally, all participants were told about the topic ahead of time so that they would not be surprised by any questions.

Findings

Overview

Participants' responses to the interview questions were used to understand the myriad of challenges that counselors and therapists face in South Africa, particularly when working to provide meaningful help to patients afflicted with trauma from the apartheid era. Additionally, the interviewees spoke about how they work to overcome these various challenges and how the field of psychology can move forward to have a more positive and greater impact on South African society in the future. These results are addressed in turn. This section begins with a brief demographics section about the patients that participants see and will describe the differences between patients in the public sector and those in the private sector. The next sub-section will focus on challenges for counselors that stem from the legacy of apartheid and how that system still affects and permeates people's lives today. Related to the legacy of apartheid, a section will focus specifically on the current mental health system in South Africa and how this system poses many challenges to counselors in their work. Following that will be commentary on the issue of Western practices and influence in South African psychology. The challenges section will conclude with a sub-section about the numerous challenges that interviewees specifically mentioned when asked to describe the challenges in their work. After addressing challenges, solutions on a number of levels will be mentioned beginning with the role that psychologists can and should play in present-day South Africa. Then there will be a section about specific solutions these counselors use to overcome the many challenges mentioned in earlier sections. Finally, this section will conclude with a note on the future of South Africa and how counselors can impact and improve South African society as a whole.

Clientele Demographics

Private practice. The patients that these counselors tended to see in their private practices were primarily from a high socioeconomic status. For example, Devon said that her private practice clients were "middle to upper middle class so they would have had the resources to pay for private-practice therapy."[1] Kate answered along similar lines saying that her clients tend to be "more

[1] For all quotes from participants, please see below for the in-text citations. They are not put in the paper because they would disrupt the flow of the paper.

1. (Maureen, Personal Communication, April 23, 2015)
2. (Kate, Personal Communication, April 23, 2015)
3. (Devon, Personal Communication, April 28, 2015)
4. (Mia, Personal Communication, April 29, 2015)
5. (Riley, Personal Communication, April 30, 2015)
6. (Bailey, Personal Communication, April 30, 2015)

privileged, not as a hard and fast rule but generally speaking…[they are people who can] afford a psychologist or have good medical aid which is a private thing…so it's generally people who have resources, usually socioeconomically." Bailey had a slightly different stance, claiming that he private practice clients come from a variety of socioeconomic statuses. Maureen spoke more generally about her clientele, asserting that she sees any client if she has space. Mia has a similar clientele, indicating that they are "working class to upper-middle class."

In terms of race, there were a large range of responses among the interviewees. Maureen said that she sees people of all races in her private practice, and Mia shared a similar sentiment. Although Devon's clients tend to be from wealthier backgrounds, she said that they were "not only white." Kate also said that she sees "white, black, colored, Indian, very mixed racially" group of people. Bailey had a different answer, claiming that her clients are primarily "white, Afrikaans, or English speaking" people.

Public sector. The clientele in the public sector paints a very different picture. Bailey said that her patients at the NPO tend to be "children from low socioeconomic status definitely living in poverty. It's primarily colored and African clientele and nationals from other African countries." The clients at the public clinic Devon works at are "people who don't have the resources for mental health care so that's mainly low-income families who come to us."

Increasing clientele. The counselors interviewed had different ideas and methods for increasing clientele. Both Maureen and Bailey said that they do not try to bring in new patients. For Maureen, this is because she is now able to "have a lot of time-off, a lot of time away from working." Bianca indicated that she is happy with the amount of clients and work that she has at the moment. In the public sector, Devon said that the clinic she works at has a six month waiting list, so they do not try to bring in any more clients. Mia, Kate, and Devon had similar reasons for and ways of increasing clientele for their private practices. All three spoke of the necessity of bringing in new clients for financial reasons as a private-practice therapist. As Kate put it, "if I can't get more people to come, I don't earn any money." Devon and Mia both also mentioned how new clients were necessary to maintain financial stability in private-practice. In terms of methods for increasing clientele, all relied on referrals from various professionals included doctors, psychiatrists, and schools. Devon and Mia also mentioned that they got referrals by word of mouth from ex-clients. Kate talked about a few different ways to increase clientele including help from Google and networking with other professionals. It is clear that some counselors try to increase clientele while others do not.

Typical mental health issues in South Africa. There are plenty of mental health issues that the people of South Africa face on a daily basis, and each counselor spoke about the typical issues

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7. (Ainsley, Personal Communication, May 5, 2015)
8. (Gordon, Personal Communication, May, 6, 2015)

they think the population faces as well as the issues that they see in their practices. Maureen asserted that trauma is definitely the most common issue in the country as well as the one that she sees most often, followed by depression. Kate had a different stance and said that she tends to see people with anxiety, specifically from high expectations, followed by depression. She said that she does not see a lot of trauma despite the fact that she knows the rates are so high in the country. Devon referred to national studies, which assert anxiety (trauma is one such form) is the highest, followed by depression and then substance abuse. Bailey also mentioned abuse, saying that she was "shocked by the majority of sexual abuse cases," and that "it is very rare to see a client who isn't currently being sexually abused or doesn't have some kind of sexual trauma in their history." Lastly, Mia was very specific about the typical issues her clients have and that those issues are PTSD, complex PTSD, and depression.

Legacy of Apartheid

There are several challenges that counselors have to face that can be attributed to the legacy of apartheid, including the education system, white dominance in the field of psychology, awareness the past and counter-positioning, the economy and issues of poverty and inequality, and a lack of access to multi-disciplinary resources,

Education system. A common theme among interviews was that the current education system is a product of the apartheid era, and that this education system poses a challenge to the field of psychology. Maureen believes that the reason there are so few African or black psychologists is because of the former Bantu education system, and that the current education system does not lead to equal outcomes for all individuals. Kate added to this view by saying that during apartheid, the schools that black people had to go to had "crazy inferior education standards," and that even today there is "still a culture in those schools," which makes it difficult for many black people to become psychologists. Devon expressed a very similar opinion when she said that there are issues of acess to post-graduate education for students of color because of the issues with the primary and secondary education system. Bailey mentioned that there are also issues in counselor training programs because they still teach from a "westernized, individual, kind of community-lacking kind of psychology."

Pre-dominantly white profession. Many participants also touched on the fact that the field of psychology is pre-dominantly white, even today. They spoke of how this can be problematic in a country that in fact, has a white minority. According to Riley, in 2008, 11% of psychologists were not white, and seven years later, that number has only increased to approximately 12%. To put that more contextually, Kate explained that she only personally knows one colored psychologist and one black psychologist, and how that is "not representative" of the population at all. Devon brought language into the discussion, mentioning not only that the majority of psychologists are white but that they are also Afrikaans speaking while much of the country does not speak Afrikaans.

Counter-positioning. Kate was the only participant who explicitly mentioned counter-positioning among present-day psychologists. She said that during apartheid, psychologists were responsible for furthering the apartheid cause through various means, and now "there is a lot of awareness and counter-positioning of psychology to take responsibility." It is easy to see how it would be difficult to practice psychology when one has to carry around this baggage from the past.

Economy and issues of poverty and inequality. Another legacy of apartheid that has affected psychologists' work is how the economy is structured and makes certain people's lives more difficult. Mia spoke about how the "current economy is the result of apartheid" and that there are unequal resources in different communities. For example, she specifically spoke about how poorer areas that have high crime rates also do not have adequate police forces. Devon connected the issues of poverty and inequality with the legacy of apartheid and said that these issues can lead to a lot of the traumatic stress that she sees in her clients. Bailey concurred with Devon's standpoint saying that psychologists "can't avoid the link between poverty and mental illness. And I think that relates to apartheid." Not only are the issues of poverty and inequality a result of apartheid, but they contribute to the mental health issues in the country.

Lack of access to multi-disciplinary resources. A topic that Devon mentioned was that often psychologists need to work with an inter-disciplinary team to provide effective care. For example, therapists may need to refer to psychiatrists or social workers in many instances. Devon asserted that one of the legacies of apartheid is that "we don't have these multi-disciplinary resources available for people who don't have money." Thus, there are people who need additional services outside of just therapy but they are unable to access these services.

Mental health system in South Africa

Interviewees also spoke extensively about the mental health system in South Africa and how it contributes to the challenges in their work. They explained how it is difficult for many people in the country who need mental health services to access the appropriate help, how the system has led to social workers being very overburdened, that there is not a proper distribution of jobs in the public sector, and that the system is inadequate and inefficient.

Access. The most common comment about the mental health system in South Africa was that there are numerous issues of access. Baily gave a general overview of how there are "a lack of accessible services," and that "services are there but not reaching most of the population." Maureen specifically said that the only way to access mental health care in South Africa was if "you've got the money and the knowledge," indicating that people who are from a low socioeconomic status would have difficulty getting mental health care. More than needing knowledge and money, people also need to be in the right location to receive services. Devon spoke of a geographical skew in which mental health resources are located primarily in hospitals that are white, urban areas. Relating it back

to needing money again, Kate and Riley said that is difficult to afford medical aid, with only about 11% of people able to afford this service. In order to access proper mental health care, people need to have the knowledge of where to go, the money to pay for these services, and they need to live in the right place.

Overburdened social workers. It is possible to access mental health services via the public sector, but this is only possible via big teaching hospitals and community clinics. According to Maureen, in these clinics the social workers who can help provide services are very overburdened and can have up to 300 cases. Riley mentioned that the primary, secondary, and tertiary levels of the mental health system are all overburdened which makes it difficult for people to get the care that they need.

Distribution of jobs. The counselors also claimed that the distribution of jobs in the public sector is another challenge that they face. The government has created many more posts for social workers than for counselors, so it is difficult for counselors to find jobs outside of the private sector. Riley explained that the "Department of Mental Health wasn't creating posts for counselors. They preferred more to employ social workers who were able to do both the counseling and the kind of legal, statutory kind of work." Regardless of this reasoning, it is difficult for counselors to find work in the public sector if posts are not available. Kate mentioned the need for more counselors in the public sector, but lamented that "there are more positions for social workers than psychologists."

Inadequacy. A word that warrants special attention when talking about the mental health system is "inadequate." Three of the interviewees specifically said that they find the system to be inadequate for a variety of reasons. Bianca talked about how the system is very chaotic and not necessarily focused on helping the population and addressing the real needs. Devon touched on just how many people are not getting the help they need, asserting that "3 out of 4 people with mental illness never come for treatment." Kate brought up the overburdened social workers again as evidence for the inadequacy of the system and talked about how it is so difficult for social workers to do follow-ups when psychologists refer cases to them because abuse might be involved. All in all, the system as a whole appears to be inadequate, and that is precisely how participants described it.

Inefficient. Participants also spoke about how the system can be very inefficient at times. Bailey brought up the fact that she has to refer back to the primary level of health services instead of being able to directly refer a client to tertiary services. For example, if she had a patient who needed psychotropic medication, in the public sector, Bailey would have to refer that client first to a community clinic for another assessment before the patient could be seen by a specialist. Not only is this inefficient, but it can be quite confusing to the clients. Taking a results-oriented approach, Devon said that "most people who have a mental health illness still are not getting the service," which is a result of the inefficiency of the system.

Westernization of Psychology in South Africa

One of the issues that a lot of interviewees mentioned was the fact that there still is a Western epistemological framework in psychology in South Africa. Specifically, participants talked about how they are trained using Western models that lack a community focus, that there is a stigma that psychology is a Western practice and not appropriate for the people of South Africa, and that Western models do not work in a South African context. There was much debate about this topic, with some participants claiming that Western ideas are detrimental whereas others said that this has not been an issue for them or that Western ideas can be useful in a South African context.

Western training. The institute of apartheid left a Western focus on general education in South Africa, which extended to tertiary psychological training. Maureen said that "until a few years ago we were trained in the Western model, and so it's impossible in many circumstances to use a Westernized method." She also mentioned the word Ubuntu, and explained how this concept is in contention with Western psychology training.

Applicability of Western models. Numerous participants mentioned how the models and therapies that they use come from the West, and how this may not be the best option for their clients. Devon said that "the models of psychotherapy that we use are quite Euro-centric and I don't think we've really moved very far beyond that in the past 20 years. We still have a focus on treating individuals using CBT, psychodynamic therapy, the kinds of therapies that have been imported." In fact, all of the treatments that counselors discussed with me, whether it was CBT, EMDR, psychodynamic, narrative therapy, or community psychology, come from the West. She continued to mention how psychologists have not figured out what would feel useful to people in distress. Maureen expressed a similar view, claiming that the Western treatments are not the optimal counseling for her clients, and that it is necessary to find what would work better. She also said that Western psychology has cultural biases in its diagnostic criteria, and that using Western diagnoses in South Africa can lead to thinking people have pathology when they are actually fine.

Stigma around Western ideas. Kate had a similar but slightly different view on the impact of Western psychology. She asserted that psychology in South Africa has a Western stigma surrounding it. What this means is that many people are reluctant to seek out psychological assistance because they believe that psychology is not useful for them. She also brought up race in this context, claiming that Western is also associated with whiteness, and that is part of why she believes more white people are willing to go for therapy than black people in South Africa.

Positive views on Western psychology. Other interviewees did not believe that the Westernization of psychology was a huge issue or challenge for them. Mia asserted that she looks at more Africanized forms of counseling in her work, specifically at how traditional healers and ceremonies can be a useful part of the therapeutic process. She does not believe that it is hard to find

the appropriate African method to help a client. A middle ground stance came from Riley who talked about how Western theories can be adapted to work in a South African context. She also said that it is important to recognize that there are areas in the West that are marginalized, and it is important to not make sweeping generalizations about the West being an individualist society and Africa being a collectivist society. An even more Western-friendly position is that Western ideas are actually good in South Africa. Bailey said that a lot of her clients would actually prefer more individual therapy sessions and that group therapy is not always the most effective for her patients.

Specific Challenges

This section will focus on the specific challenges that participants mentioned that make it difficult to effectively help trauma survivors. It is split up into sub-sections about academic issues, problems from the health system, expectations of the population versus what psychologists do in reality, broader societal issues, how the severity and pervasiveness of trauma are difficult to treat, and issues of community-based psychology.

Academic issues. The training period while obtaining a degree is very short. According to Devon, "it's only one year of clinical training. We just cover general skills, we don't cover a lot of specific evidence-based skills." Devon also talked about the lack of evidence-based research in South African psychology, indicating that not much research has been done on which treatments work effectively in a South African context. Another issue is that it is difficult for practicing counselors to gain access to the scholarly literature that is being conducted. Devon said that people can find some articles through Google Scholar, but most material is restricted. Mia and Bailey both mentioned that it would be helpful to have more access to literature and that it is hard to afford access to journals.

Health system. As mentioned earlier, there are many issues with the health system. Previous sections focused on the general issues with the mental health system, and this section will speak to specifically how the health system presents a challenge for counselors working with trauma survivors. Devon argued that the laws themselves are good, but the implementation has been poor which has led to minimal change since the end of apartheid. The health system is overburdened, which means not only that some people slip through the cracks according to Riley, but that counselors are unable to help all the patients that they want to. Similarly, as Kate talked about in her interview the lack of job opportunities in lower-income communities and within the public sector makes it difficult to access all the people in need. Additionally, Kate brought up the point that many of her clients run out of medical aid quickly, and are thus unable to continue treatment. This not only puts pressure on counselors to find quick fixes, but limits the available services to therapists and clients. Lastly, Devon stressed that there is often a need for an inter-disciplinary team but it is difficult to coordinate such a team working within the current health system.

Expectations vs. Reality. A common issue was that there is a discrepancy between what people think psychologists do and what psychologists actually do. To start with, there appears to be a lack of awareness of what psychological services are intended for, and Devon linked this to the idea that seeking mental health services is not a culturally acceptable way of dealing with problems. Riley also spoke about this lack of awareness and mentioned that many people have a difficult time distinguishing between counselors and social workers. Kate talked about how many people are unaware that therapy can be a long process. A lot of people go into her office expecting a quick solution to their problems or a prescription, and it is difficult for her to explain that they need to continue treatment and that it takes time for change to occur. Crucial to this misperception is the stigma that still surrounds mental health in South Africa. Every single interviewee touched on this topic in different ways. Maureen said that there is a stigma around mental health and that is why a "majority of the population wouldn't seek out help." Kate and Devon both touched on how therapy is still not considered an acceptable service in the eyes of society. Mia mentioned that part of this stigma entails people thinking that psychologists do not "deal with the more vital issues" in South Africa which paints psychologists in a very negative light. Riley spoke about how people still think therapy is a Western idea meant only for white people and Bailey mentioned that people still have such a "tarnished view of mental health services."

Societal issues. There are many societal issues which present a challenge to counselors. All of the interviewees mentioned that they face issues of language, culture, and race in some capacity. Kate spoke about the lack of therapists who speak languages other than English or Afrikaans, which makes it difficult to help clients who do not speak one of these languages. It would appear prudent to use a translator in these situations, but Mia spoke about how it is difficult to find a translator because there are no databases and that translation services are also very expensive. Maureen and Devon asserted that there can be cultural barriers in that people from many cultures in Africa do not talk about their problems to strangers or people outside of their communities. Maureen and Mia both mentioned how being Caucasian can make it difficult because clients associate them with the apartheid institution and there are clear cultural barriers. Surprisingly, only Maureen and Bailey explicitly mentioned that gender presents an issue in their work, but both talked about how it can be hard being a woman when trying to help some clients. Finally, Kate, Riley, and Bailey all mentioned how the majority of the population does not trust counselors and that it can be difficult to build the trust required to help people with their troubles.

Extent and pervasiveness of trauma. People in South Africa are often afflicted with very severe and recurring trauma that is difficult for counselors to treat and that it can take a toll on the counselors themselves. One of the huge challenges in trauma counseling is how to deal with repeated and pervasive trauma. Maureen expressed how difficult it can be when "people have been repeatedly

exposed to trauma," and talked about how it can be hard to find a place to start when the client has childhood trauma, apartheid trauma, and current trauma. Mia talked about how you hear a lot of terrible things and that it can be hard to handle personally. Another challenge is that of continuous traumatic stress. The treatments for PTSD do not work when the person is still undergoing the traumatic experience, and Devon and Mia both spoke about how it is exceedingly difficult to help these clients who are not in a safe place. There is also a fear that because the trauma is so severe, asking clients to talk about the trauma as part of therapy could be a retraumatizing experience.

Issues in community-based therapy. The therapy at a community level can also be challenging for counselors. There is a huge stigma surrounding community psychology, with the notion that it is for poor black people and that the service providers are usually black, middle-class women. Riley explained this challenge well in a paradox about how can community psychologists effectively provide a needed service when there is such a negative critical critique of that service. Another issue in the communities is when lay counselors are involved at a volunteer level. According to Riley, they often do not have set work hours and can be called upon whenever they are needed, which can be quite difficult. There is also the ethical issue of asking someone who may have similar trauma from that environment to be a counselor for others living in that environment.

Role that Psychologists Should Play

To begin the solutions section, it is necessary to mention what counselors think is their role in the current society. This section will first explore the participants' opinions on taking a political stance in their work and will then move into the specific role for psychologists in South Africa.

Political stance. One of the controversial ideas for how to be an effective therapist revolves around the influence of politics in therapeutic practice. In the interviews, there were two clear stances on this issue. Three of the interviewees believe it is important and that they do take a political stance in their work whereas two others are against the idea. Kate thinks that narrative therapy, a method she often uses, is taking a political stance in and of itself because it calls for looking at the societal factors that influence why a person is struggling. She argues that this social constructionist point of view is political because it differs from the standard view of seeing a person's problems as internally located. She also thinks that it is important for her to empower her clients, especially women, to help combat the patriarchy that exists. Devon asserted that it is important for psychologists to be active about addressing inequalities in society, which is political work, so that many mental health issues can be prevented. She also maintains that therapists should have a human rights agenda in light of the present society of South Africa. Mia also mentioned the phrase "human rights agenda" and said that she is a feminist which is a political stance in her work and that she is comfortable talking about politics in her practice. On the other hand, Maureen does not think that politics should play a role in her work. She said that regardless of race, class, or gender, she addresses the psychological issue at hand and works

from that basis. Bailey was very clear in her stance and simply said that she does not think she should take a political position in her work.

Role for psychologists. The themes that emerged regarding what psychologists should do in society were opening up the field, addressing the root causes of issues, doing more advocacy and pro bono work, and conducting research. Multiple people mentioned how the field of psychology is very competitive and closed. People are unwilling to share information and they are reluctant to embrace counselors who only went through four years of tertiary education and community counselors who only have informal training. Maureen and Bailey think it is important to accept these community counselors because they can do important work and also because they are the counselors in communities where people who cannot access private services live. Mia also thinks it is important that trained counselors assist in the training process for these lay counselors. Another important role for psychologists is doing more preventative work that looks at the root causes of issues. Specifically, Devon and Bailey talked about how there is a connection between poverty and mental illness and addressing inequality is imperative to help eradicate many of the issues people deal with. Sometimes, counselors have to do more than just counseling to help their clients. Devon mentioned how counselors at her clinic often call hospitals and make sure that their clients get the appropriate service they need. Mia spoke about how she goes to hospitals for her clients to advocate on their behalf to ensure that they are treated properly. Many counselors also think that doing pro bono is essential because it gives counselors the opportunities to address the people who really need help and may not otherwise be able to access good mental health care. Lastly, Mia, Devon, and Bailey all mentioned that conducting research is necessary to move the field of psychology forward.

Specific Solutions

The counselors who were interviewed proposed many solutions to the challenges that they face in their work. These solutions will be presented in the following order: Western therapeutic practices, African therapeutic practices, advocacy work, and training.

Western therapeutic practices. The Western methods that participants use include a client-driven approach (Maureen and Mia), CBT (Maureen, Mia, and Bailey), narrative therapy (Maureen and Kate), and EMDR (Mia). All spoke about how although these are Western ideas, they may still be applicable in a South African context to provide meaningful results for clients.

African therapeutic practices. Traditional healers are extremely important in South African society, and Maureen and Mia said that often clients can be helped substantially by traditional healing. Mia mentioned that cleansing ceremonies are often very effective and Maureen said that sometimes people need to return to their homeland and do rituals to be healed. Another approach that Maureen uses is having her clients focus on others, which appeals to collectivist attitudes. She asserts that sometimes focusing on other people is all the help that her clients need. Maureen, Riley, and Bailey

all spoke about the usefulness of group therapy in a South African context, citing it as more efficient and often more effective than one-on-one therapy. Finally, Kate claimed that community volunteering is integral to help solve the myriad of challenges facing counselors.

Advocacy work. Advocating beyond counseling for clients can also be an effective way of improving their lives. Devon and Mia spoke about how it is often necessary to reach out to hospitals and handle the entire referral process on the counselor's end rather than on the patient's. This work goes beyond general counseling, but helps get people the services they need. On a lighter level, Kate sees her job as strengthening her clients' relationships with people in their lives which can be important to help the clients find a proper support network.

Training. Excellent training can help increase the quality of counseling in South Africa and increase the number of people who are providing counseling services. Devon and Riley think that training community counselors will help solve a lot of the issues and challenges because these counselors can help with many important problems and give access to people who would have access difficulties otherwise. Riley also thinks that universities need to do a better job of training students, and that better prepared student would be better equipped to handle the various challenges of being a counselor.

Future Hopes and Thoughts

The final portion of this section will focus on the future. The field of psychology in South Africa is in flux right now, and the participants described what they would like to see in the future and how psychology can improve South African society. Integrating mental health services would help make the system far more efficient and provide effective care to more people. It is hoped that service workers, counselors, therapists, psychologists, and psychiatrists can work together more easily to really focus on the patient and give the best possible care. Part of this process is also accepting lay counselors, according to Maureen. This way, community counselors will have more knowledge about providing care and they can ease the burden on professional counselors. Related to this idea is that psychologists themselves could do more community work so that they reach out to the broader South African community who needs help.

Another hope involves South African specific techniques. At the moment, there are not many therapeutic practices that come from South Africa or have been shown to be effective in a South African context. Maureen thinks it is important for the field to find South African specific techniques that work better than the Western methods being used. Similarly, Devon stressed the need to conduct evidence-based research to help find these South African techniques and further understand which techniques will be effective in practice. This view was also held by Mia and Riley who think that South Africa is in a unique position to conduct useful research because of the nature and evolution of South African society.

Part of what causes such high rates of trauma in South Africa is the lack of preventative measures and the intergenerational transmission of trauma. Maureen and Devon hope that in the future, psychologists will work to fix the structural and societal problems that lead to high rates of trauma. A similar focus on making sure that trauma is handled properly so that people do not pass the trauma down onto the next generation.

A few final hopes and thoughts involve diversity, a national health system, and better university training. Kate hopes that more people of color are able to become psychologists so that the field is representative of the population, which will help reduce the stigma around psychology. Mia would like there to be a proper national health system which would contribute to fixing issues of access to people who come from low socioeconomic backgrounds. Lastly, Riley hopes that there is better university training so that new counselors can face the many challenges associated with working with trauma survivors and help improve society.

Analysis

Overview

The findings add to the literature in a few interesting ways. First, there wass clearly a difference between who seeks out mental health services in the public sector compared to the private sector, and understanding why this is the case is critical to understanding the challenges that counselors face as well as the predicament for mental health in South Africa. The ties to apartheid are very real, and many of the challenges for counselors stem from the apartheid era. The solutions currently used were client-driven and doing work beyond that of just a counselor to be able to provide meaningful care. The suggestions for future solutions were much broader and focus on societal change. These results are addressed in turn.

Clientele

There was a stark difference between how counselors described their patients in the public sector compared to how they described patients in the private sector. In the public sector, patients tended to come from low socioeconomic backgrounds and for the most part, were of colored or African descent. In the private sector, the clients came from middle to upper-middle class backgrounds. Although this was not the case for all of the counselors interviewed, most indicated that their private practice clients tended to be white. What this means for counselors is it is often difficult for them to reach out to the patients who are actually in need of their services. This is challenging because counselors want to work with these patients, but are unable to do so because they need to be in the private sector. Another implication of this finding is that it shows how few people can afford medical aid because people who cannot afford medical aid or pay for private services have to go through the public sector for mental health services. According to recent statistics, only 11% of the population can afford medical aid, and thus a huge percentage of the population has to rely on the

public sector for services. It is also very telling which people go through the public sector according to Riley. The likely reason for this contrast in clientele and the reasoning for it is the legacy of apartheid.

Legacy of Apartheid

The legacy of apartheid has had a huge effect on society today, including on mental health services. It was striking during the interviews to hear just how apartheid permeates so many aspects of life, and the resulting impact on mental health. One example was how a legacy of apartheid is the current economy and the issues of poverty and inequality which are correlated with mental illness according to Devon and Bailey. Using this frame, it appears clear why certain people go through the private sector for mental health whereas others go through the public sector which is challenging for counselors. Moreover, there are still lingering effects of the Bantu education system which affect the field of psychology today. People of color are often still unable to get a proper education, and thus they cannot obtain the advanced degrees required in psychology. What this means is that the field of psychology is still very white-dominated, and only slightly more than 10% of psychologists are people of color (Carolissen, Rohleder, Bozalek, Swarts, & Leibowitz, 2010). This lack of diversity within the field makes it hard to appeal to the majority of the population, because many people still associate whiteness with the former oppressive government (Leach et al., 2003). This makes it difficult for many people to be willing to seek out therapy, which again is challenging for counselors. Another issue that is a legacy of apartheid is the distribution of mental health services. Visagie and Schneider (2014) investigated how the primary health care service was working in the Eastern Cape, and found that the services were not up to standards. This is in contrast to the Western Cape where services are much better, according to Ainsley. This issue further exacerbates the issue of people with severe issues going for therapy as needed. Related to, but not entirely the legacy of apartheid is the Westernization of psychology in South Africa.

Westernization

The issues of over-Westernization of psychology present a huge challenge to counselors because of how Western views are often in contrast with African views (Vontress & Naiker, 1995). The problems of Westernization begin with how counselors are trained because they are taught from a Western epistemological framework and focus on Western methods of therapy (Cooper & Nicholas, 2012a; Leach et al., 2003). The Western view of individualized therapy was challenged in the interviews, which is in line with what Brack et al. (2012) said. However, it is important to note that Riley and Bailey had different views on the Westernization of psychology and spoke of the potential utility of Western methods. In fact, Bailey went as far to say that often her clients prefer Western, individualized therapy. This is in contrast with Cooper and Nicholas (2012b), Brack et al. (2012) and Vontress and Naiker (1995), indicating that research should be done to see which methods of therapy

clients prefer and how Western models can be used effectively in a South African context. Westernization association also makes it difficult for therapists to get clients because psychology is seen as a Western practice for white people (Leach et al., 2003). Counselors cannot treat people who they do not see, and it is very clear how difficult it currently is for counselors to get the opportunity to treat their desired clientele. The integrated models of therapy also rely solely on Western methods. In Eagle (2000), the authors say that they are coming from a CBT and psychodynamic background, which are both Western methods. Edwards (2009) is based off of CPT which is a form of CBT. Thus, there is a Western focus in South African psychology which presents two large challenges to counselors. First, the stigma associated with Western ideas makes it difficult to treat patients. And even when patients do come in, the Western methods are often not effective (Brack et al., 2012).

Specific Challenges

The specific challenges that counselors mentioned during interviews were closely linked to apartheid. The lack of awareness and stigma surrounding psychology was often mentioned by participants, and this finding can likely be attributed to the issues of Westernization and how psychology as a profession did not help people of color in the past during the apartheid era (Leach et al., 2003; Vontress & Naiker, 1995). Interviewees also spoke about how pervasive and severe the trauma is for their clients, a result of the environment, which is challenging to handle personally and professionally. This view is clearly supported in the literature, with Eagle and Kaminer (2013) discussing how likely trauma is and how it often takes the form of CPTSD or CTS. Another challenge with the extent of trauma is that there can be a fear of re-traumatization, a view which Mia expressed. In Kaminer (2006) the author described how there is a potential for retraumatization, which is a disturbing thought. Thirdly, community-based psychology is an excellent idea to address the issues of access in South Africa, but it comes with its own set of challenges. The stigma around community psychology and community work is very real, as indicated by Riley and Carolissen (2014). The stigma comes from a racial perspective because community psychology is associated with treating black people in impoverished areas (Carolissen, 2010). The majority of racial issues in South Africa are legacies of apartheid themselves. There are also ethical concerns with community volunteers especially because they do not have set working hours (Benjamin & Carolissen, 2015). It would be extremely challenging to provide effective care at any hour of the day.

Summary

The challenges for counselors divulged in the interviews corroborate with the literature. Visagie and Schneider (2014) talk about the issues in the mental health system and how not all people have access to proper mental health care. Carolissen et al. (2010) speaks to the white dominance in the field of psychology as does Cooper and Nicholas (2012a). Brack et al. (2012), Leach et al. (2003), Ngonyama ka Sigogo et al. (1994), and Vontress and Naiker (1995) all discuss the various issues of

Westernization of psychology which lines up with the results from interviews. A point of dissonance between the literature and the findings was that some interviewees mentioned how Western ideas can be used effectively in a South African context, and explicit evidence-based research should be done in this area. There is a definite theme of apartheid throughout the challenges mentioned. Slightly contrary to the original conception, the issues from apartheid are generally not directly trauma from apartheid, but rather the impact of the legacy of apartheid. The legacy of apartheid has had far reaching effect and the challenges that counselors face today can easily be linked back to the practices and lasting effect of apartheid. These challenges are numerous and difficult, but counselors are working towards ways to overcome these challenges.

Political Positioning

One of the common themes in the literature was that psychologists need to align themselves with anti-apartheid politics to gain the trust of the people of South Africa. Kagee and Price (1995) were very firm in this belief, and Kate, Devon, and Mia all agreed with that position. The various counselors had different ways of being political and explained its utility differently, but all nonetheless believe that political association is necessary. A common political theme was the idea of feminist psychology, with Riley, Kate, and Mia all explicitly talking about the need for feminist psychology and empowering women in part because of the patriarchy. This view was expressed in Gobodo-Madikizela (2009) in which the author discussed the stance of feminist psychologists and how they work to advocate for their clients. Maureen and Bailey's position as refusing to be political could be for a number of reasons. It is possible that they interpreted the question differently than the other counselors, and assumed they were being asked if they talk about politics or defend a political party in their work. Bailey did not elaborate on her answer regarding political positioning, so it is difficult to understand her full thoughts on the matter. Maureen stressed that she approaches issues from a psychological perspective only and does not work from a perspective of race, class, or gender. Her view is more closely related to Cooper and Nicholas (2012a) who talked about ways of addressing psychological issues in South Africa but do not mention politics. These authors do not explicitly mention the lack of a political association, but it appears likely that they do not think it is imperative for psychologists to take on a political role as well. Beyond politics, the participants also mentioned many interesting roles for psychologists to currently play to help their clients most effectively.

Role of Psychologists

The roles for psychologists mentioned during the interviews fit into the literature and also add some new views. Kate mentioned the importance of raising awareness of psychological services and doing advocacy work, a view which is expressed in Gobodo-Madikizela (2009) in which the author talked about how it is essential to do work beyond just counseling in environments such as South Africa. Mia alluded to a similar idea when she talked about doing more pro bono work to help reach

out to clients who cannot afford private practice care. In Gobodo-Madikizela (2009), the author and her team went into the community to do work that was necessary in light of the xenophobic attacks of the time. Some participants mentioned the need to do advocating beyond just counseling which is a position that Gobodo-Madikizela (2009) mentioned as well. Maureen, Bailey and Mia all spoke about lay counselors and how they need to be accepted and receive proper training to do work in the communities that private practice psychologists often cannot. This view is supported by Benjamin and Carolissen (2015) because those authors mentioned how many cases community counselors have and alluded to the idea that more community-based intervention is necessary. In his interview, Gordon said that he thinks it is necessary to have more community interventions to address the types of trauma in South African society. Advocacy and community work are definitely one way that counselors can better help their clients and also reach a demographic in need.

Research is another role for psychologists that can have large benefits. Mia, Riley, and Devon all mentioned that research is an integral role for psychologists at this time. Evidence-based research would detail which methods are most effective in treating trauma in South Africa and many counselors could benefit from that research. There is also a need for research on how to apply Western methods in a South African context.

Treating Trauma

There were two very important themes about specifically treating trauma in South Africa. The majority of methods used come from the West. CBT, CPT, EMDR, narrative therapy, psychodynamic therapy, and community psychology all come from the West, and it is necessary to examine their applicability in a South African context. In their book, Kaminer and Eagle (2010) discussed how the therapeutic treatments tend to come from the West and are used in South Africa. A lot of these therapies have been effective in practice, but there is a lack of evidence-based research on how well they work in the South African context according to Devon. There was some mention of more African types of therapy. Specifically, Mia and Maureen talked about how traditional healers have been very effective at helping people with psychological issues. In the psychology literature, not much has been written on traditional healing or how the science of psychology and traditional healers can work together. Additionally, Maureen, Riley, and Bailey all spoke about the benefits of group therapy, citing that it fits more with Ubuntu. This agrees with Brack et al. (2012) who talked about group therapy and Ubuntu.

The other important finding was how different CTS is from traditional PTSD, and how that poses a challenge for counselors. With PTSD, the therapist can employ general cognitive methods that entail the client telling and retelling the trauma story to make meaning of it and have the opportunity for cognitive reshaping (Eagle & Kaminer, 2013). In fact, all of the interviewees treat PTSD in this manner and there is an emphasis on talking about the traumatic experience and working

to help people reintegrate themselves into society. In CTS, the trauma is not specifically in the past, rather the person is still in a traumatic environment. Thus, there is the initial issue of safety, and then how to help the person cope (Eagle & Kaminer, 2013). Devon and Mia expressed this concern in their interviews, and indicated that it is difficult to treat CTS because the methods for PTSD are not applicable. It is not ethical or effective to have clients with CTS talk about the traumatic events in their past and present (Eagle & Kaminer). Gordon acknowledged the difficulty in treating CTS, and argued in favor of teaching coping skills as well as focusing on resilience. Fourie et al. (2013) advocated for a similar approach for TRC survivors, many of whom may be afflicted with CTS. It is clear that although there is some promise in helping people with CTS, much work is needed in this area.

Summary

The findings related to solutions and treating trauma mostly align with the existing literature, but they also expose some gaps that should be addressed in the future. Interviewees talked about the need for a political association to treat clients more effectively, which agrees completely with Gobodo-Madikizela (2009), Kagee and Price (1995), and Vontress and Naiker (1995). There was some debate on this subject, and that debate also implicitly exists in the literature with authors such as Cooper and Nicholas (2012a; 2012b) not mentioning using politics as a solution to challenges. The majority of methods that counselors use to treat the various forms of trauma come from the West, which is what is stated in Kaminer and Eagle (2010) and Carolissen (2014). Results from the interviews also indicated that there is a need for evidence-based research on these therapeutic practices and their adaptability to a South African context. An interesting result was that nobody mentioned Individual Psychology or Adlerian methods in practice when there is a decent body of literature on this subject. Perhaps practitioners have not been able to read this literature – as Mia and Bailey mentioned it is hard to get access to literature. Alternatively, practitioners may be satisfied with the methods they are using. There are a significant amount of challenges that psychologists have to overcome from the legacy of apartheid and societal issues amongst others, but they still work extremely hard to provide excellent care to their clients.

Ethical Reflexivity

It was important to be conscious of my position as a Westerner throughout the research process. Although my interviewees were all professionals with post-graduate degrees, there were still power dynamics at play that I needed to be aware of. My position as an American coming into their society, interviewing them, and writing a report is a very precarious one. It was important that I remembered that I come from a Western epistemological framework, and that I needed to try not to be biased during my interviews.

It was very difficult to compensate my interviewees. They were thanked profusely for their help, and a copy of this paper will be sent to all of them for their use. Unfortunately, there was no ethical way I could compensate them other than expressing my sincere gratitude and giving them full control over their input in my project. Interviews were scheduled according to when was most convenient for them at a location of their choice. This was done so that interviewees would feel comfortable. They were all told about the topic ahead of time so that they would not be surprised by the questions. All interviewees looked over the consent form and had an opportunity to ask any questions or express concerns. In addition to written consent, the researcher spoke about anonymity, confidentiality, and ask for explicit verbal consent to record conversations. After the interview, these conversations were transcribed and the interviewees had a chance to read over these transcripts, make any changes or additions, and clarify any information.

One final concern was about the personal and sensitive nature of the questions. Participants were asked to share stories from their work and talk about potentially upsetting topics. They were told about the voluntary nature of participation and that they could excuse themselves at any time or terminate the interview if they felt uncomfortable. The important thing was to always be ethically conscious while conducting this research project.

Conclusions

The paper definitely fulfilled the objectives that it set out to. Through research from books and articles as well as in-depth interviews, I was able to gain insights into the various challenges that counselors face in their work, particularly when working with trauma survivors. Additionally, I learned a great deal about the ways in which counselors are able to overcome these challenges to provide effective care to their patients. Counselors in South Africa face many challenges in their work from the legacy of apartheid as well as issues from the mental health system, the education system in South Africa, and the extreme inequality that exists in the country. Additionally, South African psychology is very Western which presents its own set of challenges to counselors in terms of finding the best methods to help trauma survivors. The three main solutions that I found differed from what I found in the literature, mainly because Adlerian Individual Psychology did not come up in my interviews. Instead, participants spoke about taking a political stance which is often connected to doing work beyond just counseling. It was very humbling and heartwarming to hear stories of how these busy professionals take the time to not only call hospitals, but often go to hospitals themselves to advocate for their clients. These professionals work so hard and do an incredible job considering the circumstances they find themselves in.

It was very interesting to hear about the difference between PTSD and CTS and how this poses a huge challenge to the field of psychology in general, and how an interdisciplinary approach may be needed to figure out how best to address CTS. Early work has been done in this area, but it is clear

from my literature search and interviews that a lot of work should be done to be able to better help people afflicted with CTS. It was also great to hear how many of my interviewees recognized that there are deeper issues causing psychological stress from the legacy of apartheid such as the economy and poverty in the country. Moreover, these professionals believe that they have a social responsibility to affect change in this area. They also spoke about the need for preventative care which would do a great deal to help the mental health issues in South Africa.

My participants proposed many nuanced and insightful hopes for the future. The most encouraging aspect of these responses was the hopefulness that these professionals have. They believe that the future is bright for South Africa and that there can be more integration of services in the future. Others are confident that more community work will be done and that community counselors will become accepted by the broader psychology community. Additionally, there is hope that preventative work will improve and that it will be possible to keep the intergenerational transmission of trauma from happening. South African psychology is in a transitional state at the moment, but the future appears bright.

Recommendations for Further Study

There are numerous directions for further research. This project did not fully examine the effects of the TRC and how that commission impacted people's mental health. The TRC was such a large part of the transition to democracy and had a large impact on people's lives. This study paid no attention to the counselors' races or genders. Future research could focus on how men and women counselors are treated differently by clients or the different issues that they face because of their genders. Additionally, only black psychologist was interviewed, and research should examine racial biases in how counselors are treated or the challenges they face. Finally, the topic of this study should periodically be examined as more research is done and more solutions are found. The landscape of psychology is always changing, and it is necessary to understand the position that counselors are in and how they are working to create meaningful change for their clients.

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Appendix A – Interview Questions

1. Please describe your familial and education background
2. How long have you been practicing psychology?
3. How would you generally describe your clients' backgrounds?
4. How do patients hear about your practice/organization?
5. Do you try to increase your clientele?
    a. How do you increase your clientele?
    b. Do you think it is important to reach out to new clients?
6. How would you describe the mental health system in South Africa?
7. What are the typical mental health issues that the people of South Africa face?
8. Are there any stories related to lingering trauma that you can share with me?
9. How has apartheid influenced the current practice of psychology?
    a. Has apartheid influenced psychology education in any way?
    b. What do you think was the role of psychology during the apartheid era?
    c. How do you think the people of South Africa perceive psychologists?
    d. Do you have to take any political stance in your work?
10. What do you think is the role that psychologists should play in present-day South Africa?
11. What are the challenges that you face in your work?
    a. Has apartheid created or impacted any of these challenges?
    b. Which of these challenges have nothing to do with apartheid?
12. How do you overcome the challenges that are a result of apartheid?
13. How do you overcome the challenges that are not a result of apartheid?
14. Have you attended any professional development sessions since receiving your license?
15. What advice do you have for someone going into the field of psychology?
16. What advice do you have for other counseling psychologists aiming to help trauma survivors?
17. Where do you see the field of psychology going in the future?
18. How can psychologists impact the future direction of South Africa?
19. Is there anything else you would like to tell me?

Appendix B – Consent Form

SIT Study Abroad
a program of World Learning

CONSENT FORM

1. **Brief description of the purpose of this study**
   The purpose of this study is to understand the challenges faced by psychologists in post-apartheid South Africa. Specifically, this study seeks to identify the difficulties for psychologists when they try to help patients who still suffer from trauma due to apartheid. This study will also explore potential solutions to these challenges.

2. **Rights Notice**

   In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

   a. ***Privacy*** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

   b. ***Anonymity*** - all names in this study will be kept anonymous unless the participant chooses otherwise.

   c. ***Confidentiality*** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to the participant.

_____ _____

Participant's name printed Participant's signature and date

_____ _____

Interviewer's name printed Interviewer's signature and date