Unit 4:
Community and Health Psychology

Learning outcomes

After studying this unit, you should:

- Be able to define community and health psychology in an African context
- Contextualise the progression of community and health psychology as a sub-discipline of psychology
- Understand the basic theories informing community and health psychology.

4.1 Community and Health Psychology in an African Context

Every psychologically well-functioning human being requires an equally adequate community to thrive. This is why the study of community and health psychology emerged. Community and health psychology emerged out of the necessity to pay attention to the individual's surroundings. The idea of making the community a case study for understanding human behaviour arose from the protests that occurred in the United States of America in the 1960s (Janowiecki, n.d.). In South Africa, community psychology was introduced in the 1980s, but gained traction in the late 1990s (Seedat & Lazarus, 2014). Just like any other sub-discipline of psychology, community psychology largely gazes through a Western lens. It advances a Western understanding of what community and health mean. By this we mean that it draws from Western ways of knowing and understanding the meaning of being human in the world. Its understanding is based on individualistic notions of existing. Even though it emerged in response to the problematic notions of "mainstream" psychology, it still relies on Western epistemologies for articulation. Community and health psychology combines concepts of the clinical, the social and welfare, as understood and defined by the West. In this unit, we will therefore introduce you to the foundational concepts of community and health, as conceived by the indigenous peoples of South Africa. It is important to note that we only draw from a few languages, because of the limited scope of this module. We encourage you to bring forth similar concepts from your languages, and to communicate them with us via myUnisa.

Task 1

In a discussion forum on myUnisa with your e-tutor, reflect on the following with your peers:

- What comes to mind when you hear the word "community"?
- What makes you think like that about the community?
- In your home language, what word is used for "community"?
- What do you think it means?

NB: Please note that it is compulsory for you to participate in these discussions.

4.2 The Progression of Community and Health Psychology as a Sub-discipline

The expression "*I am because we are and since we are, therefore, I am*" was introduced to many by Dr John Mbiti, who used it to define *ubuntu/botho* (Mawondo, 2006). This allows us to interconnect the concepts of community and *ubuntu. Ubuntu*, therefore, is *isintu* (culture) functionalised or practised. Thus, community, to African people, is a culturally enforceable concept by which they hold one another accountable to the prescripts of *isintu*.

From the above illustration, we learn that central to the concept of the community are people working together to ensure their wellbeing. You may have noticed that we said it is the community members' role to look out for one another. Noticeable also is the central place that the person (*umntu*) occupies in the words used for community (*uluntu*), philosophy (*ubuntu*) and culture (*isintu*). What this means is that *ubuntu* as a philosophy and *isintu* as a culture which underpins the philosophy, are critical components of healthy communities. *Uluntu*, therefore, could be translated to "a people" practising *ubuntu*, guided by the principles of *isintu*. The renowned South African philosopher, Mogobe Ramose (1999), believes *ubuntu* is interwoven in philosophy, ontology and ethics. This is because *ubuntu* in African communities is regarded as a way

of life, a frame of understanding reality, as well as an essential concept that guides our moral compass and conscience.

The above is also true about the concept of health. The speakers of Bantu languages refer to health as *impilo/bophelo*. This is no different from calling it "life". Interestingly, in the Sesotho language, the heart is referred to as *pelo*. This does not literally mean the heart, but the psyche/soul. The concept is understood as a composite state of being alive, with all aspects of your wellbeing taken care of. *Impilo* is rooted in spiritual wellbeing, thus physical, emotional and mental distresses are usually perceived as a symptom of spiritual unwellness. An intervention would thus be found within the family and community. If it is something beyond the grasp of ordinary members of the family and community, experts on health issues are consulted. Such experts are able to connect the mental, emotional and physical, and come up with a spiritual understanding of the problem. These people are divinely trained, and their expertise is perceived as a gift from the ancestors. They understand composite human functioning. African families and communities have always understood health (*impilo*) through their relationship with nature. Their knowledge of plants, animals, galaxies and water enhanced their understanding of human beings. It is important to them to have a humane relationship with the land, because they perceived their existence as owed to the land. This shaped the way they treated plants, animals and the environment in which they lived. Among Africans, mental health and emotional wellbeing are not viewed separately from physical, social, political, economic, spiritual and environmental aspects. All these aspects have to be functional, for the mind and soul to be healthy. Thus, healthy communities are a prerequisite for psychological health. In African communities, wellness is everybody's responsibility.

The term "community psychology" is a combination of seemingly contradictory and diversely defined concepts, therefore there is no singular or universal definition for this sub-discipline. The trajectory of community psychology in South Africa embodies achievements and challenges, and may be traced to the 1932 Carnegie Commission study on poverty among whites. The Carnegie Commission study represents one of the earliest large-scale social community interventions, aimed at alleviating the poverty faced by a political minority group (Louw, 1986). Psychologists who were instrumental in the

Carnegie study reasoned that class distinctions in the white Afrikaner social order, and social contact between poor whites and Africans – especially as working-class citizens – would lead to some form of solidarity among these groups. This contrasted with the white supremacy narrative that the government wanted to uphold, therefore policies of workplace and social segregation were introduced. The report thus recommended that jobs and training be reserved for unskilled whites, to minimise job competition between Africans and whites (Seedat & Lazarus, 2014). Community psychology as we know it today emerged to dislodge apartheid, assert community identity, and establish democracy. Further, community psychology in South Africa developed with a focus on political liberation and the transformation of unequal societies.

The community-centered works of organisations such as the South African Students Organisation (SASO) and the Theatre Council of Natal (TECON), formed in 1969, and the People's Experimental Theatre and Black Community Programmes (BCP), established in the early 1970s, are of particular salience here, as they led to the formalisation of community psychology in South Africa (Mngxitama et al., 2008). Members of SASO, registered as medical students at the University of Natal's Black Section, rendered primary health-care services to unserved and marginal communities in the localities surrounding the university. TECON and the People's Experimental Theatre adopted the performing arts, including written and oral traditions, as a vehicle of community expression, identity, and solidarity. The public health, literacy, community development, and performing arts activities of SASO and the other BPC-aligned groups were underpinned by a drive for community self-empowerment, identity, and solidarity in social mobilisation, and a rejection of apartheid's racialised norms, social structures, and segregationist ideals.

The Truth and Reconciliation Commission (TRC) offered yet another space for expressions of community psychology. The process was viewed as an opportunity for victims of high-profile human rights violations to tell their stories publicly, which the commission believed would help promote their wellbeing. That is, giving testimony and recovering memory were meant to bring about healing and reconciliation at the collective level, however, that may have been counter-intuitive to individual healing (Seedat &

Lazarus, 2011). The TRC placed strong emphasis on forgiveness and reconciliation at a societal level, and restricted individual victims' need to grieve and make meaning of personal losses.

As an example, the formation of townships disorganised African life, and meant that people could no longer exist as they once had. They had no space to practise their cultures and were forced to assimilate the cultures of Europeans. Out of this dispossession numerous sub-communities emerged, which could be seen as sites of dysfunction, being the breeding ground for a vast number of social ills such as crime, ill-health, and a lack of cultural groundedness, to mention just a few. Informal settlements (also referred to as squatter camps) and the growing phenomenon of homelessness are the primary examples of these unpleasant dwelling arrangements that make it difficult for people to thrive. Rural communities continued to exist, as not everyone moved to the cities, and inhabitants still maintained the African principles of communal life. Despite being affected by colonial invasions, they continued to navigate through the contradictions of the imposed Western culture. While practising the colonial religion and education, they continued to uphold certain aspects of their cultures.

Other initiatives and groups that have contributed to the formalisation and development of community psychology in South Africa include the Psychology and Apartheid Group (PAG), the Organization for Appropriate Social Services in South Africa (OASSSA), university-affiliated agencies such as the Institute for Social and Health Sciences (ISHS) and the National Education Policy Investigation (NEPI) initiative, the Centre for the Study of Violence and Reconciliation (CSVR), the Agape Healing Community, the Malmesbury Project, and the Early Childhood Development Programme of the University of the Western Cape's Psychology Resource Centre (Duncan & van Niekerk, 2001; Lifschitz & Oosthuizen, as cited in Seedat & Lazarus, 2014).

4.3 Basic Theories Informing Community and Health Psychology

African families live communal lives. They have family structures that do not limit family to only the nuclear family, but involve various next of kin, which the West refers to as

"extended family" (Khoapa, 1980). Life is viewed as communal, and personhood (who a person is) is defined in relation to community, not the self, in terms of *ubuntu*. Individuals and communities are seen as interdependent (i.e., in terms of relationships with others). The community has a responsibility for its wellbeing. According to the principles of *isintu,* by virtue of residing within the same radius, people are responsible for one another's wellbeing. Thus humanity (*uluntu*) is founded on the concept of belonging to those around you. This finds better expression in the ways in which indigenous languages refer to a neighbour (*moahisane/makhelwane/mmelwane*). The terms, given here in Sesotho, isiZulu and isiXhosa respectively, all carry the same meaning of building together. The Sesotho term is derived from the word *aha*, while the isiZulu is rooted in *ukwakha*, which literally means "build". This makes *moahisane* and *makhelwane*, loosely translated, "the one with whom I am building". The isiXhosa term stems from the word *ima*, which means "stand" and translates to "the one with whom I am standing". For this reason, in African communities it is important to know whom you live amongst, so as to make the concept of being a neighbour, practical. Communities are bound by concepts of building together, helping one another and living well with others. These find practical application in their embeddedness in *isintu*, which encourages people to work together to uphold the health of the community (*impilo yoluntu* in isiXhosa).

The African understanding of human functioning is, by nature, communal because it is embedded in a people's way of life. By that we mean it is found in their daily practice. They would not rely on the services of a professional to help them bring about psychological harmony; their culture bestows on them a duty to ensure the wellbeing of one another, as families and communities. In African communities, wellbeing is promoted through communal living, and your wellbeing is a concern for all in the community, as opposed to the Western way of understanding wellbeing, where an individual's health takes priority and is remedied through consulting a professional. In African communities, wellbeing is remedied through a collaborative approach, and often the family, community, traditional healer, and ancestors play a key role in ensuring wellbeing. This means that community and health psychology in African communities is about finding concerted

approaches to resolving challenges, and relying on the community as the source of solutions.

The African understanding of the relationship between community and wellbeing is based on the full comprehension of the relational aspects of life. There has to be harmony between individuals and the environment. Harmony derives from having sufficient resources to feed the physical, the mental and the spiritual, and doing so in a humane manner. The sourcing of food has to be humane, so that the land does not feel aggrieved. The land and the galaxies above are respected, because they allow for the nourishment of all aspects of human being. The relationship between people and the spiritual world is important, because it is through the guidance of those who came before the current generation, that harmony is maintained. Education is an interactive process among peers, the elders and nature. Communal life involves learning from everyone and every organism around you. The concept of hard work is learnt from ants, patience from tortoises, and loyalty from dogs. Creatures are also perceived as spiritual messengers. Wellness is not only the absence of disease, but also includes factors that might make it likely for diseases to occur.

Language remains the most reliable tool that could be used to understand African communities and their practices. Idioms, proverbs, and songs are means of preserving and disseminating knowledge (Maseko, 2017). They are thus a reliable gateway to African epistemologies. By bringing the issue of language to the fore, we argue that it is possible to reclaim the indigenous ways of understanding humanity. We also believe that those ways did not die, as people – irrespective of the changes that have happened in their lives – still display the intention of upholding the principles of *ubuntu*. Expressions such as "*ayisosintu eso*" (this is not within the prescripts of *isintu*) or "*ayingomntu lento*" (this thing is not *umntu*, meaning you have disregarded the ethics that qualify you as *umntu/motho*) are proof that even in the present day, African people still believe in upholding the values of *ubuntu*, and they know what those values entail.

Considering the above, a psychology that is viewed from an African perspective perceives *isintu/setho* as the praxis, meaning the organising culture upon which healthy communal practices are based. *Isintu/setho* comprises all the knowledge and ways of application

which communities require for their harmonious survival. As mentioned earlier, African people's psychology is embedded in the culture. While Western community psychology would have community-based psychological services to deal with communal problems, African people rely on culturally informed interventions that are interwoven in their way of life. As discussed, by virtue of living among others as neighbours, people become part of those intervention strategies.

4.4 Community and Health-related Interventions

According to Yen (2013), the first South African textbook on community psychology, published in 2001, carries the following, extensive definition: Community psychology is concerned with:

- extending mental health services to all citizens, in particular the historically unserved, underserved and oppressed.

- transforming the way in which the genesis and development of psychosocial problems are conceptualised and understood.

- providing a contextual analysis that takes cognisance of social issues and addresses environmental stressors.

- radicalising the praxis of psychological service delivery to include prevention initiatives, and

- redefining the role of psychologists towards a broader public health portfolio that embraces the functions of advocacy, lobbying, community mobilisation, community networking, and policy formulation. (Seedat et al., 2001, p. 3)

It may be argued that post-1994, community psychology became aligned with government programmes that resonate with the broad principles of social justice, equity, human rights, and freedom. Post-1994 there has been an increase in the development of

publications in the form of books, readers, and journal articles (see Dawes & Donald, 1994; Duncan et al., 2007; Franchi & Duncan, 2003; Seedat et al., 2001). These books, apart from serving as sources of teaching materials and for curriculum development, have aimed to influence the training of psychologists for the South African context, advance theoretical developments in the discipline, and redress the gendered and racially distorted system of knowledge production through the inclusion of women and black academics as writers. Community psychologists contributed to policy development in a range of sectors, they developed curricula and texts for training contextually sensitive psychologists, and engaged in research addressing priority issues that threatened democracy, including violence, injuries, HIV/Aids and racism (Yen, 2013).

In conclusion, it should be noted that a psychology that is serious about effecting meaningful change will be one that considers that, even within contemporary South Africa, new forms of exclusion still need to be addressed. These exclusions are best understood within the context of the persistent unequal distribution of power and resources, the nature and quality of interactions between poor communities, the wider social and political systems, and the workings of the existing economic and social orders that seemingly mainly allow the middle and upper-middle classes better access to a market-oriented system. Some students use the term "community" when referring to poor, disadvantaged, black townships or rural areas in need of assistance, thus indicating the slow-paced strides that have been made to meaningfully improve such communities. Hence, community psychology should aim at establishing processes that allow people to use their self-knowledge to rebuild their lives. This will, in turn, allow communities to live the true meaning of being *makhelwane/moakhi/mmelwane* – a people who are building together.

Task 2

In a discussion forum on myUnisa with your e-tutor, reflect on, and then answer, the following questions with your peers after reading the article below. (You may find the article on the Unisa library site or download it under **Additional Resources** on the module site on myUnisa.)

Seedat, M., & Lazarus, S. (2014). Community psychology in South Africa: Origins, developments, and manifestations. *South African Journal of Psychology*, *44*(3), 267–281.

1) During apartheid in South Africa, psychology was used to perpetuate racial divisions and render black people inferior. The Carnegie Commission study is one such example. In your own view, what do you think is the difference between the community psychology that was practised during apartheid, and the one practised today?

2) What do you think would be the attitude of post-apartheid community psychology towards the findings and recommendations of the Carnegie Commission study?

3) Modern-day South Africa is characterised by social ills such crime, gender-based violence, poverty, unemployment and inequality. How do you think community psychology can contribute towards the betterment of communities under such social ills?

NB: Please note that it is compulsory for you to participate in these discussions.

Summary

This learning unit introduced you to community and health psychology, focusing on the African context and how this sub-discipline of psychology is practised in African communities. The progression of community and health psychology as a sub-discipline was discussed, with a particular focus on the philosophy of *ubuntu* and its meaning for African communities. The unit also discussed basic theories informing community and health psychology, and provided a discussion on community health and related interventions.

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