Psychotherapy and Politics International Psychotherapy and Politics International, 10(2), 105–115. (2012) Published online in Wiley Online Library (wileyonlinelibrary.com) **DOI:** 10.1002/ppi.1263

# Locating Context in Counselling: The Development of Indigenous Psychology in South Africa

MATSHEPO MATOANE, Department of Psychology, University of South Africa, Pretoria, South Africa

ABSTRACT This article attempts to foreground the role played by the local context in influencing the development of Indigenous Psychology. The development of psychology in South Africa is discussed in relation to global trends and models that describe the developmental process of any Indigenous Psychology. This discussion is illustrated with reference to the impact of African traditional beliefs on the psychological wellbeing of the indigenous people of South Africa, and the impact of not taking local context into consideration when conducting counselling; and to a particular research study conducted under the author's supervision. In terms of developing a South African Indigenous Psychology, the article concludes by outlining certain shifts necessary in order to move towards, in Azuma's model, indigenisation and integration. Copyright © 2012 John Wiley & Sons, Ltd.

**Key words:** South African psychology; Indigenous Psychology; African traditional beliefs; counselling

### INTRODUCTION

Psychological theories from the West, with, in some cases, some superficial cultural variations, are generally viewed as universal. From cultural and indigenous perspectives, however, such psychological theories are viewed as ethnocentric and biased. As a result, the limitations of Western psychology in understanding and explaining psychological phenomena in non-Western contexts has received increased attention in many countries across the world (e.g., Adair, 1999; Allwood & Berry, 2006; Azuma, 1984; De la Rey & Ipser, 2004; Hall, Morice, & Wilson, 2012; Holdstock, 2000; Mkhize, 2004; Nsamenang 1993, 1995). An emerging global movement of scholars and practitioners in the field of psychology and the related fields of counselling and psychotherapy has advanced arguments for the elevation of culture and the local context in psychological theory, thereby giving rise to Indigenous Psychology. While cross-cultural,

Correspondence to: Matshepo Matoane, Department of Psychology, University of South Africa, Pretoria, South Africa.

E-mail: Matoamc@unisa.ac.za

cultural and Indigenous Psychology endorses the role played by culture in shaping human behaviour, the extent to which this applies within each field varies.

In exploring the field of Indigenous Psychology in South Africa, this paper tends to refer to psychology as that is my particular field; it refers to counselling, as distinct from psychotherapy, as it is counselling that tends to be located within community contexts – although I recognise that, in the African context, psychotherapy and definitions of psychotherapy also include situations where the focus goes beyond those who are personally distressed to encompass entire societies that are in distress, with all its psycho-social, cultural conditions (McLeod, 2009; Nwoye, 2010). This also resonates with critical psychology which aims at uprooting psychological, social, political and cultural factors within society that are destructive and are a hindrance to social justice (Nwoye, 2010; Painter & Terre Blanche, 2004).

Also, in this article, I capitalise "Indigenous Psychology" to give it equal standing with its "Western" counterpart; and I follow the convention of capitalising "Black" for political reasons.

# INDIGENOUS PSYCHOLOGY

According to Azuma (1984) the development of an Indigenous Psychology is characterised by five periods: the pioneer; the introductory level; translation and modelling; indigenisation; and, finally, integration. The pioneer period is when intellectual pioneers, both within and outside of the prevailing culture, recognise the relevance of Western psychology to their cultural context and, for example, introduce this subject in their university teaching programmes. The introductory level is marked by increased interest in Western psychology and the introduction of technical knowledge from the discipline. More scholars and students become attracted to the discipline and endeavour to import Western psychology to their local context, which leads to the translation and modelling period. With time, scholars are able to develop concepts and theories that are appropriate to their local context, an endeavour which characterises the indigenisation period. Lastly, in the integration period, attempts at attaining a fully indigenised psychology, free from Western conceptions of understanding human behaviour, are realised, resulting in enriched understandings of human nature.

While these stages characterise the development of a culturally appropriate psychology, originally in Japan, it is also true that the development of most indigenous psychologies elsewhere also follow this pattern (Allwood & Berry, 2006; Mpofu, 2002). Kim (2000) referred to Azuma's second and third stages as "indigenization of psychology from without" and stage four as "the indigenization of psychology from within". Adair (1999) has described this evolution as:

a growing acknowledgement of the limitations of Western models, an increasing acceptance of call for problem-oriented research on national concerns, and a deepening sensitivity to the rich potential that exists in local customs and behaviours peculiarly driven by indigenous traditions. (p. 405)

Adair's description of the development of an Indigenous Psychology begins at Azuma's fourth stage and focuses mainly on this and the fifth stage of integration. From the foregoing discussions, it can be safely concluded that for any psychology to be regarded as indigenous it has to be informed by the local context in the development of its theories and concepts, as

distinct from adapting foreign theories, concepts and methods to its local context. Proponents of Indigenous Psychology underscore the centrality of culture in understanding and defining human functioning; hence it is referred to as a culturally appropriate discipline (Adair, 1999; Azuma, 1984). This means that such a psychology is conceived and developed from within a specific culture, using that culture's concepts, theories and methodologies, and is thus relevant to its context. It is the intention of this paper to argue for the importance of the local context in understanding the psychological wellbeing of South Africans who embrace traditional African beliefs. By "local context" I mean frameworks of explaining human behaviour, which are inclusive of beliefs and practices that are characteristic of Black South Africans, and thus influence their way of being. These will be expounded below in a section on "the African Worldview". Adair (1999) regards a fully developed Indigenous Psychology as one that is driven by indigenous traditions that reflect locally rich customs and behaviours.

# PSYCHOLOGY IN SOUTH AFRICA

The development of psychology in South Africa can also be understood within Azuma's five stages of the development of an Indigenous Psychology, Psychology professionals and practitioners in South Africa were criticised for their non critical, conservative ideology in practicing psychology as early as the Apartheid era (Dawes, 1985). Increased debate on the relevance of psychology within the local context arose (Manganyi, 1991), with the ultimate emergence of arguments for the inclusion of local concepts and theories in the understanding of South Africans (Bodibe, 1993; Naidoo, 1996). This was followed by a call for a more inclusive approach to the understanding of psychological wellbeing of the South African community (Seedat, 1997). Although South African psychologists are engaging in these debates, psychology in South Africa is still, to a large extent, adapting Western theories and concepts to fit their local context, as is evidenced by most locally authored texts and psychology programmes that are being taught at universities. It is clear that psychology in South Africa has not fully progressed to Azuma's fourth stage of indigenous psychology (Ahmed & Pillay, 2004; Painter & Terre Blanche, 2004; Painter, Terre Blanche & Henderson, 2006). It is in this context that this paper argues for increased efforts in South Africa to progress beyond the third stage of Azuma's model of development of an indigenous psychology to the stages of indigenisation and integration.

# SOUTH AFRICA, A MULTICULTURAL SOCIETY

South Africa is a country that comprises of a multiplicity of cultures, classified according to race and ethnicity. The *Population Registration Act 1950* recognised three main racial categories: Whites, Blacks, and Coloureds (Barnard, Cronje, & Olivier, 1986). These racial categorisations were made during the Apartheid era with the aim of promoting the separate development of these racial groups. Post Apartheid, the new government continued to recognise these groups as such, as they had become well entrenched within society and also because maintaining these groups would assist in advancing the government's reconstruction and development programme, which sought to redress the imbalances created by the previous government. However, the new government recognised the wider number of different ethnic groups that exist in South Africa, a recognition which led to the identification of the (current) 11 official languages. This implies

that the different racial and ethnic categories of South Africans embrace various cultural practices which define who they are as individuals and as a collective. Black South Africans make up the majority of the population in South Africa.

Any indiscriminate importation of Western-based psychology to a country such as South Africa clearly presents challenges for psychology practitioners at different levels. Firstly, such an importation may result in inadequate understanding of the local people, with the possible misinterpretation of their presenting psychological problems. Secondly, such importation implicitly undermines the role played by the local context in shaping human behaviour, thus rendering ineffective psychological services to local clients. It has already been established that psychology in South Africa has not yet reached Azuma's fourth stage of development, a situation that means that the country is faced with a challenge to the quality of psychological services that are being rendered to its clients.

### THE AFRICAN WORLDVIEW

The African Worldview refers to the way in which Africans perceive their world which, in turn, influences their way of life. This comprises shared constructs; shared patterns of belief; and feeling and knowledge - all of which provide guidance on how to behave and define reality (Makwe, 1985). Holdstock (2000) identified a number of elements that are shared amongst sub-Saharan African people that set them apart from the rest of Africa. These include: religious outlook; kinship patterns; language families; oral traditions; belief systems; worldviews; sculpture, art, music, dance, writing, and drama and healing practices (Holdstock, 2000). While this may be taken to imply a certain homogeneity amongst the sub-Saharan African people, Holdstock has acknowledged the diversity that exists within this group. This is equally true for Black South Africans, whose beliefs and practices vary within similar ethnic groups, despite shared ethnic values and traditions across the ethnic groups. For instance, while the different ethnic groups may share common traditions with respect to lobola (dowry), bereavement rituals, initiation rites, etc., the actual processes and practices of these traditions differ widely. Similarly, not all Black South Africans believe in African traditional practices. Colonisation, Christianity and, in particular, Apartheid, contributed greatly to this, as everything that is traditional African was seen as inferior and uncivilised and something to be disowned and discarded (Holdstock, 2000; Painter, Terre Blanche, & Henderson, 2006).

Sow (1980) posited that in the African worldview the world is seen as an indivisible cosmic whole consisting of the macro-cosmos, the meso-cosmos, and the micro-cosmos. The macro-cosmos is the level at which God exists and is experienced by individuals. The meso-cosmos is the level at which ancestors, malignant spirits and sorcerers exist, while the micro-cosmos is the level at which individuals exist within the context of the collective. These three levels are interconnected, as activities from the one level have the power to influence the activities of the other levels, and vice versa. Presenting the worldview of the Igbo people of Nigeria, Nwoye (2011) identified a three-dimensional universe comprising: the sky, where the Supreme Being is said to exist (equivalent to Sow's macro-cosmos); the earth, where humans live (Sow's micro-cosmos); and the spiritual/ancestral dimension, where the living-dead exist (Sow's meso-cosmos). In addition, the world is seen as consisting of spiritual beings and cosmic forces that relate interdependently, which results in the notion of an ever-changing and ever-adapting perspective that is dependent on people's life experiences (Nwoye, 2011). Holdstock (2000) has shared a

similar view of truth as a multidimensional variable which is influenced by time, context and situation. These perspectives imply that, while there is a clearly outlined African worldview that guides how Africans understand their world, this worldview is constantly evolving as it is influenced by time and events in people's lives. This is similar to the notion of a dynamic culture. One can see this finding expression in South Africa where, due to the effects of colonisation and increased integration amongst the different racial groups in the post-Apartheid era, traditional African culture is becoming eroded. Three broad categories of Black South Africans can be identified: those whose beliefs and practices are entrenched in the traditional African culture; those who practise a mixture of Western culture and traditional African culture; and those who identify with Western culture. The first category can be seen in those South Africans whose indigenous culture informs every aspect of their life, be it marriage, death, religion, etc. This group is often concentrated in the rural parts of the country and has little or no education. In the second category are people who find value in both Western and traditional African culture. While people from this group may be educated, live in urbanised centres and may, for instance, have adopted the Christian faith and Western medicine, they also consult traditional healers for any incurable diseases, conflicts and misfortunes in their lives. The third category describes people who, for the most part, educated, live in urbanised centres and conduct all aspects of their lives based on Western norms and standards. This taxonomy reflects the three distinct categories of inhabitants of sub-Saharan Africa that Peltzer (1999) identified: traditional persons, who function within established cultural frameworks and unaffected by modernisation; transitional persons, who live in and shuttle between two cultures; and modern individuals, who participate fully in the activities of the contemporary, industrial or post-industrial world. The focus of this article is on the first two categories of people who either practise traditional African culture exclusively or interchangeably with Western culture.

From an African perspective, the socio-cultural environment plays a critical role in defining the individual, as compared to Western psychology where the individual is regarded as a self-contained and independent unit, and an emphasis on the self and the intra-psychic (Beuster, 1997; Holdstock, 2000; Mkhize, 2004; Nsamenang, 1993, 1995; Nwoye, 2010).

From an African perspective, health and illness hinge on the interrelational element of the macro-, meso- and micro-levels. A harmonious relationship between and within the three levels signifies a state of wholeness and good health, while disharmony between any of the three levels leads to a state of disintegration, either within the individual or between individuals. Moreover, the macrocosmic and the mesocosmic levels have a powerful influence over the microcosmic level: when the Supreme Being or ancestoral spirits are unhappy about someone in the micro level, they can easily inflict pain on them in the form of illness. According to Hammond-Tooke (1989), Africans ascribe states of fragmentation and/or disintegration to religious or mystical explanations. Equally, due, for instance, to jealousy or wanting to institute revenge, members of the community can send misfortune to someone, which may cause illness. Within the Igbo people of Nigeria, spirit agents and human hearts can lead to people experiencing misfortunes in their lives (Nwoye, 2011). Beuster (1997) revealed how the traditional African view of mental disorders defines abnormal behaviour in terms of disharmonious and fractured social relationships. The focus of healing can, therefore, take place at either the individual or the relational level, with the mode of healing based on African traditional healing. This form of healing uses methods that are foreign to Western forms of healing in psychology.

The African worldview, therefore, focuses on the interrelationship between God, man and the ancestors, each of whom resides in clearly defined cosmic levels. Behaviour in any of the cosmic levels influences and can be influenced by behaviour in and from the other levels. In this worldview, health is explained in terms of harmonious relationships at the different cosmic levels, and between individuals at the microcosmic level; and ill-health is explained as conflict and disharmony between members of the different cosmic levels and within individuals in the microcosmic level. Mystical and spiritual experiences such as witchcraft and jealousy tend to explain most states of disharmony.

Within the traditional African perspective, healing takes the form of either traditional or faith healing, with the healer being a respected member of the community who is able to connect directly with the Supreme Being or ancestors (Nwoye, 2011; Peltzer, 1999; Spangenberg, 2003). Through divination, healers are able to diagnose and prescribe medicinal herbs and/or rituals to their clients to assist with healing (Bodibe, 1992; Mpofu, 2003; Peltzer, 2002).

## A RESEARCH STUDY

I recently supervised some research conducted by a student who undertook a study with clients who embraced traditional African beliefs, to determine how they defined their presenting problems when consulting for psychological services. The student's interest in the study arose out of having observed that clients who were referred by Western medical practitioners to psychologists for psychological counselling had first consulted with their traditional healers. He wanted to explore the reasons for this. For the purpose of this paper, I will confine myself to very few aspects of the student's study that relate to the theme of this paper. As part of the student's investigation, participants were requested to indicate how they articulated their presenting problems to a Western counsellor. The following categorises themes that were identified from the respondents: physical complaints; emotional complaints; hallucinations; misfortunes; and behavioural problems (Juma, 2012). While the results of this study show that some of the manner in which participants understand their problems is similar to the way Western psychology defines psychological problems, the study found that most of the explanations that participants advanced for these psychological problems had a strong African traditional basis. They attributed most of their illnesses to evil spirits. For instance, the misfortunes referred to above (which related, for example, to being ill due to having been raped or to the death of a loved one) were often seen to be a result of witchcraft/jealousy from family and/or neighbours or a result of visitation by ancestral spirits. From a Western perspective, when a loved one dies, mourning begins and grief can be identified through the manifestation of certain symptoms (Stroebe & Stroebe, 1987). When someone mourns the death of a loved one, which is believed to have been caused by jealousy or witchcraft, a person's preoccupation may not necessarily be so much with dealing with the symptoms of grief as it may be with wanting to know the source of death. This is where, from a traditional African healing perspective, the traditional healer and/or faith healer is expected to identify the killer/source of death. In Western forms of healing, the focus is often on resolving the individual's psychological distress. In the case where the focus is on mourning the death of the loved one, it would be important for the Western counsellor, when assisting clients to work through their grief, not to overlook the underlying cultural beliefs with which the client may be preoccupied. Nwoye (2002) has presented a model of counselling within the African context which sheds light on some of the phases of mourning that would need to be dealt with in these situations. Lack of awareness of these factors may lead to what Buhrman (1987) referred to as anti-healing and misdiagnosis. In one study, Cheetham (1980) found that about 60% of Blacks are often misdiagnosed as schizophrenic as a result of being in contact with Western counsellors who have a limited or no understanding of their clients' cultural background.

Another aspect from my student's study that illustrates the importance of a cultural (local) context in counselling concerns aspects of traditional African culture that legitimises the counsellor. In the traditional African perspective, the elders in the community are afforded great respect and are seen to possess great wisdom, which is then passed on to younger generations. It is, therefore, common practice for younger members of the community to seek counsel from older members of the community. Counselling from a Western perspective does not place emphasis on age within a counselling relationship. In his study, Juma (2012) discovered that some of the clients who presented for Western-based counselling used figurative language to communicate their presenting problems, as informed by certain practices from within their culture. For instance, according to the traditional African perspective, an older male cannot discuss issues of manhood and sexuality with a female, let alone a younger female. When presenting for Western-based counselling, a man will use words such as "bonna ba ka" or "mokgalabe ga a tsoge" (both these phrases are Northern Sotho euphemisms for expressing impotence). A younger female Western psychologist may find great difficulty understanding such a client's presenting problems, with the result that the client may feel misunderstood (and not connected to the counsellor) or, worse, end up being misdiagnosed (Buhrman, 1987; Cheetham, 1980).

The situation in South Africa is compounded by the fact that White psychologists remain in the majority, while the majority of clients who seek psychological services are Black (Canham, Kiguwa, & Kometsi, 2007; Spangenberg, 2003). A new challenge of communication arises. Very few White South Africans are able to speak the native languages and, with clients who are less educated and unable to communicate in English, counsellors are likely to get stuck. In situations where language presents itself as a barrier in a Black—White counselling dyad, the common practice is to adopt the use of interpreters/translators in counselling (Spangenberg, 2003. However, such use of translators brings its own challenges as this can impact on the building of rapport; translation from a South African language often involves the use of long phrases to explain a concept that can be easily communicated by one word in English. White South African psychologists have oftentimes complained about the impact of this aspect of translation.

### CONCLUSION

As far back as the 1980s, during Apartheid South Africa, psychologists were being questioned for their value-neutral stance on issues affecting the nation and the relevance of the services they were offering (Bodibe, 1993; Dawes, 1985; De la Rey & Ipser, 2004). In fact, through their silence on matters that were affecting South Africans at the time, such psychologists stood accused of perpetuating the Apartheid regime. Such bystanding, however, is no different from elsewhere in sub-Saharan Africa, where this discourse has also been noted (Nsamenang, 1993). More than twenty decades later, the debate continues. Most psychology teaching programmes at universities in South Africa are said to be based on and dominated by Western paradigms

(Ahmed & Pillay, 2004). However, the fact that we have this continuing debate demonstrates the developmental stages of Azuma's and Adair's models, as well as the tensions that exist between Western and non-Western, Indigenous Psychology (Shams, 2002).

This paper (and the presentation at the World Congress for Psychotherapy on which it is based) has attempted to underscore the importance of context and culture in explaining and understanding psychological wellbeing. As early as the 1980s and 1990s, arguments for the creation of a psychology that is appropriate for the culture within which it exists have been advanced worldwide (Adair, 1999; Allwood & Berry, 2006; Azuma, 1984; Beuster, 1997; Bodibe, 1993; De la Rey & Ipser, 2004; Naidoo, 1996; Nsamenang, 1993, 1995; Nwoye, 2010, 2011; Ongel & Smith, 1999). Recently, Hall et al., (2012) have emphasised the importance of cultural relevance and significance in understanding health among the Māori of New Zealand, and also advocate for the creation of balance between cultural appropriateness and Western psychology.

The study by Juma (2012) was conducted during 2010-2011 and the results are indicative of a South African psychology that may not have moved beyond Azuma's third stage in the development of an Indigenous Psychology. While the sample used in Juma's (2012) study was of a very small size and, therefore, any interpretation of its results requires caution, it nonetheless provides a picture of the nature of psychological services in South Africa. Although South African psychology continues to be criticised for its heavy reliance on Western theories (De la Rey & Ipser, 2004; Macleod, 2004; Painter & Terre Blanche, 2004), it is equally important to acknowledge the initiatives and attempts that are being made at moving towards the indigenisation of psychology. Such discussions on the relevance of Western psychology in South Africa represent an acknowledgement that Western psychology is not adequate in its response to or resolution of local problems (Dawes, 1985; de la Rey & Ipser, 2004; Painter & Terre Blanche, 2004; Painter Terre Blanche & Henderson, 2006; Seedat, 1997). Also, important attempts at increasing Black scholarship are being made (Duncan et al., 1997; Duncan, Stevens, & Bowman, 2004; Seedat, 1990; Shefer, Van Niekerk, Duncan, & de la Rey, 1997). At the same time, South African psychology has not advanced much towards the fourth and fifth developmental stages identified by Azuma, save for very few initiatives (Macleod, 2004; Painter & Terre Blanche, 2004). Mkhize (2004) has made attempts at articulating the African conception of the self, while Kekae-Moletsane (2008) has reported the use of an indigenous game called mmasekitlana (a "make believe" game that uses small stones to enact events that happened in children's lives; children often times, re-enact scenes that happened in their families) [translation] which illustrates its power and usefulness as a tool for play therapy with abused children.

According to Azuma (1984) the indigenisation period is attained when psychologists (both indigenous and those foreign to the context within which psychology is applied) develop new concepts and theories that are appropriate to their context. During the fifth and final integration period, such a psychology contributes to a deeper understanding of human nature – and contributes towards the development of Western psychology. For psychology in South Africa to attain the fourth and fifth stages of Azuma's development, the following will need attention:

 A shift has to be made from merely engaging in scholarly writing on the relevance of psychology to designing and implementing projects and programmes that will ensure the relevance of psychology in South Africa.

- The curricula of psychology courses and programmes need to be revisited to assess their relevance for the South African learners; and there needs to be a move towards introducing modules that teach, for instance, the African worldview, and not have reference to these important African cultural conceptions left to sub-sections of Western teaching (Shams, 2002).
- A conducive climate that will attract more Black psychologists to assert themselves and engage in this debate (Nsamenang, 1995); this could take the form of more Black students enrolling for postgraduate studies in psychology, more Black psychologists joining the academic fraternity, and more Black psychologists engaging in research.

### **SUMMARY**

This paper reflects on some of the contextual factors in South Africa which require attention in a counselling relationship. By exploring the process of developing an indigenous psychology for South Africa, the paper highlights areas that are significant for the people of South Africa such as the role of Apartheid on the previously oppressed people of South Africa; the importance of taking seriously traditional beliefs and practices in counselling of Black Africans; and the importance of changing the content in psychology courses that are offered at universities; as well as encouraging the next generation of knowledge producers and researchers in psychology, counselling, and psychotherapy.

# REFERENCES

- Adair, J. G. (1999). Indigenisation of psychology: The concept and its practical implications. *Applied Psychology: An International Review*, 48(4), 403–418.
- Ahmed, R., & Pillay, A. (2004). Reviewing clinical psychology training in post-apartheid period: Have we made any progress? *South African Journal of Psychology*, 34(4), 630–656.
- Allwood, C. M., & Berry, J. W. (2006). Origins and development of indigenous psychologies: An international analysis. *International Journal of Psychology*, 41(4), 24–68.
- Azuma, H. (1984). Psychology in a non-Western country. International Journal of Psychology, 19, 45–56.
- Barnard, A. H., Cronje, D. S. P., & Olivier, P. J. J. (1986). *The South African law of persons and family law* (2nd ed.). Durban, South Africa: Butterworths.
- Beuster, J. R. (1997). Psychopathology from a traditional South African perspective. *Vista Occasional Papers*, 5(1), 13–22.
- Bodibe, R. C. (1992). Traditional healing: an indigenous approach to mental health problems. In J. Uys (Ed.), *Psychological counselling in the South African context* (pp. 149–165). Cape Town, South Africa: Maskew Miller Longman.
- Bodibe, R. C. (1993). What is the truth? Being more than just a jesting palate in South African Psychology. *South African Journal of Psychology*, 23, 53–88.
- Buhrman, M. V. (1987). The feminine in witchcraft (II). *The Journal of Analytical Psychology, 32*, 257–277. Canham, H., Kiguwa, P., & Kometsi, K. (2007). *Equity and transformation: Changing contexts of academia in South African Psychology.* Paper presented at the 13th South African Psychology Congress, Durban, South Africa.
- Cheetham, R. W. S. (1980). Cross-cultural psychiatry and the concept of mental illness. South Africa Medical Journal, 58, 320–325.
- Dawes, A. (1985). Politics and mental health: the position of clinical psychology in South Africa. *South African Journal of Psychology* 15, 55–61.
- De la Rey, C., & Ipser, J. (2004). The call for relevance: South African psychology ten years into democracy. *South African Journal of Psychology*, 34(4), 544–552.

- Duncan, N., Seedat, M., Van Niekerk, A., de la Rey, C., Gobodo-Madikizela Simbayi, L., & Bhana, A. (1997). Black scholarship: doing something active and positive about academic racism. South African Journal of Psychology, 27(4), 201–206.
- Duncan, N., Stevens, G., & Bowman, B. (2004). South African psychology and racism: historical determinants and future prospects. In D. Hook (Ed.), *Critical psychology* (pp. 360–388). Lansdowne, South Africa: University of Cape Town Press.
- Hall, A., Morice, M. P., & Wilson, C. (2012). Waka Oranga: the development of an indigenous professional organisation within a psychotherapeutic discourse in Aotearoa New Zealand. *Psychotherapy and Politics International*, 10(1), 7–16.
- Hammond-Tooke, W. D. (1989). Rituals and medicines. Johannesburg, South Africa: A. D. Donker.
- Holdstock, T. L. (2000). *Re-examining psychology: Critical perspectives and African insights*. London, UK: Routledge.
- Juma, J. O. (2012). *The African worldview: its impact on psychopathology and psychological counselling* (Unpublished Master's dissertation). University of South Africa, Pretoria, South Africa.
- Kekae-Moletsane, M. (2008). Masekitlana: South African traditional play as a therapeutic tool in child psychotherapy. South African Journal of Psychology, 38(2), 367–375.
- Kim, U. (2000). Indigenous, cultural, and cross-cultural psychology: a theoretical, conceptual and epistemological analysis. *Asian Journal of Social Psychology*, *3*, 265–287.
- Macleod, C. (2004). South African psychology and "relevance": Continuing challenges. *South African Journal of Psychology*, 34(4), 613–629.
- Makwe, E. R. (1985). Western and indigenous psychiatric help-seeking in an urban African population (Unpublished Master's dissertation). University of the Witwatersrand, Johannesburg, South Africa.
- Manganyi, N. (1991). *Treachery and innocence: Psychology and racial difference in South Africa*. Johannesburg, South Africa: Raven Press.
- McLeod, J. (2009). An introduction to counselling. New York, NY: Open University Press.
- Mkhize, N. (2004). Psychology: an African perspective. In K. Ratele, N. Duncan, D. Hook, N. Mkhize, P. Kiguwa, & A. Collins (Eds.), *Self, community and psychology* (pp. 4-1–4-29). Cape Town, South Africa: University of Cape Town Press.
- Mpofu, E. (2002). Indigenization of the psychology of human intelligence in sub-Saharan Africa. In W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online readings in psychology and culture*. Bellingham, WA: Centre for Cross-Cultural Research, Western Washington University. Document available online at http://www.wwu.edu/~culture.
- Mpofu, E. (2003). Conduct disorder in children: Presentation, treatment options and cultural efficacy in an African setting. *International Journal of Disability, Community and Rehabilitation*, 2(1), http://www.ijdcr.ca/VOL02\_01\_CAN/articles/mpofu.shtml.
- Naidoo, A. V. (1996). Challenging the hegemony of Eurocentric psychology. *Journal of Community and Health Sciences*, 2(2), 9–16.
- Nsamenang, A. B. (1993). Psychology in sub-Saharan Africa. *Psychology and Developing Societies*, 5, 171–184.
- Nsamenang, A. B. (1995). Factors influencing the development of psychology in sub-Saharan Africa. *International Journal of Psychology*, 30, 729–739.
- Nwoye, A. (2002). Memory healing and community intervention in grief work in Africa. *Australian and New Zealand Journal of Family Therapy*, 23, 191–195.
- Nwoye, A. (2010). A psycho-cultural history of psychotherapy in Africa. *Psychotherapy and Politics International*, 8(1), 26–43.
- Nwoye, C. M. A. (2011). Igbo cultural and religious worldview: An insider's perspective. *International Journal of Sociology and Anthropology*, 3(9), 304–317.
- Ongel, U., & Smith, P. B. (1999). The search for indigenous psychologies: Data from Turkey and the former USSR. *Applied Psychology: An International Review*, 48, 465–479.
- Painter, D., & Terre Blanche, M. (2004). Critical psychology in South Africa: Looking back and looking ahead. South African Journal of Psychology, 34(4), 520–543.
- Painter, D., Terre Blanche, M., Henderson, J. (2006). Critical psychology in South Africa: Histories, themes and prospects. Annual Review of Critical Psychology, 5, 212–235.

- Peltzer, K. (1999). Faith healing for mental and social disorders in the Northern Province (South Africa). *Journal of Religion in Africa*, 29(3), 387–402.
- Peltzer, K. (2002). Personality and person perception in Africa. Social Behaviour and Personality, 30(1), 83–94.
- Seedat, M. (1990). Programmes, trends and silences in South African psychology 1983–1988. In L. J. Nicholas, & S. Cooper (Eds.), *Psychology and Apartheid: Essays on the struggle for psychology and the mind in South Africa* (pp. 73–91). Johannesburg, South Africa: Vision/Madiba.
- Seedat, M. (1997). The quest for liberatory psychology. *South African Journal of Psychology*, 27(4), 261–270.
- Shams, M. (2002). Issues in the study of indigenous psychologies: historical perspectives, cultural interdependence and institutional regulations. *Asian Journal of Social Psychology*, 5, 79–91.
- Shefer, T., Van Niekerk, A., Duncan, N., & de la Rey, C. (1997). Challenging authorship and authority in psychology: a publishing initiative. *Psychology in Society*, 22, 37–46.
- Sow, I. (1980). Anthropological structures of madness in Black Africa. New York, NY: International Universities Press.
- Spangenberg, J. J. (2003). The cross-cultural relevance of person-centred counselling in postapartheid South Africa. *Journal of Counselling and Development*, 81, 48–54.
- Stroebe, W., & Stroebe, M. S. (1987). Bereavement and health: The psychological and physical consequences of partner loss. New York, NY: Cambridge University Press.