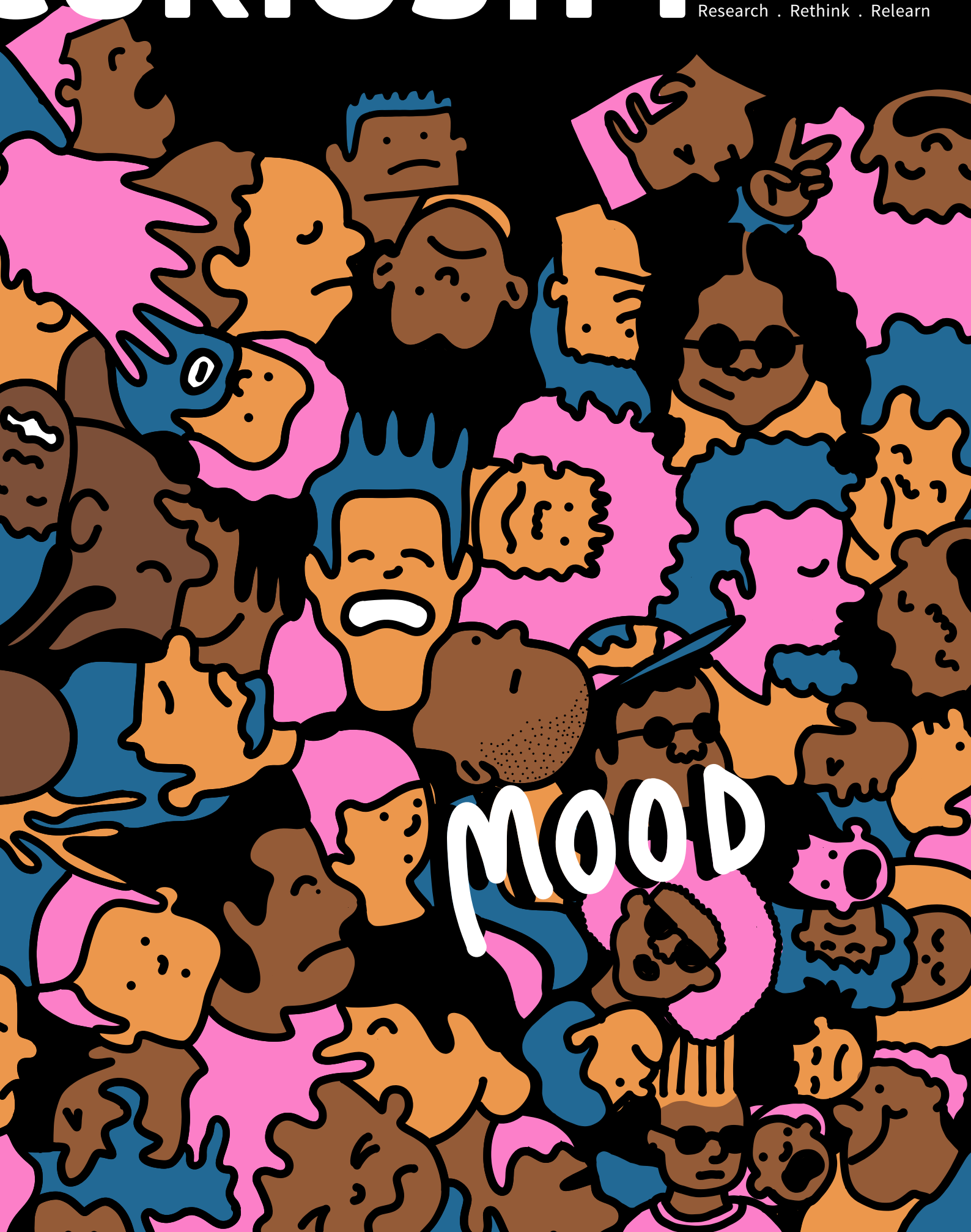


CURIOS.TY

Research . Rethink . Relearn



MOOD



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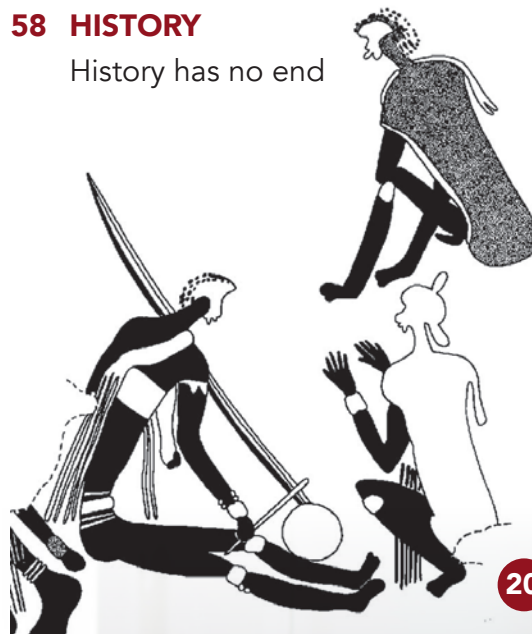
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#MOOD

Life as we know it has changed due to the advent of the invisible coronavirus disease (Covid-19) which has irrevocably altered the way we live, work, behave, think and feel.

In this tenth issue of *Curios.ty*, we focus on mental health, another veiled enemy, which the World Health Organization predicts will be our greatest challenge by 2030. We explore the mental and emotional effects of a lockdown and the ability of humans to adapt in times of crisis.

Is South Africa driving us mad? And can technology help to save our sanity? How is our mental health affected in the workplace? And how do our emotions evolve? Can music and the arts improve our mental wellbeing? What about exercise and mental gymnastics?

The answers to these questions lie in the following pages, which include expert analysis and commentary on mental health and wellbeing, mental illnesses, and neurosciences broadly, and all the socio-economic, political, psychological, legal, ethical, cultural, technological and other interpretations thereof.

Whilst we may feel uneasy and uncertain during Covid-19, what about those who are most vulnerable in society – how do they confront insecurity every day? Read about an audiologist's research into how children of Deaf parents feel, why the mental wellbeing of those living with disabilities is important and how those with absent fathers are adversely affected.

Find out how in the workplace underground noise affects miners, what the potential treatments are for mental health in South Africa and what mental health and wellbeing costs employees, employers and the economy. Finally, we try to better understand Alzheimer's disease, grief, suicide, ADHD and euthanasia.

The Covid-19 pandemic has changed our perspective on life and what matters. It has forced us to reflect on our health and wellbeing, and the way in which we live, learn, work and socialise. It has made us understand our dependence and interdependence on the people around us, and has provided us with an opportunity to reimagine our collective futures.

This pandemic has also galvanised our rapid adaptation to change and fast-tracked innovation and the adoption of new technologies, but it is up to us to determine how this can best be used collectively to benefit humanity.

Witsies are tackling the Covid-19 pandemic on all fronts. Together we will overcome this disease. In the words of President Cyril Ramaphosa: "This epidemic will pass. But it is up to us to determine how long it will last, how damaging it will be, and how long it will take for our economy and our country to recover. It is true that we are facing a grave emergency. But if we act together, if we act now, and if we act decisively, we will overcome it."

Keep safe and healthy.

Professor Zebulon Vilakazi
Vice-Principal and Deputy Vice-Chancellor:
Research and Postgraduate Affairs

Curios.ty is a print and digital magazine that aims to make the research at Wits University accessible to multiple publics. It tells Wits' research stories through the voices of talented academics and students. First published in April 2017, *Curios.ty* is published three times per year. Each issue is thematic and explores research across faculties that relate to the theme. Issue 10 of *Curios.ty* is themed MOOD. Content relates to mental health and emotional wellbeing. MOOD explores how our socio-economic and political environment impacts our mental health and the role of technology and the arts in mental wellbeing. We shed light on ADHD, suicide, Alzheimer's disease, and euthanasia. Featured too are mental health and disability, mental health in the workplace, how your tribe affects your vibe and traditional approaches to mental health. We look back in time to understand when we first felt and investigate current neuropsychiatry and the brain-mood relationship. During a global pandemic, MOOD makes a critical contribution to mental wellbeing.

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A number of Wits experts are featured in this edition of *Curios.ty*. View the profiles of all the researchers and contributors at:

www.wits.ac.za/curiosity/

SAHBA BESHARATI

Dr Sahba Besharati is a neuropsychologist and Senior Lecturer in cognitive neuroscience in the Department of Psychology at Wits. She completed a collaborative PhD in neuropsychology at King's College London and the University of Cape Town, having previously trained in psychological research and clinical neuropsychology at the University of Cape Town. Besharati's research specialises in the area of human social – cognitive – affective neuroscience. Her research integrates neuroimaging, neuropsychological and experimental methods to investigate self-consciousness, and social cognition.

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BRETT BOWMAN

Brett Bowman is a Professor in the Department of Psychology and Assistant Dean (Research) in the Faculty of Humanities. His research focuses on the intersections between violence and social asymmetries in low-middle income countries. He has published widely in these areas, including contributions to the World Bank's *Diseases and Mortality in Sub-Saharan Africa*, *Violence Prevention in Low- and Middle-Income Countries*, published by the National Academies Press and *Violence and Health in the WHO African Region*. His current interests lie in better understanding the contextual dimensions and situational determinants of violence.

NICOLE DE WET-BILLINGS

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health and mortality outcomes in South Africa. This includes studies on HIV and Aids, suicide, family formation, non-communicable diseases and condom use among youth. In recent years, she has published in accredited, peer-reviewed journals. She has received research grants from the Consortium of Advanced Research Training in Africa and the National Research Foundation, amongst others.

SUSAN HARROP-ALLIN

Dr Susan Harrop-Allin is a Senior Lecturer in the Wits Schools of Arts and Education. She holds a PhD in music education and ethnomusicology. Community Music represents her main contribution to teaching and research at the University. Her current research examines children's musical play and their implications for pedagogy. Recent research focuses on higher education community engagement and student service learning through the arts. This includes work in music and health, and collaborative research on the positive impacts of music making in clinical contexts.

SUMAYA LAHER

Associate Professor Sumaya Laher, PhD, is the Head of the Department of Psychology at Wits. Her research interests are in the areas of mental health, psychological assessment, and cross cultural psychology. Laher's research is guided by the need for indigenous knowledge production and the integration of this knowledge with mainstream approaches towards more universally applicable science. Her research has contributed to creating a more critical practice of psychology and psychotherapy that is cognisant of indigenous beliefs and practices.

SINETHEMBA MAKANYA

Dr Sinethemba Makanya earned a PhD in Medical Humanities and Psychology at Wits in 2020. Her thesis, *Ukugula Kwabantu: A study of traditional healers' constructions of mental health*, completed through the Wits Institute for Social and Economic Research (WiSER), explored how psychology can integrate with *ubunyanga* (traditional healing) to offer integrated approaches to (mental) healing. She has supervised research at Wits' Drama for Life and has worked as an applied drama facilitator. She is a Fulbright alumna and completed her MA in drama therapy at New York University.



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THOBEKA NKOMO

Dr Thobeka Nkomo is Head of the Department of Social Work at Wits. Her research interests include spirituality and health concerns, forgiveness, gender issues, ethics and values specifically related to cultural sensitivity, young women leadership, HIV/Aids and sexual reproductive health. She is an active and collaborative researcher in Africa on projects including menstrual hygiene. At Wits, she teaches Ethics and Values, and Contextual Issues in Occupational Social Work. She previously practised as a social worker and she is a member of the South African Council for Social Service Professions.



A MOMENT IN TIME

Wits postgraduate students in Medical Anthropology share a 'moment in time' of the effects of living under lockdown amidst the global Covid-19 pandemic.

The students co-authored *How a pandemic shapes the city: Ethnographic voices from South Africa*, which was published on the website 'Medical Anthropology at University College London' on 11 March 2020.

Anthropology is the study of people, culture, and societies and how these manifest, erupt and collide within socio-economic and political contexts. These vignettes reflect these collisions.

ETHNOGRAPHIC VOICES FROM SOUTH AFRICA

Like others globally, we have experienced sudden and severe changes to our world. South Africans found themselves thrust into rigorous, unprecedented social changes within a week of the first reported cases of Covid-19 in the country. Notorious for its inequality, South Africa provides a unique picture of this reshaping. We present eight perspectives of Covid-19 collaboratively but remotely from isolation.

2 APRIL, TAMIA
1 462 Covid-19 infections in SA /
1 011 490 globally

"DA calls for military ombudsman to investigate abuse by SANDF members during lockdown." The unfamiliar silence I have been waking up to each morning is drowned out by laughter and cheers of township residents filming the South African National Defence Force (SANDF) soldiers forcing black men to do squats and push-ups in the street as punishment, for crimes unclear. What I see are videos of police and army violence in townships and city centres that are very reminiscent of apartheid. However, what concerns me is that the rationalisation of violence that we see now, under exceptional circumstances, is not new – the government did not need a state of disaster to deploy law enforcement during Marikana, for



example. Does the modern state need 'exceptional circumstances' to introduce rationalised yet irrational violence upon certain portions of the population?

3 APRIL, LESEDI
1 505 Covid-19 infections in SA /
1 100 000 globally

On Black Twitter, I came across discussions around being black and how living in a black body at a time like this leaves you vulnerable to state power. What is the value of a black body? I began to think how the experience of blackness always comes attached with some type of inequality or injustice. Blackness feels like you are constantly faced with the after-effects of structural violence or an oppressive regime. The health and security systems in South Africa come with a history that has undeniably stained black lived experience. The deployment of the defence force and increased visibility of police on the streets hit a nerve with Black Twitter. What does this really mean for protection services and vulnerable bodies? Is the black narrative and experience of law enforcement ever going to change?



16 MARCH, ELINOR
202 Covid-19 infections in SA /
272 000 globally

When President Ramaphosa announced the State of Disaster it was part of a worldwide wave of closures. The next day, we learned that the semester break at Wits was being brought forward and residences would be emptied. The reality of the epidemic had been lurking for weeks, but as an international student living on campus, I felt suddenly and forcibly exposed. For the next few days, as local transmissions of Covid-19 increased, I ran around campus with other international students trying to secure emergency housing. Somehow Wits had taken a deadly pandemic with European hotspots just hours from my family abroad and made it more stressful. Wits made it hell by piling housing insecurity and hostile communications from people in positions of power on top of fears for my family and concern of my own risk of infection. People in power need to understand that the actions they take to enforce physical protections may trigger emotional responses and jeopardise mental wellbeing.



3 APRIL, LUCY

1 505 Covid-19 infections in SA /
1 100 000 globally

On 5 March 2020, the first Covid-19 case was announced in South Africa. Twitter, Facebook, and WhatsApp were flooded with funnies. The #CoronaVirus Challenge encouraged



us to craft ad-hoc protection gear out of underwear and tissues. Discussions, debates disputing developments, conspiracy theories, and rumours went viral. Yet reactions were mixed – extreme, irrational panic alongside minimising the virus in jokes and memes. Both preyed on fake news. These reactions suggest a lack of knowledge about this virus, as people tried to make sense of the information from various sources and social media. The Department of Health advised people to pay attention only to figures released by the Minister of Health. These responses raise questions both about the impact of an ‘infodemic’ and the danger of a single story – and who the storyteller is.

28 MARCH, EDNA

1 187 Covid-19 infections in SA /
660 700 globally

The lockdown is “necessary to fundamentally disrupt the chain of transmission”. So said President Ramaphosa as he declared a 21-day lockdown in South Africa. Key messages accompanying the decree were “stay home, self-quarantine, and self-isolate”, as was already happening worldwide.



The question that rang in my mind was whether social distancing, self-isolation or quarantine were applicable in a South African context where the majority of people live together in overcrowded neighbourhoods. Historically, apartheid segregated people along racial lines and the majority of black South Africans still live in racially segregated, low-income, densely populated and transient townships. On average, seven people cohabitate, including the vulnerable elderly. The government should act fast to create more physical spaces – unused hotels, schools, churches – for use during the pandemic.

21 MARCH, ERMA

240 Covid-19 infections in SA /
304 400 globally

As hospital procedures altered to accommodate the pandemic, novel protocols emerged in the emergency unit of a Pretoria hospital. My partner and I found ourselves in a state of diagnostic limbo when



our young daughter’s unknown Covid-19 status – due to delayed test results – complicated other medical interventions. This unexpected predicament prompted hospital staff, after much deliberation, to conduct the consultation reluctantly in our car in the hospital parking lot. That stormy night, two doctors swathed head-to-toe in protective gear performed their duty in the back seat of our car. Breathing sighs of relief, they confirmed our daughter’s ailment was nothing more than an ear infection. We see here how Covid-19 has contaminated and disrupted every aspect of social life, forcing us into moments of medical absurdity where the rules are unknown.

3 APRIL, GEORGIA

1 505 Covid-19 infections in SA /
1 100 000 globally

Silence. I keep reading this word when surroundings are described during the global lockdown. The only sound you can hear are government money printers going Brrrr, according to American anthropologist, Lincoln Keiser. But our surroundings remain silent. When I scroll



Master of Arts student-authors studying Medical Anthropology with Distinguished Professor of Medical Anthropology and Public Health, Lenore Manderson:

- Tamia Botes explores narratives of voetvrou (midwives) in “coloured” communities in Joburg.
- Lesedi M.S Chocho investigates sustainable production and consumption of high-end fashion in South Africa.
- Elinor Bronnvik Engelking explores repatriation of African material objects from German museums.
- Lucy Khofi researches women’s experiences of menstruation in an informal settlement.

social media, I observe how people are thirsty for socialising. I wonder if the TikTok videos, posts and challenges are a coping mechanism for society and people’s new lives during Covid-19? Diary entries for the social media cloud? Hearing cars is history as I sit at my window. A pigeon pierces the silence as I cling to my laptop, hoping to return to ‘normal’, whatever normal was. But keeping my eyes and ears shut won’t change the financial markets and the social world. Now I remain fascinated by pigeon sounds when all else is silent. SILENCE, please.

3 APRIL, DEZZ

1 505 Covid-19 infections in SA /
1 100 000 globally

Renowned as noisy and busy, Sunnyside Residence looks and feels different since the implementation of the 21-day lockdown. The different noises are reduced since news



broke of Covid-19 cases in South Africa. There’s hardly any movement and the streets are ever so empty. Surprisingly, people seem unified by Covid-19. A lot of obedience and respect is being shown and this is pleasantly strange in Sunnyside. There’s many positive responses and collaboration in the fight against Covid-19. Differences in race, age, gender, and even nationality have been put aside and everyone seems to be complying and cooperating with the rules and regulations. This is an unexpected but reassuring response from Sunnyside! We are living through an incredible moment globally. The situation is volatile. Questions from the present are deflected to the future. What will our society look like post-pandemic? We are in constant dialogue with the spaces we find ourselves in and the pandemic with which we live. [☑](#)

- Georgia Kellow focuses on urban agriculture and environmental anthropology.
- Desiree Malope is exploring Kasi (township) perceptions and narratives of mental health.

PhD candidate-authors:

- Edna Bosire, in the SA Medical Research Council/Wits Developmental Pathways for Health Research Unit, investigates concurrent interventions for diabetes and poverty at policy and clinic levels.
- Erma Cossa, in Anthropology, researches medical anthropology and migration studies.

IS SOUTH AFRICA DRIVING US MAD?

We live in a state of constant high alert in South Africa where socio-economic and political factors continually collide to test our sanity. Although the effect on our collective and mental headspace is profound, an environment like this also builds resilience.

BETH AMATO

Although the #ImStaying movement that went viral on social media is mostly a “positive” group focusing on the beauty and the good things in South Africa, an important dilemma underpins the group’s existence.

Why would a reasonable person stay in a country where 58 murders occur each day, femicide is about 2.5 times higher than anywhere else in the world, Zuma-era political meddling and corruption crippled the economy and tore apart the social fabric, excessive levels of interpersonal violence plague our homes and communities, and where significant inequality and poverty are stubbornly intractable despite democracy’s lofty visions?

LIFETIME ANGST

The psychological toll of the real and perceived problems in this country cuts across race, class and gender lines. The first nationally-representative study to gauge the country’s psyche, the South African Stress and Health Study (SASH), conducted between 2002 and 2004, although still relevant today, revealed that 75% of South Africans experienced at least one traumatic event in their lives and many were exposed to multiple traumas. ‘Lifetime prevalence’ of co-existing psychological disorders (such as anxiety

with depression) was high. Findings show the ordinary person’s everyday life was literally driving them to drink, with alcohol and substance use disorders higher than all other psychiatric conditions.

“Most of the patients we see have what we call cumulative trauma,” says the Academic Head of the Wits Department of Psychiatry, Professor Ugasvaree Subramaney. She says women who stay in abusive relationships with men, for example, are constantly reminded of the trauma they have endured, and continue to suffer at the hands of the perpetrator. “Often these are women who rely financially on their partners and who are direct victims of gender inequality – prevalent phenomena in South Africa.”

Subramaney explains there’s no simple answer to the high rates of anxiety and depression in her patients, but the country’s violent past and present, use of firearms, high rates of motor vehicle accidents, and continued structural inequality and poverty all collide in a noxious mix.

“Interpersonal violence is really high in South Africa. I can’t think of a greater trauma than not feeling safe in your home and with the people who are supposed to look after your best interests,” says Subramaney.



© Rachel Martin

THE SUPER DRIVERS OF VIOLENCE

Professor Brett Bowman in the Department of Psychology at Wits explains the causes of violence are complex, multiple, and intersecting. Risk factors include social and economic inequality, patriarchal versions of masculinity, lack of social cohesion, alcohol, and firearms.

While many people growing up in harsh poverty and violent contexts do not necessarily resort to crime, socio-economic circumstances have been shown to be important determinants of vulnerability to violent behaviours across the world.

POVERTY AND INEQUALITY

The relationship between poverty and intimate partner violence, for example, has been partly explained by findings that show that men who live in poverty are more likely to take on the masculine persona that reinforces control over women, who in turn become increasingly financially dependent on men. This locks women into fundamentally unequal relationships.

But it is social and economic inequality which proves to be the most obvious driver of violence in this country. In South Africa, “the use of violence is regarded as an attempt to address the experiences of being a ‘half-life’ or part-citizen in a country that occludes [obstructs] economic and social access. Violence then becomes a kind of currency to manage exclusion or seek inclusion,” says Bowman.

PATRIARCHY

Moreover, poverty is “unbecoming” of a man in this society: “Patriarchy constructs men as breadwinners, providers, physically strong, emotionally resilient, and unconditionally powerful. In the



© Anaya-katlego

context of South Africa, such roles often lie structurally beyond the grasp of many men. This tension between the ideals of manhood shaped by patriarchy and the structural constraints on fulfilling them appears to provide at least some of the catalytic conditions for addressing conflict violently,” says Bowman.

TRAUMA BY PROXY

Professor Gillian Eagle in the Wits Psychology Department says merely hearing or reading about a violent crime is traumatic, and builds up over time, especially in South Africa where something horrific happens daily.

“The majority of South Africans are thus preoccupied with safety, especially at home, which means that mental energy is not used in meaningful and productive ways. The feeling of being under constant threat of attack has serious physical and psychological consequences, such as chronic anxiety,” says Eagle.



She notes that when people travel to places where they are able to safely walk the streets, they suddenly become aware of the angst they carry, and how their level of alertness is abnormal.

"In the latest DSM (Diagnostic and Statistical Manual of Mental Disorders), it includes the classification of people who have witnessed trauma or who believe they are at risk of attack. There's no doubt that 'vicarious' trauma is indeed trauma."

THE BURDEN OF 'BLACK TAX'

While crime and trauma are obvious causes of national angst, there is a relatively new phenomenon, known colloquially as 'black tax', which produces stress and mental illness amongst young black people.

Dr Thobeka Nkomo, Head of the Department of Social Work, explains that the legacy of apartheid plays out strongly in the "black tax" burden, where a person has to share their pay cheque with their extended family, leaving little or nothing for saving or investment.

"Even if a person earns a low salary, or has just graduated and has a new job, they are expected to provide. It's very stressful, mainly because it's just expected. People feel they must pay for being born," says Nkomo.

She says the psychological stress associated with being a single breadwinner has been underestimated by the social work profession, especially in the context of isolation and little social support.

PRECARIOUS CULTURAL CONTAINMENT

In a country where people are exposed to multiple traumas, family and community are often seen as buffers. "Our social context, however, is not always a containing space," explains Eagle.

The idea of a containing space – or containment – is the psychotherapeutic concept where a parent acts as the 'container' for a child's rampant emotions. If a child feels contained, and therefore safe, they tend to be healthier adults. But containment expands outwards from the mother or primary caregiver, to the family, the community, and any 'third space', such as society. Something like a pandemic, a downgrade, loadshedding, or rising unemployment can threaten the inner sense of safety.

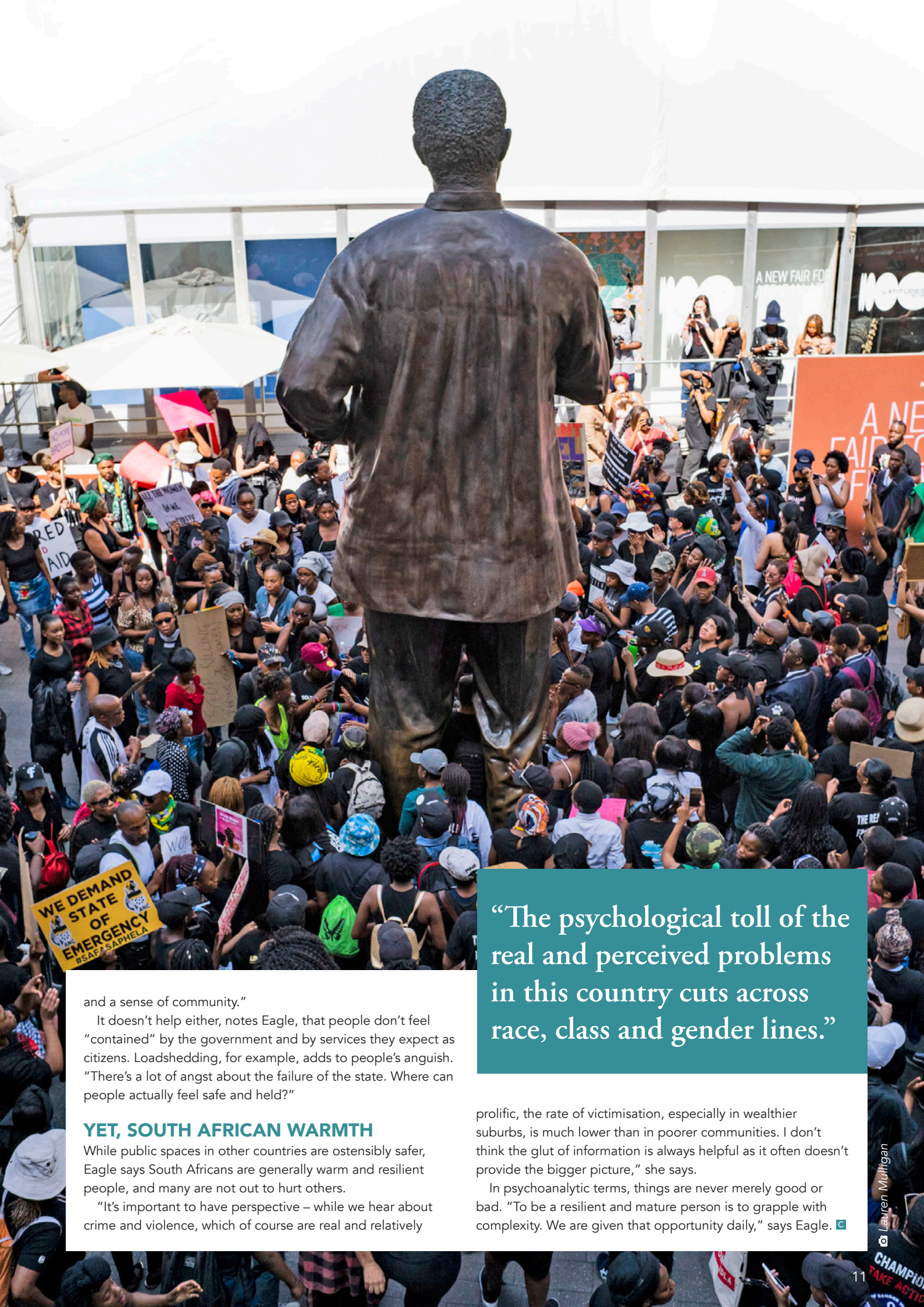
The criminal justice system, for example, often fails victims of crime from the moment they step into the police station, she says. Police officers, overwhelmed themselves, may appear apathetic and indifferent.

Ordinary people and neighbours may exacerbate trauma.

"I spoke to someone who was violently mugged. Her distress wasn't so much focused on the actual event, but on people's responses – no-one helped, and some even laughed. It's a kind of betrayal that no-one cares to intervene on your behalf," says Eagle.

Understanding these kinds of responses is complex, but Eagle believes the lack of natural support systems plays a part.

"There's a lot of internal migration in South Africa, with people not staying long enough in one place to build up support systems



“The psychological toll of the real and perceived problems in this country cuts across race, class and gender lines.”

and a sense of community.”


It doesn't help either, notes Eagle, that people don't feel “contained” by the government and by services they expect as citizens. Loadshedding, for example, adds to people's anguish. “There's a lot of angst about the failure of the state. Where can people actually feel safe and held?”

YET, SOUTH AFRICAN WARMTH

While public spaces in other countries are ostensibly safer, Eagle says South Africans are generally warm and resilient people, and many are not out to hurt others.

“It's important to have perspective – while we hear about crime and violence, which of course are real and relatively

prolific, the rate of victimisation, especially in wealthier suburbs, is much lower than in poorer communities. I don't think the glut of information is always helpful as it often doesn't provide the bigger picture,” she says.

In psychoanalytic terms, things are never merely good or bad. “To be a resilient and mature person is to grapple with complexity. We are given that opportunity daily,” says Eagle. 

PUTTING A NUMBER ON MENTAL HEALTH COSTS

Mental health costs should be counted in people, not rands and cents.

CHARLOTTE MATTHEWS

"The thought of suicide is a great consolation: by means of it one gets through many a dark night," said Friedrich Nietzsche, one of history's known depressives.

From depression (termed by Winston Churchill, another sufferer, as the "black dog") to anorexia, epilepsy, bipolar mood disorder and schizophrenia, the prevalence of mental illness in South Africa is probably widespread and possibly even increasing, but no-one knows exactly what the numbers are.

What is known is that more than 90% of those who need public healthcare for mental illness are not getting it. As South Africa is caught in the grips of the Covid-19 pandemic and government takes the first steps towards implementing a broader health system, National Health Insurance (NHI), it is essential to ensure that the economics of good-quality treatment for mental disorders are properly understood and an affordable, appropriate service is delivered across the country.

QUANTIFYING THE PROBLEM

The last time the prevalence of mental health and neurological disorders, such as epilepsy, in South Africa was quantified in detail was in the 2002-04 South African Stress and Health Study. This showed SA's level of anxiety, depression and substance-use disorders was higher than in most other low- to middle-income countries, except for Nigeria and Ukraine, where there was likely to be underreporting. The reasons could have ranged from post-apartheid trauma to what was then the rapid spread of untreated HIV/Aids.

However, the study did not cover more severely disabling illnesses, such as bipolar disorder and schizophrenia.

Dr Lesley Robertson, a Lecturer in the Psychiatry Department at Wits, says there are other sources of data on prevalence of depressive symptoms in South Africa, such as the National Income Dynamics Survey and the South African National Health and Nutrition Examination Survey, but there is no data on psychiatric illness.

Obviously, this poses a challenge for the government in trying to set a budget to treat severe mental illness.

The 2016/17 national survey, *Mental Health System Costs, Resources and Constraints in SA*, commissioned by the Department of Health, showed that the department was spending about five percent of its total public health budget on mental healthcare, which is in line with similar economies. However, there were big disparities between provinces.

The study showed that just over eight percent of those requiring public in- or out-patient care were receiving it. While 86% of spending was on in-patient care, about a quarter of those patients were re-admitted to hospital within three months. This suggests hospital care has limited efficacy on its own. It needs to be supplemented with community-based care, says Robertson.

COMMUNITY CARE

Community-based services are considered the most effective approach to dealing with mental illness, as shown in a 2019 paper, *Strategies to strengthen the provision of mental healthcare at the primary care setting: An Evidence Map*, led by Witness Mapanga from Wits' Centre for Health Policy in the School of Public Health. Yet, in most health systems in the world, community-based services are underfunded.

Dr Paul Stiles, Associate Professor in the Department of Mental Health Law and Policy in the Louis de la Parte Florida Mental Health Institute at the University of South Florida, US, who visited Wits University on the Fulbright Specialist Roster in March, said the US de-institutionalised mental healthcare in the 1960s and 1970s.

Caring for the mentally ill in their homes and communities is widely regarded as the most successful treatment option, but it is not cheaper than institutionalisation, says Stiles.

THE COST OF NOT CARING

In South Africa's most notorious reported case of the de-institutionalisation of mental care, largely aimed at saving costs, over 1 500 people with severe mental illness were transferred from Life Esidimeni hospitals to community-based care in 2015. As a result, almost 150 died.

South Africa's Mental Health Care Act of 2002 endorses community-based healthcare, but making the transition from institutional care has not been successful, owing to a lack of resources, inequity between provinces and lack of data.

The National Mental Health Policy Framework and Strategic Plan 2013-2020 sets out a plan for aligning SA's healthcare with that of the World Health Organization's recommendations.

COSTS OF MENTAL HEALTHCARE

The costs of treating poor mental health are not only direct but also indirect, in the financial and emotional burden placed on family members as well as other issues, such as having to draw on police or ambulance services in a crisis, says Dr Stiles.

Professor Jane Goudge, Director of the Centre for Health Policy at Wits, says the costs of caring for the sick at home, not only those with mental illness, can be a huge financial burden on households and the community in general, unless those carers are supported by specialists.

Those who are most violent and aggressive, of whom the majority are men, are usually treated at specialist hospitals. Women with mental illness who are non-violent may end up cared for at home where they do not receive a similar level of specialist attention.

"For community-based care to work, primary healthcare workers need support from specialists," says Goudge. "This support needs to be provided at the district level, not from a remote hospital, in order to increase the willingness and capacity of those healthcare workers to treat people with a serious mental illness, including those who are unable to access care in a hospital."

While the majority of South Africans use public health facilities, 16% use private mental care. However, even for those who are a member of a medical aid scheme, access to mental healthcare is problematic.

According to the South African Depression and Anxiety Group, there are 11 mental health conditions covered by the Council for Medical Schemes' prescribed minimum benefits that medical schemes must provide to their members. But there are only two conditions, bipolar mood disorder and schizophrenia, that are classified as chronic, and what medical aids will pay for these may vary.

“More than 90% of those who need public healthcare for mental illness are not getting it.”

UNDER RESOURCED AND UNDER FUNDED

Robertson says the NHI's goal of delivering universal health coverage should include people with serious mental illness. 'Serious mental illness' covers any disorder in people over 18 that causes marked functional impairment, with a higher risk of mortality than in the general population.


"These sufferers will probably be unable to access health, education and employment opportunities, which perpetuates the cycle of poverty and ill-health," she says. "They need community care, general hospital psychiatric units and psychiatric hospitals."

But Robertson thinks the current system is under-resourced and underfunded. The public sector has an acute shortage of mental health professionals. The WHO notes 0.4 public sector psychiatrists per 100 000 people in SA but has no figures for other mental health specialists. There is also a dire shortage of specialist nurses.

The department of health has a 'balanced care' model for mental illness and a target of 10 beds per 100 000 for psychiatric institutions and 28 beds per 100 000 for general hospital wards. But there has been little progress in achieving these targets.

Goudge says studies have shown that the level of specialist care available varies significantly, both between provinces and areas of SA. In some areas of Gauteng there are primary healthcare nurses who can deal with severe mental illness with specialist support. It is important to document the benefits and costs of this model.

The National Mental Health Alliance Partnership has proposed that the NHI should provide for a District Health Management Office to co-ordinate not only general primary healthcare but also the provision of mental health services, including psychologists and occupational therapists. These professionals would support primary healthcare for those with more complex conditions.


While the US in general does not experience the same shortage of specialists to assist home carers or district nurses that SA faces in rural areas and poor provinces, Dr Stiles says there are some shortages in tribal lands. Some of the solutions used include having psychologists working in those areas licensed to prescribe certain medications and the increasing and successful use of technology – telemedicine – to enable those needing counselling to speak to a therapist by phone. 





MENTAL GYMNASTICS

*What's the best thing you can do for your
brain today? Move!*

DELIA DU TOIT  HERMAN VERWEY



This approach isn't wrong, but it neglects a basic physiological fact: The brain is a muscle, and like any other muscle, it needs physical exercise to grow. Exercise is so important to brain health that Dr Georgia Torres, Lecturer in the Wits Centre for Exercise Science and Sports Medicine (CESSM), goes as far as to say that "no other intervention can do for the brain what exercise does".

MOVE TO FEEL GROOVY

Cardiovascular exercise, says Torres, has been proven to regenerate brain cells in the prefrontal cortex (responsible for personality, decision-making, attention and focus) and hippocampus (critical in the ability to form and retain long-term memories). "Just like a trained muscle becomes bigger with exercise, these brain regions increase in volume with long-term exercise, improving attention and focus. It also has a protective effect against degenerative brain diseases like dementia."

Long-term research has focused on the benefits over 12- to 20-week periods, but even just one sweat session has been shown to improve focus, attention and reaction times, with the effects lasting up to two hours.

Exercise also immediately improves mood through increased levels of neurotransmitters like dopamine, serotonin and noradrenalin, dubbed the 'good mood-hormones'. "Using the Hamilton scale of depression, studies have shown that exercise can decrease depressive feelings by 47% in people who aren't on medication. For those on anti-depressants, the effect is even greater," says Torres. The benefits vary with the amount and intensity of exercise, but Torres recommends 150 minutes a week of any exercise that increases the heart rate.

BRAIN FOOD

Exercise isn't the only natural way to improve brain health. Dr Sandra Pretorius-Koen, registered dietician, collaborator at CESSM, and a programme manager at INMED SA, which helps vulnerable children, says the food you eat can either help or harm your brain – and your mood. "A poor diet is not only linked to the rise in obesity and lifestyle diseases, but also to depression and other mental health disorders. Diets high in processed and refined foods, especially sugars, are harmful to the brain and can impair the immune system – increasing the risk of depression.

"On the other hand, a diet high in vegetables, fruits, fish (especially

oily fish such as sardines or tuna), whole grains, lean meats, nuts and legumes, nourishes the brain and protects it from free radicals, which have been linked to mental disorders."

In addition, about 95% of serotonin is produced in the gastrointestinal tract, and its production is highly influenced by the billions of 'good' bacteria that make up the intestinal microbiome. "Studies have shown that probiotics (which help keep gut bacteria populations healthy) can improve anxiety levels, perception of stress and mental outlook," says Pretorius-Koen.


A healthy diet is a great starting point, but certain nutritional supplements can give brain health an extra boost, she adds. "Studies suggest that some supplements can improve the management of mental disorders. These include omega-3 fatty acids, S-adenosyl methionine (SAMe), N-acetyl cysteine (NAC), zinc, B vitamins (including folic acid) and vitamin D."

FAST-TRACKING EXERCISE IN FUTURE

Torres is also Chair of the South African chapter of the Exercise is Medicine Initiative, founded by the American College of Sports Medicine. Its Exercise is Medicine on Campus-programme this year awarded Wits a silver level designation for its efforts to create a culture of wellness on campus. The Initiative also aims to make exercise a treatment tool for chronic diseases. "Current research is looking at how exercise could become a mainstream medical, and even pharmacological recommendation, as for example, part of the treatment protocol for high blood pressure," says Torres.

Unfortunately, the world is not quite there yet. South Africa has many obstacles on the road to this ideal, particularly when it comes to mental health. Dr Catherine Draper, a Senior Researcher at the Wits Developmental Pathways for Health Research Unit, says while mental health is now treated more intentionally and spoken about more openly, it still carries a lot of stigma in South Africa.

"But exercise is simply not a priority for a very large part of the population. Our research shows that people often don't have enough time, don't know where to start, or don't have access to experts and facilities," she says. "When you're struggling to put food on the table, feel unsafe in your daily life, or have mental health issues as a result of economic challenges, exercise is not a priority. Experts must be sensitive to these issues when making recommendations."

Torres adds that, at least for now, another issue is at play. "For many, I think, exercise just seems like such a simple answer that they don't (yet) take it seriously enough." 

**"No other intervention
can do for the brain what
exercise does."**

SAVE YOUR SANITY WITH **SLEEP**

Lack of sleep can wreak havoc on your physical health and mental wellbeing – and may have implications for people living with HIV.

BETH AMATO

Famed writer Virginia Woolf wrote of sleep as “that deplorable curtailment of the joy of life”. This, however, couldn’t be further from the truth. Quality sleep is critical for sound mental health and a strong immune system, likely cornerstones of a joyful life.

SLEEPY, DOPEY, GRUMPY

Sleep deprivation is associated with a higher risk of developing depression. One bad night’s sleep may not do it, but if you’re out on the town or working late every night, believing sleep is for the dead and boring, your happiness declines exponentially.

Even acute sleep deprivation in those with common mental illnesses, like Bipolar Mood Disorder or clinical depression, is known to precipitate a manic or depressive phase, says Dr Karine Scheuermaier of the Wits Sleep Laboratory.

“If one does not get enough sleep, acute symptoms include

mood alterations, irritability, decreased enthusiasm, and a decreased capacity to learn,” she says. “A good night’s sleep is critical for road and occupational safety. Without sleep, reactions are slowed and on South African roads, where motor vehicle accidents are high, it is almost a civic duty to get enough sleep.”

Sleep acts to free-up ‘space’ in our mental hard drives by deleting unnecessary ‘connections’ that our overactive brains make while we are awake. “A person who regularly sleeps less than six hours a night may ‘feel’ alright, but if tested, would show cognitive impairment and decreased motor performance,” says Scheuermaier.

It is not only diminished mental capacity that is synonymous with sleep deprivation. Poor sleep quality or low sleep duration can also lead to higher blood pressure, a higher risk of developing insulin resistance, diabetes, compromised cardiovascular functioning, auto-immune disorders and a higher sensitivity to pain.





SLEEPING LIKE A BABY

If there is one great leveller, it is the lack of sleep involved in caring for a young baby. Some parents can't wait to leap into sometimes draconian sleep training schedules as soon as the baby is old enough, or hire someone, if they're lucky, to help at night.

"Co-sleeping is an effective way to improve both a baby and mother's sleep," says Scheuermaier, but it isn't widely practised. "In France, there is the idea that you can sleep train a baby from three-months-old, which to some is outrageous. However, it is possible for children to develop circadian rhythms after three months. So, sleep consolidation is possible." Circadian rhythms refer to the physical, mental, and behavioural changes that follow a daily cycle – such as sleeping when it is dark and being awake when it is light.

TO NAP OR NOT TO NAP

The jury is out on the benefits of 40 winks. Taking a long afternoon nap, a cultural cornerstone in southern Europe, may not be the wisest decision. A short power nap (no longer than 20 minutes) is only useful for those who did not get a good night's sleep the night before, as a short nap has been shown to restore cognitive function. However, it is not necessary with proper sleep hygiene – which means you keep regular sleeping hours each night, take appropriate nutrition during the day, and go to bed and wake up at the same time.

In people who do not have sleep disorders, a long nap reduces the build-up of sleep pressure during the day and therefore will push bedtime later. If the person needs to wake up at the same time the following day, they will then sleep for less time, which may lead them to feel tired during the day and take a nap, which sets up a cycle of poor sleep.


"A longer nap may be more a sign of an underlying sleep disorder, such as sleep apnoea or Periodic Limb Movement

"If one does not get enough sleep, acute symptoms include mood alterations, irritability, decreased enthusiasm, and a decreased capacity to learn."

Disorder or, more rarely, narcolepsy," says Scheuermaier. People may not always be aware that they have apnoea, but their partners may notice them gasping for breath while asleep or snoring loudly. In narcolepsy, people spontaneously fall asleep during the day and may have images from dreams appear, although these are termed hypnagogic hallucinations, because the person is aware that the images are not real.

SLEEP PATTERNS IN PEOPLE WITH HIV

The Wits Sleep Laboratory has been doing a longitudinal study in Soweto, looking at sleep patterns in a population living with HIV. "We found that low sleep quality in people living with HIV was associated with pain, depression and higher CD4 counts. This led us to hypothesise that maybe the lower sleep quality observed in people living with HIV, even when treated, may be caused by a chronic immune activation and conversely, that the chronic immune activation may be exacerbated by sleep issues," says Scheuermaier.

The team is now collecting sleep data on people living with HIV and people who are HIV negative to further explore this hypothesis. Part of this study is being run in Limpopo and has since 2015 followed 850 people living with HIV and 1 100 controls. The other part of this study, in Mpumalanga, is a collaboration with Professor Xavier Gomez-Olive from the Wits School of Public Health and Professor Malcolm von Schantz, from the University of Surrey, UK. 

THE COMFORT OF THE ARTS

Anyone with a heart knows how soothing classics calm your road rage and how those love song lyrics make you cry. The arts evoke emotion. How do we harness them for wellbeing?

DEBORAH MINORS  SUNDAY TIMES

"Art should comfort the disturbed and disturb the comfortable," said Mexican poet, Cesar A. Cruz. Equally important is the environment in which the arts are experienced – and there are few places less hospitable to the arts than a hospital.

The introduction of live music at the Wits Donald Gordon Medical Centre (WDGMC) by Wits students was therefore fairly unusual.

This unique cross-disciplinary initiative began in 2015 and brought together patients, carers and nurses in the paediatric and geriatric wards at the hospital with fourth-year Bachelor of Music (BMus) students from Wits.

The Music in Hospitals project aimed to positively change this clinical space and people's experiences of being in hospital through live music. The project formed part of the BMus Community Music course, integrated into the curriculum as 'service learning'.

"We want our students to learn how musicians can shift their role from individual musicianship to collaboration and providing a community service," says Dr Susan Harrop-Allin, Senior Lecturer in Wits Music who pioneered the inclusion of Community Music in the BMus curriculum.

"These performances are carefully planned, sensitive to patients' and nurses' needs, with ethical considerations an important component. Students are supervised in the hospital and required to critically reflect on their practice."

HUMANISING A HOSPITAL

The WDGMC is a referral hospital, meaning patients are critically or terminally ill or require specialised care. An understated and quiet mood prevails in this highly stressful environment, so musical performances by musicians was a decidedly non-medical approach.

"It was so different in a hospital, so unexpected, and it took quite a while for us to get our heads around it. The first few times it was quite strange," says Dr Harriet Etheredge, an ethicist at the WDGMC.

"And then you start seeing the impact. How unexpected the

benefits and such a big difference to morale. It was something to break up the day and the nurses said it made them feel happier."

THERAPY-AWARE COMMUNITY MUSIC

The Music in Hospital project, subsequently published in the *Muziki Journal of Music Research in Africa* in 2018, suggested that live music performances may be able to humanise hospital spaces. So profound were the benefits of the project that Michael McCallum, a director of Community of Music Makers South Africa, subsequently initiated a similar project at the Chris Hani Baragwanath Hospital.

"Engaging in community music can empower patients and elevate morale and wellbeing," says McCallum. "We say that our work is 'therapy-aware' rather than being strictly therapeutic."

There is a distinction between music therapy (in psychotherapy) and Community Music (in Music Education), says Harrop-Allin. This project is 'arts in health', where creative arts practices are used to transform people's in-hospital experiences.

ARTS THERAPY

Arts therapy *per se* is a distinct discipline. Drama therapy, for example, enables a person to explore their inner experience actively and experientially.

"The theoretical foundation of drama therapy lies in drama, theatre, psychology, psychotherapy, anthropology play, and interactive and creative processes," explains Warren Nebe, Clinical Arts Therapies Programme Coordinator in the Wits School of Arts.

"You cannot practise as an arts therapist unless you are a fully registered arts therapist in one of the discipline specific areas," says Nebe, who is a registered arts therapist in South Africa.

The arts therapies are a combination of disciplines that arose in the 1960s and became distinct professions in the late 1970/80s, says Nebe. In South Africa, arts therapies were incorporated into the Health Professions Council of South Africa.

There are only two such accredited Master of Arts programmes in the country – one in Drama Therapy at Drama for Life (DFL) at Wits and one in Music Therapy at the University of Pretoria. DFL will introduce Dance Therapy in 2021.



Tsholofelo Ahithile (father), Lindiwe Dumakude (mother), Sibisiso Dumakude (child patient) and Mike McCallum (Student musician from the Wits School of Music at the Oncology Day Clinic at the Wits Donald Gordon Medical Centre).

PLAY-ABILITY

Nebe curated a symposium, *Meeting South Africa's Mental Health Crisis: Toward a Transformed Arts Therapies, Applied Arts and Arts Research Response*, in May 2019. The symposium explored what role the arts can play in transforming the landscape of self-care and mental health for South Africa.

Refiloe Lepere, a drama therapist at DFL, delivered the keynote address, *Playmaking as an ethic of care and anger in the age of mental health care crisis – Postcards: Bodily Preserves*.

Nebe says, "All people are creative, all people are born with an innate ability to play. The arts therapy value lies in the relationship between client, therapist and medium. Arts therapies are for everyone, not just artists."

MINDFULNESS AND COMPASSION

Dr Lucy Draper-Clarke, a Lecturer at DFL, has a PhD in Mindfulness from the Wits School of Education.

"Mindfulness means training the mind to stay in the present," says Draper-Clarke. "Most of our difficulties come from anticipating a future or reminiscing and regretting the past – as if the present isn't quite good enough."

Mindfulness is the practice of attuning our minds so that we can more deeply understand how we respond to what we're exposed to. It invokes the 'embodied mind', which recognises the 'gut feeling' of warning or the hot flush of anger – messages that come from the 'belly brain' or 'heart brain', as Draper-Clarke calls them.

"The advantage of mindfulness is that you can experience those feelings but not react to them unconsciously. In that

millisecond of feeling, you have a choice: you can choose a more skilful response. A lot of mindfulness is about witnessing – that quality of experiencing something without getting carried away by it."


Mindfulness lends itself naturally to the arts, either practising them or experiencing them. Painting, for example, demands absorption, while poetry unites the conceptual and creative emotional brain to elicit 'felt' sense more evocative than prose, says Draper-Clarke.

Draper-Clarke's current research focuses on compassion and engagement. She asks, "Does mindfulness create a more engaged compassionate society?" Certainly the 'infodemic' in which Covid-19 immerses us requires compassion.

CALMING COVID-19 CHAOS

If despite the pandemic 'the show must go' then it has done so in part through the arts online. Catia De Castro, a Wits Journalism student, wrote how "art has been my saving grace during lockdown".

"Apart from its creation as a coping mechanism, art has also helped those who don't create it. During the Great Depression of 1929, jazz music helped lift the spirits of Americans," she writes, citing *Studies in Popular Culture*, which describes how jazz was used to maintain emotional stability during the Great Depression.

"Personally, the arts have helped me with my anxiety," says De Castro. "I wouldn't necessarily say that the arts can 'heal' mental health, but it can certainly help someone by offering a sense of escapism and comfort." 

ROCK ON, BRU!



Music is thought to be one of the ways that our ancient ancestors expressed their emotions – and may well have led to early languages.

SHAUN SMILLIE @ ROCK ART INSTITUTE

At Matjes River cave in the Eastern Cape the discovery of a flat piece of bone, with a hole bored through it, has provided an earpiece into the deep past.

Careful examination suggested the bone was part of a bullroarer, also known as a Goin!goin. The archaeologists believed they had found one of humankind's oldest musical instruments in South Africa. Bullroarers are almost universal, with a number having been found in Europe, Asia, India, the Americas and in Australia.

The Australian Aboriginal people have been known to use bullroarers in ceremonies and as a form of communication.

"A bullroarer is an oblong object, with a single hole in it, and then you put a string through it and you whirl it above your head, which is quite difficult to do," explains Professor Sarah Wurz, from the Wits School of Geography, Archaeology and Environmental Studies. "It makes a whirring sound but a rhythmical one. It is almost like the sound of bees."

To find out if this piece of bone was in fact a bullroarer, Wurz and her team had to make one themselves. They built a replica from bone. It turned out that their hunch was correct. They started experimenting with all types of bullroarers.



“Another discipline has provided science with a peek into how humankind was making music in the past. Paintings that show the San people presumably making music have been found in rock shelters in the Eastern Cape.”

“We have done some experiments with them at Klasies River Mouth and we have found that if you swing a lot of them together they make a very interesting and unearthly sound. If you do it in a cave, the sound is amplified,” says Wurz.

“You might argue, that this is not necessarily music, but it is using sound in a rational way to communicate something, possibly for ritual.”

The moods and emotions of the Stone Age hunter-gatherers who made those bullroarers and other stone tools are not reflected in the archaeological record. However, Wurz thinks music, or the making of sound, is the closest we might get to seeing our ancestors express their emotions.

To understand why and how our ancestors made music, Wurz established the Archaeological Transfrontier Music workgroup.

She and her team are scouring archaeological cave sites like Matjes River and Klasies River looking for the remains of musical instruments. Besides the bullroarers they have found other possible musical implements.

“At Matjes River, for example, we have found what we believe are 9 000-year-old flutes or whistles,” says Wurz. To test if they are in fact musical instruments, the team is in the process of making replicas which it plans to play.

The bullroarers have been dated as 9 000 years old, although Wurz hopes to one day find musical instruments with even older dates.

“I would at least expect to see this at around 100 000 years ago,” says Wurz.

“Where we are excavating at the moment, we find ochre, we find bone tools, we find a whole array of human-like instruments, or implements, so I would really not be surprised to find [musical instruments] this far back. But you have to remember objects don’t preserve as well, when you go that far back.”

Archaeologists from Wits University have found the first examples of art-related objects from 100 000 years ago at Blombos Cave.

The oldest musical instruments so far come from Europe. Here 40 000-year-old bone flutes were excavated in caves in the

Swabian Alb region of Germany. The flutes were made from bird bone, mostly vulture and swan.

Music, some believe, has played an important part in humankind’s cognitive evolution. Anthropologist Steven Brown has suggested that before language emerged, our ancestors had a sing-song, rhythmical way of speaking. This he coined as the musilanguage.

The problem Wurz has in her search for musical artefacts is that most do not survive the passage of time. Only bone and rock survive.

Another discipline has provided science with a peek into how humankind was making music in the past. Paintings that show the San people presumably making music have been found in rock shelters in the Eastern Cape.

“We’ve got musical instruments, but we don’t know exactly how old they are,” says Professor David Pearce, Director of the Rock Art Research Institute at Wits. “In the Eastern Cape Drakensberg, where I work, we’ve got several paintings of musical bows.”

Musical bows are played by tapping the string with a stick. They are still used by the San today.

The art itself, says Pearce, is closely linked to music. “From the ethnography we know that the art goes very closely with the trance dancers, and those dances involve music in the form of clapping and singing.”

Recently, the Rock Art Research Institute has begun dating rock art sites. In the area where the musical bows were found, some of the art dates back 3 000 years. The Institute wants to date more sites.

Ultimately, says Wurz, the understanding of how hunter-gatherers made music requires us to step away from our own modern-day perceptions.

“So when you go into this in an academic way, you have to unpack what you mean by music,” says Wurz. “Certainly music in its origins is very different from our western concept of a concert. We listen to an orchestra or to a band and that’s it. Back then music was something within which everyone partook.” ■

16:58



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CAN TECH SAVE OUR SANITY?

DELIA DU TOIT 📷 LAUREN MULLIGAN

Promising technological and online innovations could be crucial in combating the world's alarming mental health statistics.

Scan the news in any given week and you'll likely find at least one headline about the mental health perils of today's online life: "Smart phones decrease your attention span", "screen time disrupts sleep", "social media causes depression".

It's tempting to blame rising global depression and anxiety statistics on the concurrent advances in technology, and our reliance on it in our everyday lives, but would you blame a stab wound on the knife?

Adam Pantanowitz, a biomedical engineer and Lecturer in the School of Electrical and Information Engineering, says although we need to recognise the dangers of some technologies and their potential to erode mental health, it's important to not blame a mere tool for its effects on the user.

"Certainly, several studies have looked at, for example, social media's negative impact on self-esteem, and such aspects need to be managed. On the other hand, there are several apps available to help manage mental health problems. You can use your smart phone to do a guided meditation, or it can become an avenue for cyber bullying. It's really important to discern and understand these differences," says Pantanowitz.

It's also important to note there is not yet a clear picture of the effects of technology on our lives and mental health. Because technology isn't evolving at a linear rate, but in exponential proportions, it's difficult to fully gauge its effect on mental health in long-term studies.

At this stage, for example, largely anecdotal evidence suggests that the use of technology is interfering with the human attention span – specifically, our ability to attend effectively, says Professor Kate Cockcroft, division leader of cognitive neuroscience at the Neuroscience Research Laboratory (NeuRL) in the School of Human and Community Development. "But it's really difficult to get firm evidence on such topics because of the influence of several [psychological, environmental and other] variables on such studies."

ONLINE CYBER-SAVIOURS

When good news does make the headlines, however, it's overwhelmingly promising. In 2017, the Brainternet project, led by Pantanowitz, made headlines worldwide when it streamed brainwaves onto the internet from a portable electroencephalogram (EEG) device worn on a person's head. Brainternet converts the EEG signals, or brain waves, to an open source live stream in real time. The possibilities of this tech are jaw-dropping.

"It could open up new intervention and treatment avenues for epilepsy, for example, by potentially diagnosing the condition remotely or monitoring brain waves to predict seizures. Or it could become a way to understand a person's brain and

mental state, with the potential to diagnose conditions such as depression much earlier on, before the symptoms become overwhelming," says Pantanowitz.

Though the tech is in its infancy – Pantanowitz says other imaging modalities would be needed in combination with Brainternet for these applications – its potential in the fields of neuroscience and behavioural science is thrilling.

Pantanowitz is also in the process of co-founding a therapy app, which would allow therapists to interact with patients remotely via text or video calling. The app, called Reach, is still in its early stages, but could be a game-changer for millions who don't have access to conventional treatment.



Tasneem Hassem, a PhD Psychology candidate at Wits, says that given the lack of mental health resources available in South Africa, and increasing access to the internet, online screening tools can be a useful and necessary first step for the diagnosis and treatment of a mental health illness. In the paper, *A systematic review of online depression screening tools for use in the South African context*, Hassem and Professor Sumaya Laher evaluate some of the available screening tools and concluded that there is a need for a depression screening tool to be adapted for online usage in South Africa.

E-LEARNING ENCOURAGEMENT

Then, there's the promising potential in the realm of e-learning. Paula Barnard-Ashton, Senior Lecturer in the School of Therapeutic Sciences and Manager of eFundanathi (Learn with Us), the Wits eZone e-learning platform, says her research has shown that online learning can have a positive effect on students' mental health. "An online learning platform embedded in a curriculum gives students a better understanding of their own progress, as they're involved in the curriculum instead of just being 'talked to' in a class. This makes students feel connected and gives them a sense of security, helping with stress management." Her research, over six years, also shows that e-learning has a positive effect on lecturer confidence, improving stress management and burnout in the long term.

OGRES ONLINE

Of course, if used incorrectly, even 'good tech' can go bad. Cockcroft uses the example of tech in the classroom – beneficial when used correctly, distracting when not. "Attention needs to be understood as a limited resource. We don't have unlimited attentional resources [or] a protective mechanism that prevents us from being overwhelmed by the vast amounts of information bombarding our senses. So, we constantly filter and select what to allocate our attentional resources to."

Cockcroft says the extent to which we can divide our attention and therefore multitask depends largely on two factors: How well versed a person is in each task, and the senses involved. "A learner driver, for example, will find it difficult to focus on anything except the process of driving. But after many hours of practice, the process becomes automatised, using fewer attentional and cognitive resources and enabling us to hold a conversation over Bluetooth. If the sensory input is different, multitasking is also easier – such as driving (vision) while listening to the radio (hearing). But if the complexity of one task changes, for example, the road is unfamiliar, we need to devote more attention to it and subsequent attention to the radio or conversation drops off."

In the classroom, she says, many students assume they can work on an assignment or paper on their laptop, and simultaneously listen to someone talking. "But if you are dealing with complex verbal information in both instances, this is highly unlikely. Scanning through photos on Instagram (vision) while listening to a lecture (hearing) may have minimal attentional interference, however – even though it's not acceptable behaviour!"

Hassem says online diagnostic tools should be used with caution. "People should avoid using pop-psychology tools. These are often not developed by experts and could provide inaccurate results, causing further distress to a patient. Mental health screening tools developed in a different country should also be used with caution. International depression screening criteria, for example, are heavily focused on the psychological symptoms


“You can use your smart phone to do a guided meditation, or it can become an avenue for cyber bullying. It’s really important to discern and understand these differences.”

of depression, while research indicates that South Africans may experience more physical than psychological symptoms of depression.

And, of course, online tools do not (at this stage) allow for a formal diagnosis. It should just be used as a starting point before visiting a qualified mental health practitioner."

MIND THE FUTURE

New technology popping up left, right and centre, creates a legitimate risk, says Pantanowitz. "Now, and as time goes on, users will need to become more discerning about the technology they use, what they use it for, and how they use it. Always look for authoritative sources and be responsible when sharing information. Empower others by leaving a bad review on unscientific apps, for example."

In the long term, fascinating changes could be on the horizon, says Cockcroft. "Repeated use of technology is likely to change how our brains work in the long term. For example, the skill of reading has changed how our brains are set up. We did not have dedicated brain areas for word recognition and other aspects related to reading before humans were literate. Even today, the brains of literate and illiterate people are different. The same is likely to happen with the use of various technologies, and we may become more efficient at using these in the future." 

AN AFRICAN ALGORITHM FOR MENTAL HEALTH

Dr Lucienne Abrahams, Director of the LINK Centre (Learning Information Networking Knowledge), an interdisciplinary academic hub at Wits' Tshimologong tech hub, says one of the key advantages of digital technology, in any sector, is it can be used to provide existing services in ways not previously possible. "In African countries, where many people do not have access to public mental health services, this benefit may simply be access. In the case of mental health screening, or in the case of the treatment of less severe mental health disorders, public health officials and facilities would be able to reach a larger population using digital tools, including social media and other smartphone and online applications."

But access to technology is a challenge for many population groups, and so is access to information. "While many mental health applications exist, few people would be aware of them and fewer would have access without the direct intervention of public health authorities. Most importantly, literature suggests that digital applications for mental health operating outside of a broader treatment regime with a formalised professional support network are risky, or ineffectual, or both."

Clearly, more local research is needed. "Very limited research has been done in Africa about the effect of technology on mental health. Public authorities would need to be engaged in long-term research to ensure that the digital technologies and applications that they promote are low-risk and effective."



TEAMING-UP AT HOME

The lockdown precipitated by Covid-19 forced many of us off campus and into an online office and world of work. This new relationship with technology makes cognitive and emotional demands that, unaddressed, threaten our mental wellbeing.

GARTH STEVENS

Although technology has undoubtedly often advanced living conditions throughout history, this is not an inevitable nor necessarily equitable outcome. New forms of alienation will emerge to co-exist with these advancements. We need to be vigilant of the deleterious effects in the unfolding relationship between new technologies and social life.

The move to online, digital, remote work has become

commonplace for many, with platforms like Microsoft Teams, Zoom and Skype now primary sites for organisational engagement.

But rather than epitomising the flexibility of remote working, increased efficiency or freed-up time for better work-life balance in a 24-hour day, anecdotal reports suggest the opposite outcome for many. We hear reports of 'zoom fatigue', screen-time



saturation, and working harder and longer, but less productively.

Few of us consider the extent of cognitive and sensory overload involved in relying on multiple digital platforms to fulfil our work objectives, particularly as we have moved so rapidly from a face-to-face office environment to a virtual office.

Psychology offers some insights into these new forms of alienation and the mental health conditions that can occur as a result. The extent of cognitive overload, emotional labour, and the lack of a punctuated working day, are key to understanding this new mode of remote working.

DIGI-PEOPLE

Online, we have to attend to multiple voices and faces, sometimes independently of each other as they are disembodied through a muted microphone or shuttered camera. Mindful of the online meeting environment, we continually self-surveil and self-regulate,

and we are cognisant and situationally aware of our home environments. These online interactions are usually accompanied by multi-tasking on phones and emails, note-taking, mentally crafting the next email, and planning the next meeting.

Beyond this, we are mentally managing the fact that our new virtual offices are located inside a pre-existing environment – our homes – with multiple others who share that space and who have additional demands of us that vary across gender and age. Similarly, our students must now manage new ways of learning, multiple course demands, and home environments that are sometimes not conducive to learning.

The levels of emotional labour to maintain this degree of psychological integrity are profoundly underestimated. In each of our virtual interactions, we no longer have the luxury of reading body language and non-verbal cues, but we have to be mindful of taking turns to talk, and we have to contend with technological glitches that truncate and distort meaning and communication. We have to do much heavier emotional lifting to grapple with the ways in which human interaction itself is being re-shaped.


40-HOUR WORK WHAT?

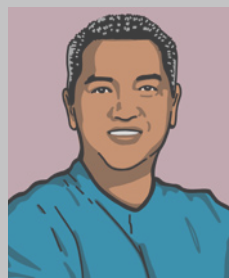
Finally, we should not forget how digital and remote work may inadvertently be reversing one of the labour movement's biggest gains – the 40-hour working week. Remote, digital working tends to collapse spatial and temporal [time] boundaries. Mornings, afternoons, evenings, weekdays and weekends flow into each other. And in this moment every aspect of our lockdown lives occurs in the same space. In many instances, the normal punctuation of our daily routines no longer exists and we have to consider the threat of this new form of alienation.

In failing to come to terms with the extent of how radically this historical moment has changed our lives, we risk going to great lengths to try and impose our notions of normality on this new digital regime. We do this in an attempt to maintain a degree of continuity, coherence, mastery and control - even if these are illusory!

We have not yet fully understood the need for new rhythms of work in this moment. We should not simply view this digital environment as a new set of platforms, but rather as an entirely new modus operandi of work, teaching and learning.

At its best, technology has enhanced access, engagement and communication, albeit not always equally. Conversely, it can contribute to the worst of a fractured form of labour and a disembodied humanity inside an impending gigabyte economy.

This moment gives us a window into a future that we will have to be much more deliberate about shaping – a future where technology serves humanity. Whether utopian or dystopian, the truth is probably somewhere in-between. 



Garth Stevens is Professor of Psychology in the School of Human & Community Development at Wits, Dean of the Faculty of Humanities at the University, and President of the Psychological Society of South Africa.



OVER RULED – HOW THE HEAD TRUMPS THE HEART

Our brain is a complex organ – it keeps us breathing, helps us pull our hands from a fire, and keeps our emotions, fears and dreams in check.

UFRIEDA HO

Your work crush flashes you a smile, your heart beats faster and your day is instantly brighter. Your anger at being cut off in traffic earlier is soothed, and the sinking reality of load-shedding and economic junk status lifts a little.

We're a churn of emotions most days; seemingly ruled by the neurotransmitters firing in our limbic system, as the brain learns to regulate our emotions over time.

"The brain stops you from running up and planting a passionate kiss on your work crush's lips," says Dr Sahba Besharati in Wits' Department of Psychology and Wits NeuRL (Neuroscience Research Lab).

Our brain's executive functioning is mostly housed in the pre-frontal cortex. Executive functions – our control mechanisms – help to put brakes on our emotions, to hold back on our 'animal impulses', so that our emotions aren't acted on so hastily that we are left a train wreck of awkward regret.

Professor Paul Manger of the School of Anatomical Sciences says our brains are comprised of neurons and glia cells. The neurons are specialised cells responsible for transmitting nerve impulses, while glia cells maintain homeostasis, form myelin, and provide support and protection for neurons in the brain. This neural tissue forms the body's HQ, and while it functions mechanistically, there also appears to be some magic.

"There are neural-based phenomena, such as conscious experiences, that we cannot yet explain mechanistically," he says.

While we are focused on other things, such as reading a book, our brains keep us breathing and keep blood pumping through our veins. The brain is simultaneously receiving signals from our senses, interpreting the signals and proposing a range of actions based on these signals.

The process of how we decide whether to act on or ignore these 'options' is still mysterious, but we know this occurs in our frontal lobes.

Manger says the way our frontal lobes condone or veto the potential actions and responses created by the brain, is based on a combination of our nature and our personal history (how we have been nurtured). This also applies to actions where our unconscious thoughts hold more sway on our desires, urges and behaviours.

"At our most basic, our brains are wired for us to simply survive, to reproduce and then to raise our young. But we are also divided between nature and nurture, which means that our responses to the signals our brains receive are also based on our personal histories, which affect the way our brains generate emotions, and store and recall memories," says Manger.

While our brain is made up of distinct centres, with distinct functions, it is bound together as one exquisite piece of human machinery. For instance, our emotions emanate from neural activity in our limbic system. Our brains manage our flight or fight responses and produce 'feel-good' chemicals such as endorphins, serotonin, oxytocin and dopamine. And in the case of bad feelings, it's the rush of cortisol that signals our 'get away quick' response.

We also have dreams and cravings, memories and experiences that add to our knowledge bank and hopefully help us develop some wisdom too.

Besharati says our brains develop throughout our lives, shaped by the environment and our experiences, and we develop and display the emotional responses to match.

"The first 1 000 days from conception to when we are two-years-old is a critical period of brain development. During this time we see rapid growth through synaptic blooming and connectivity, and we see similar rapid changes again during adolescence."

Adolescence is the period of life when hormone fluctuations are intense and peer pressure and risk-taking behaviours are at their peak. This period of our lives is widely misunderstood, and along with it comes remarkable changes in the development of our brain.

After we turn 30, our brains reach a plateau in terms of development. However, brain plasticity remains throughout our lifespan. Leading neuroscientists in the United Kingdom have developed a theory called the Optimism Bias – where we overestimate the likelihood of positive events and downplay the probability of negative ones.

"According to this theory, our moods and feelings are affected by the load of 'adulting' in our middle years, as opposed to adolescence and early adulthood where the Optimism Bias is at its peak," says Besharati.

“There are neural-based phenomena, such as conscious experiences, that we cannot yet explain mechanistically.”


It is the burden of paying school fees, caring for ageing parents and, in our era of the Covid-19 crisis, envisaging the worst-case scenario, while still working out the week's dinner menu. Emotions of anxiety, fear and despondency can become our dark shadows. Couple this with sleep deprivation, social isolation, the pressure to perform at work, and trying to match or better people's curated lives on social media, and it makes for a heavy psychological burden.

The good news though, says Besharati, is that once we pass the 60-year mark the Optimism Bias is renewed.

Ongoing research on the Optimism Bias in humans (in spite of the documented changes during midlife) show our brains may be wired to be optimistic rather than realistic. It keeps us engaged, open to imagining a better future and inspired.

"Our brains are unbelievably plastic," Besharati says. It is a suppleness that allows for new neural pathways to develop so that we can break unhealthy patterns and develop appropriate coping mechanisms. Ultimately, we can change our minds, change our responses and therefore our feelings, with the appropriate environmental influences and possible interventions.

The mind can be kept agile and fit with exercise, a natural, peaceful environment, strong supportive networks, sleeping enough and choosing a healthier diet. Besharati says mindfulness meditation and visualisation are useful techniques to enhance our interoceptive sensitivity – the practice of accurately reading our internal bodily sensations like breathing or our heartbeat.

"It is natural to want to be in control of our feelings and emotions so that we are not driven just by impulse, but this is something that the brain learns to do as influenced by experiences." she says. 

The page features a large, bold title 'THE CROCODILE ROCK' in orange. To the right, there is a detailed image of a crocodile's head and jaw, showing its teeth and skin texture. The background is white with several faint, grey musical notes and symbols scattered around, including a treble clef, a bass clef, and various note heads and stems.

THE CROCODILE ROCK

Pay close attention the next time you play a Bach concerto to your pet crocodile. If you look closely, you might just see him tapping his toes to the rhythm.

SCHALK MOUTON

It is true. Crocodiles react to the complex frequencies heard in music such as classical music. This means that, just like mammals and even fish, they have a hierarchical way of processing sensory stimulus, enabling them to navigate their way through the world they live in.

"Their hierarchical processing has been retained from earlier vertebrates over millions of years," says Dr Brendon Billings, a Senior Lecturer in the School of Anatomical Sciences. This process follows a conserved approach to evolution and simply put: "If something works in nature, there is no reason to change it."

Billings researched the underlying neuronal processing which enables crocodiles' ability to perform complex behaviours, as part of his PhD in anatomical sciences. The idea was to find out what inner workings in the brains of these reptiles can match the complexity in behaviour identified in the wild and in captivity.

"When you look at animals, you ascribe a certain level of intelligence to them, due to the level of complex behaviour they perform, such as communication, the use and manipulation of tools, or playing," says Billings. "Chimpanzees, for instance, manipulate twigs to fish termites out of the ground, while crows have been shown to outperform non-human primates in behavioural studies."

Pigeons, for example, will work tremendously hard for a reward during behavioural experiments. Crocodiles, however, don't do that. Due to their cold-blooded nature, crocodiles are a lot more cryptic in their behaviour than their warm-blooded counterparts as they are more concerned with conserving energy.

When crocodiles are not skulking about in muddy waters, looking for something to snap at, they lie about in the sun, warming their cold-blooded bodies. Their seemingly inactive lifestyle means that they get the short end of the stick when it

comes to recognition of their intelligence. However, they have been seen to display complex behaviour, both in the wild and in zoos. For instance, they have been seen to collect twigs on their snouts, tricking birds into thinking the twigs are worms. When the birds come to investigate ... snap!

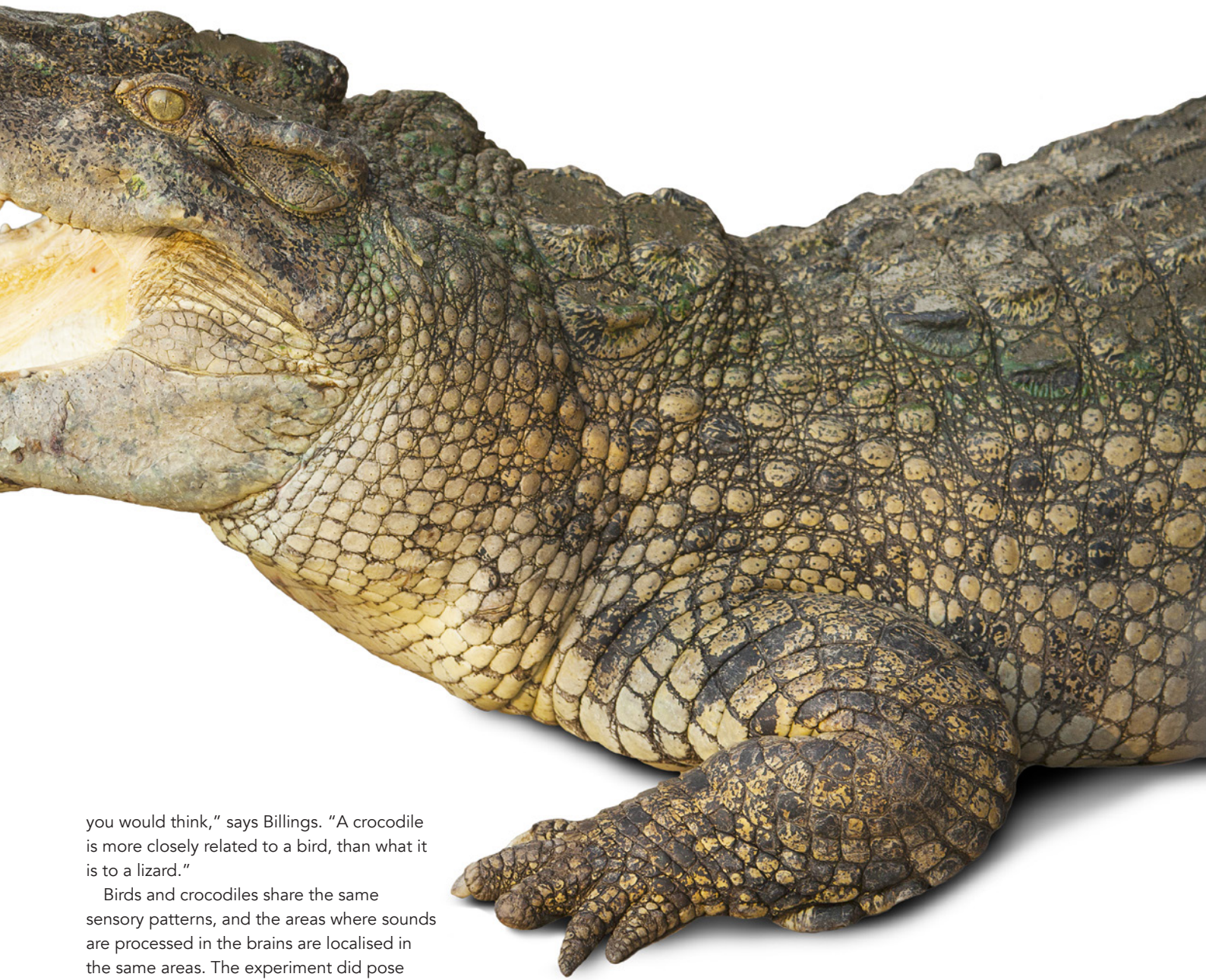
"This behaviour shows a level of complexity. It means they are rationalising that if they perform a certain action, they might get a certain reaction."

Intelligence is highly dependent on an animal's sensory system. Billings and colleagues from Ruhr University Bochum, Germany, explored crocodiles' ability to make sense of their environment by performing functional magnetic resonance imaging (fMRI) scans on crocodiles, while providing them with sensory stimuli, such as sounds and visuals. fMRI measures activity in the brain by assessing the levels of oxygen and carbon dioxide (CO₂) in the brain. The brain requires energy in the form of oxygen to function, the by-product of which is CO₂. This ratio of O₂/CO₂, represented in the form of a heat map, demonstrates in real time areas of activation within the brain. When the crocodiles were stimulated with certain sounds at different frequencies, very specific regions within their brains lit up on the fMRI scans.

"We needed to test both simple sounds – high frequencies and mixed frequencies," says Billings. "We did not really set out to use classical music, we just needed the mixed frequencies that can be found in classical music, so we used Johann Sebastian Bach's Brandenburg Concerto No. 4."

The team's experiment is unique and has never before been done on a cold-blooded animal. While the members of the German laboratory are experts on doing similar tests on birds, they have never worked with a crocodile.

"Luckily, birds and crocodiles are more closely related than what



you would think,” says Billings. “A crocodile is more closely related to a bird, than what it is to a lizard.”

Birds and crocodiles share the same sensory patterns, and the areas where sounds are processed in the brains are localised in the same areas. The experiment did pose some challenges, however, as the right size crocodile had to be found, and the team had to work with extreme care to make sure it stayed comfortable.

“Firstly, you have to make sure that the animal fits in the scanner, so it has to be a small crocodile. Then, you have to keep it comfortable during the session and keep the temperature just right.”

If the crocodile gets too cold, brain activity diminishes and it becomes paralysed. On the other hand, if it is too hot, the animal becomes too active. It needs to be absolutely still in the scanner to avoid false readings. Optimisation of the technique took some time. After a lot of trial and error, the team found what they were looking for.

“We showed that sensory information processed by a crocodile follows a hierarchical sensory processing system. In the case of visual cues, a similar pattern of hierarchical processing was noted, with the information transfer from the retina via the midbrain to reach the forebrain. Once in the forebrain, information was processed from primary visual areas to secondary and tertiary

“When you look at animals, you ascribe a certain level of intelligence to them, due to the level of complex behaviour they perform, such as communication, the use and manipulation of tools, or playing.”

higher order processing, based on specific visual cues,” says Billings.

“This version of information processing has been conserved over millions of years and can be found across vertebrates. However, more studies are needed to pinpoint exactly where in the brain of reptiles complex behaviours reside.” ■

TRADITIONAL ANSWERS TO MIND-BODY-SPIRIT QUESTIONS

Indigenous knowledge is critical in helping people cope with mental health issues that western medicine may not address.

BUHLE ZUMA

Queue-marshals at taxi ranks are usually a useful source of knowledge when it comes to directing a lost traveller. But when Desiree Malope, a Wits student in Medical Anthropology, travelled to Mamelodi to find the Itsoseng Clinic, the marshals at the Bree taxi rank in Johannesburg couldn't help her. Malope was saved by remembering that the clinic was located inside the township campus of the University of Pretoria.

The Itsoseng Clinic offers psychological support to the community of Mamelodi. Although it is located on a busy main road, it is largely invisible and unknown. Perhaps this indicates the discomfort people have when it comes to seeking help for mental health issues from formal institutions. In contrast, the homes of traditional healers are well-known landmarks in this township as in many African communities. At the taxi rank, you only need to provide the name of the healer and you will be assisted with relative ease.

HOLISTIC HEALING

For centuries traditional healers or spiritual healers have treated people for physical and mental conditions. These healers are called by ancestors into the profession. However, the former undergoes *ubungoma* (divination) training while the latter is spiritually inclined and draws on either African or Christian religions. Acceptance of these healers lies in the richness of indigenous therapies, which promote overall wellbeing and are based on the understanding that a person consists of a mind, body and spirit. Wits Psychology master's graduate, Mahlodi Sehoana, says it is believed that persistent physical and mental illness occurs when there is instability between an individual and their surroundings, which may include family, society and the individual's ancestors.

"The role that the spirit plays in the life of living beings is what makes indigenous health systems unique, providing relevant interventions to users," says Sehoana.

In the traditional African sense, an illness is described as a spiritual illness if it involves an element linked to the intangible or supernatural environment.

SPIRIT SOLUTIONS

A study analysing illness conceptualisation in the African, Hindu and Islamic traditions found that these emphasise that all parts of the self – mind, body and spirit – interact continuously to maintain a harmonious balance in the body. The study, conducted by Professor Sumaya Laher in the Department of Psychology at Wits, found that these traditions all recognise the spiritual dimension and share similarities in how they manage physical, mental, and spiritual conditions.

Sinethemba Makanya, a PhD candidate in Medical Humanities at the Wits Institute for Social and Economic Research (Wiser), is conducting research into African systems of healing and mental health. Makanya says indigenous methods of therapy offer many ways to understand the human condition.


"For example, the cultural interpretation of a person medically diagnosed with depression may yield a different meaning regarding the spiritual state of the person," says Makanya. Clinical psychologist Anele Siswana incorporates both African epistemologies and Western-Euro ways in his practice. He concurs that depression is a state of 'dis-ease' and may be a symptom of something that warrants ancestral attention. Diagnosis and treatment is guided by the gifts and methods of the diviner, spiritual healer or sangoma.

Depression could be related to not knowing your real surname, which produces conflict among the ancestors (spirits) and results in behaviour change. Makanya says such matters can only be understood through indigenous therapies and would not be evident through Western diagnostic tools, which work through a dual system that considers only the body and mind.

"The true nature of spiritual illness can only be determined by the diviner through the throwing of bones, which is a combination of natural elements and reading these for a message from ancestors," says Makanya.

AFRICAN UNDERSTANDING OF MENTAL HEALTH

A 2017 study in Bushbuckridge comprising of 27 in-depth interviews and 133 surveys with traditional healers suggests that



“There is a need for the mainstream texts used in training to begin actively engaging non-Western [traditional] understandings of illness and critically discussing methods to deal with these.”

the healers believed that relying on modern medicine for mental illness is fruitless, as treatments from clinicians would at best only control symptoms but never cure the disorders, which could only be achieved through traditional care.

The study, by the MRC/Wits Agincourt Research Unit, sought to understand the causes of five traditional illnesses known locally as *Mavabyi ya nhloko* [sickness of the head] and the treatment practices for mental, neurological, and substance abuse disorders.

Other studies have confirmed that common mental disorders such as depression, anxiety and social difficulties were more likely to respond to traditional treatments. However, these studies found that indigenous systems were less successful in treating major illnesses such as schizophrenia and bipolar disorder – a point that is open to debate, according to Makanya.

SPIRITUAL SOLUTIONS FOR MILLENNIALS

While the Agincourt study says the predictors for seeking traditional care were older age, black race, lower education levels, unemployment, and anxiety or substance abuse issues, Makanya and many others like her don't fit this mould.

As a spiritual healer with a background in psychology and drama therapy, Makanya runs a practice in Soweto where she sees a significant number of millennials, born between 1981 and 1995, and Generation Z-ers, born between 1996 and 2010. Her patients are young and well-educated.

“They feel that something is not working in the system and that their parents have not fulfilled their role of teaching them about African knowledge systems and beliefs. They are looking for direction and trying to make sense of their world,” she says.

Leading healers and guides, notably Gogo Dineo Ndlanzi of the Institute of Spiritual Healing and the Umkhulu VVO Mkhize of Umsamo Institute, have legions of followers on social media and other public platforms, signalling the resurgence of African belief systems and spirituality.

Laher, who is an advocate of cultural competency amongst healthcare practitioners, argues there is a need for the mainstream texts used in training to begin actively engaging non-Western [traditional] understandings of illness and critically discussing methods to deal with these. This will enhance practitioner skills and ultimately affect the therapeutic experience and outcome for the patient.

“The ground is already shifting to make way for cooperation between the different perspectives,” says Laher. ■



MAIN REASONS WHY PEOPLE USE TRADITIONAL HEALERS:

- Less stigma associated with going to traditional healers;
- They are accessible;
- People understand traditional healing practices; and
- Traditional healers are mostly affordable.

HOW YOUR TRIBE AFFECTS YOUR VIBE

We are influenced by those with whom we most closely associate, in terms of our ideologies, political positions and prejudices. The Covid-19 lockdown exposed us for who we really are.

LEM CHETTY  JAIME LOPES

As a sociological phenomenon, our ‘vibe’ – our experiences and ensuing behaviour – starts to develop on the day we are born.

From that day onward, we are socialised by our upbringing – our families and schooling, religious influences, and then further through our education and the media we consume. All of these play a critical part in shaping our outlook, and as we grow into adulthood we are exposed to a variety of ideas – in the workplace, through our colleagues, our friends, our leaders. Even the work environment can contribute to shaping how we see, understand and think of the world.

SHIFTING TRIBES

Professor Devan Pillay from the Department of Sociology at Wits says during the Covid-19 pandemic, one of the primary influences of our socialisation has created polarised political and economic views of the lockdown situation.

“This primary influence is class location,” says Pillay. “It affected people’s reactions and behaviour immediately. Especially in South Africa where inequality is vast. Different classes of people and how they view food was a telling factor.”

Rotisserie chicken and pies polarised those in the middle class. For the working classes in townships, this may not have featured as a critical issue, given that the informal shop owner selling hot food

“We have family chat groups right now while in lockdown. These have become more valuable for people. But not everyone likes the family and not everyone in the family has the same views.”

on the side of the road had already been unable to do so. But for the average Woolies Food patron, this became a major issue.

“If we look at the historical version of the word ‘tribe’, it has leanings to being locked into a particular situation – a village, or geographical version of family. In that family context, if we are embedded with only our biological families all of our lives, we would view the world in a particular way.”

In a cosmopolitan, modern world, our family is much wider than our loved ones. These families can range from co-workers, to our football club, and our religious context. That ‘tribe’ is always shifting in a modern context.

THE CONTAGION OF CROWDS

“We have family chat groups right now while in lockdown. These have become more valuable for people. But not everyone likes the family and not everyone in the family has the same views. Some posts in these groups, you might be appalled by. Some are crazy conspiracy theorists. So, if we stay only within this particular family group, our outlook may be influenced by only these views, which is not ideal,” says Pillay.

This is a microcosm of what happens in larger communities. A case in point is the emergence of extremists and racial fanatics in the US after the election of Donald Trump as president.

“The world is a complex space and there is a lot of information out there. We can’t always emotionally or intellectually process these notions, so we follow those who we respect – this is the nature of dictators and religious fanatics. When people are more able to think rationally and have core education grounding, you might not have this extremist behaviour,” says Pillay.

The ideal, if it existed, would be a frame of reference that is free of prejudices and seeks scientific evidence-based perspectives that opens up our points of view to other perspectives.

“This is a difficult issue for some when they don’t have access to information, education and historical background necessary for avoiding [groupthink]. Then you can be influenced by crazy conspiracy theories, instead of that which is solidly grounded in fact.”

‘GROUPTHINK’ TRUMPS DIVERSITY

One example is the conspiracy that Covid-19 is spread over 5G cellular networks, or politician Julius Malema’s claims that Public Enterprises Minister Pravin Gordhan is a racist and represents white monopoly capital. “If you have historical knowledge, you know that Gordhan was a key figure in the anti-apartheid movement. With 5G networks, you must have the ability and access to information that is science-based – including basic resources like data available to Google this – only then, do you have the basic ability to filter this information,” says Pillay.

Inequality can exacerbate groupthink. For instance, people who are on Twitter only and not other forms of social media, because it is cheaper to access, are more likely to be susceptible to messages from phony religious leaders,

self-prophets, even political leaders.

“With the current pandemic, we have been luckier in SA to some extent, than what happened in the US. Leading authorities can make a huge difference in creating awareness and understanding. Here, we have the president and the chief health authority informing the country. In America you had the country’s leader opening up the conspiracy debate. It has led to a health crisis,” says Pillay.

CONSPIRACY AND IDEOLOGY

Professor Nicky Falkof, a cultural studies scholar in the Media Studies department at Wits University, has been stranded in the UK during the Covid-19 lockdown. “One thing that really struck me is the very different ways in which people have responded to the different stages of the pandemic. It is incredibly linked to ideology,” she says.

She, too, noted how class divided the South African reaction. “It is really interesting to see a lot of middle-class people who are wealthy, split between protesting for rotisserie chicken and, on the other hand, calling the police on their neighbours who walked their dogs illegally. The way they react to their personal freedoms being taken away and this anxious or paranoid self-policing, was definitely filtered through class lenses.”

She adds that the gathering of minds around conspiracy theories was comparable to the explosion of HIV rates a few decades ago. “Initially, there was the theory that white people or Europeans brought Covid-19 over to destroy Africans. We know this is [legitimate] in some ways [wealthy white travellers transmitted the virus], but the danger lies in the way it’s manifested – that [suggests] black people and the poor are not susceptible. Similarly, in other countries, there was the same narrative, including those from hardcore Trump supporters, that China invented this virus, or that it only affects Asian people.”

Falkof says the pandemic also showed how difficult it is to empathise and understand the enormity of the situation if it had not yet affected someone in your space.

“In the UK, people’s anxiety about poverty is being evened out by the health effects and death toll. In SA, people fearing the lockdown and the disease is different. While the death and infection rates are low, people are concerned about loss of business. For the informal sector, this means loss of capacity to feed children due to the lockdown. Fear of the disease is quite low. We haven’t dug mass graves, yet,” she says.

And she says, frames of reference mean that we have not heard enough from the informal sector. “Disturbing always that the loudest voices around are from those who can’t buy wine and walk dogs. Recycling reclaimers who are a significant part of the population and whose livelihood depends on the plastic they collect from suburban houses, aren’t being heard on whether they can eat or not.”

Falkof says this shows how “even a transnational crisis” is filtered through our own life experiences. “We aren’t always capable of thinking in a broader society. What is positive is that there is a collective mindset around solutions, too. The lockdown means we are doing the best for the collective rather than ourselves. This pandemic has given us an opportunity to rethink how society can learn and fix some of these issues.”

She adds, “Globally, the response to Covid-19 has been affected by our ‘tribe’ – a country’s reserves and standing really affects its outcome. In South Africa, despite having fewer reserves, there is hope in how the government has stepped up and taken control.” In other words, a tribe to be proud of. 📌

MADNESS, SHE WROTE



The feminisation of madness is persistent and pervasive as are forms of Othering across societies. During a particularly vulnerable global moment, interpretations of madness warrant interrogation.

UFRIEDA HO

'Hysterical', 'over-emotional', 'delusional', 'shrill', 'the bridezilla' – 'madness' has always come with loaded synonyms, disdain and more often than not, a distinct feminine association. Pull a thread through history, culture and across disciplines and it becomes clear that 'madness' has conveniently been deployed to write off women, diminish them and to pathologise their emotions.

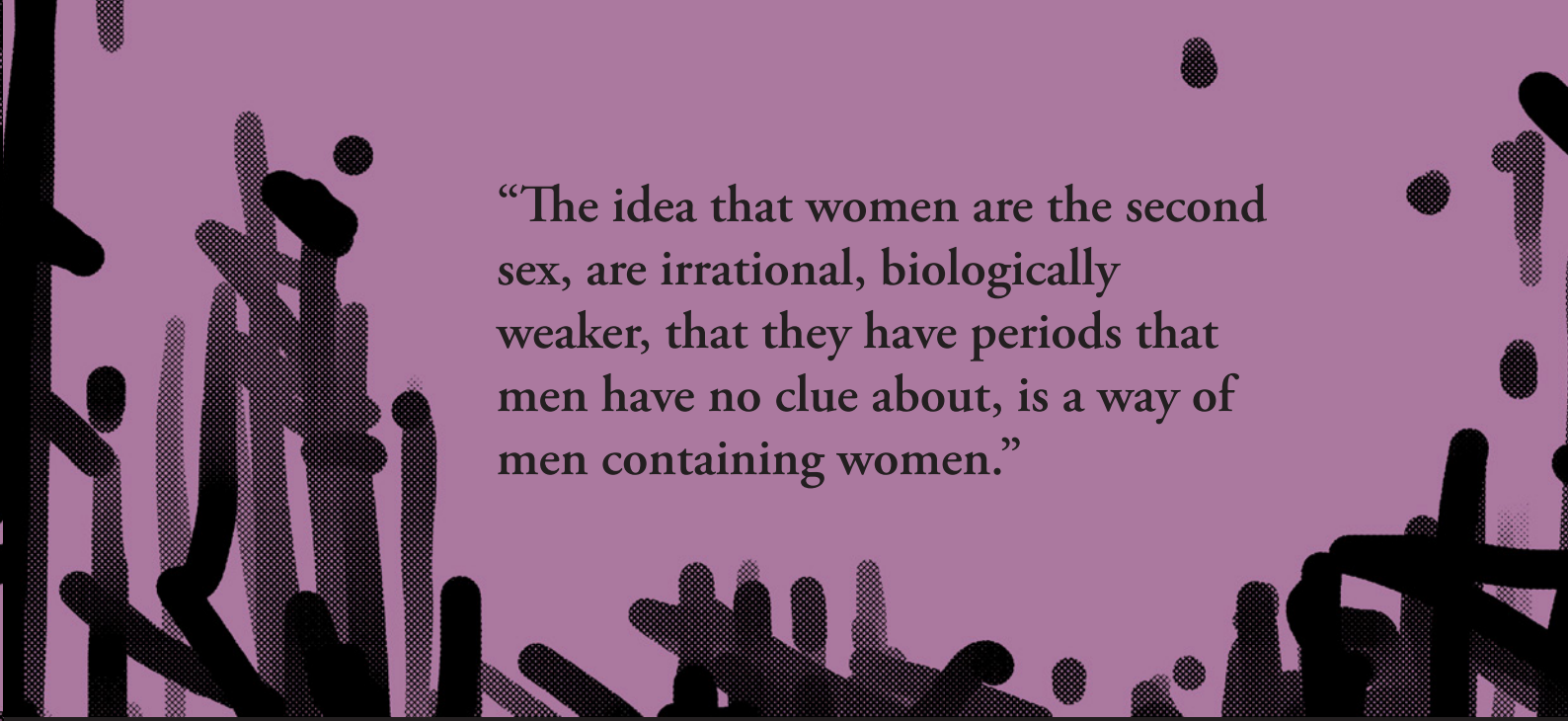
WOMEN AS WITCHES

The idea of women as the weaker sex gets an early start in the biblical creation story of Adam and Eve. It's Eve who goes off script and is tempted by the slinky devil serpent bearing the gift of knowledge in a poisoned apple. In Shakespeare's *Hamlet*, there's Ophelia, beautiful and doomed to literally drown in her madness.

Outside of fiction, there were the Salem witch trials in the United States in 1692 that ended in the hanging of 'possessed' women condemned and cast out as witches. In 1880, hysteria as a clinical condition was described as an affliction unique to women. Here in our own neck of the woods, there was Xhosa prophet Nongqawuse, whose visions and prophecies sparked the Cattle Killings of 1856. She would be dismissed as delusional, as troubled by the wild fantasies of a teenage girl maybe undergoing *thwasa* (the transition to become a diviner or healer), or unstable and moody with the hormonal cocktails of adolescence.

LITTLE WOMEN

In modern times, 'madness' as a gendered weapon is everywhere in politics and media. Donald Trump in 2018 lashed out as his former aide, Omarosa Manigault Newman, calling her 'wacky and



“The idea that women are the second sex, are irrational, biologically weaker, that they have periods that men have no clue about, is a way of men containing women.”

deranged’ and a ‘crazed, crying lowlife’, after she wrote a tell-all book on the US president.

That same year, tennis icon Serena Williams was fined, then booed and ridiculed by detractors including the Twitterati and an Australian cartoonist, for arguing with the umpire during the US Open. Her pushback was seen as irrational, petulant and emotional – code really for going a bit crazy.

(M)ENLIGHTENMENT

Dr Danai Mupotsa, Senior Lecturer in African Literature at Wits, says the “feminisation of madness is giving minority status to something or showing a deficiency, a lack of something”.

“Madness is a metaphor for the status of someone who is an outsider of normative value or structure,” says Mupotsa. It deserves challenging, and one way scholars and thinkers can do this is to interrogate how ‘the invention of humanness’ from the Enlightenment comes to be the all-encompassing standard, but is hopelessly narrow and exclusionary, she says.

Adopting a wider range of world views is essential, says Mupotsa. For example, allowing for the understanding that something like *thwasa* is a gift, not a problem, as well as the inclusion of minorities, be they black, queer or women who are historically under-represented.

“When we do this the single view comes apart and we start to recognise that there are many ways of seeing that things are not this or that; they can be many things at the same time,” she says.

THINK DIFFERENT

Mupotsa goes further to say madness can also be a standpoint – it can have agency. Going against the grain holds a key to finding expression, to deepening activism or advocacy, to actually have something to say.

“Many people are neuro-divisive; we have a broad range of how we manage mood, our level of temperament and our affectations.” Neurodiversity is the idea that brain differences are normal, rather than deficits. “We should also be thinking about the structure of our lives that are maddening and the fact that women in particular are constantly juggling multiple roles in life,” she says.

Professor Sumaya Laher, Head of the Psychology Department at Wits, agrees with the need for broader framing and contextualised understanding of how madness is diagnosed, thought about and

written about. It needs the inclusion of indigenous knowledge and an Afro-centric framing.


“It is clear that over the years madness has been used as a form of control and power to subjugate women, to suggest that the feminine is emotional and irrational while the masculine is the rational, thinking self. This has also extended beyond gender to race and class and led to modern understandings of pathology,” says Laher. “We need a cultural understanding of what pathology is and how this is shaped by political forces, not just what fits into a traditional diagnostic manual or tool.”

Upending the way things have always been done is a tall task, but it is certainly not new for scholars and researchers, says Professor Pamila Gupta of the Wits Institute for Social and Economic Research (WISER). “History has been largely written by men, and researchers have been aware of this for a very long time and continue to challenge this as the norm,” she says. “The idea that women are the second sex, are irrational, biologically weaker, that they have periods that men have no clue about, is a way of men containing women. It is using madness as diseases, something dirty, taboo – and this becomes a form of othering, distancing and isolating.”

‘SHOW THEM WHAT CRAZY CAN DO’

Gupta draws a parallel with how the world is trying to understand the Covid-19 pandemic. She says the madness of women as other, as a form of disease, is now playing out “through the madness of a race as other”. It is the rise of Sinophobia and anti-Asian sentiment, including targeting “the madness of food habits” of some Chinese people, because the disease is believed to have come from a wet market in China. In turn, reports out of China as the country emerges from the pandemic, tell of incidents of racism and xenophobia targeting black Africans living in China.

Researchers and scholars continue their work because the feminisation of madness persists and pervades, so does othering in all its forms across societies and in a world that fractures easily when it is reactionary, fearful and plunged into uncertainty and anxiety, as it is now in a time of pandemic.

The counter-push is as necessary as ever and it may just show that madness is not the problem after all. Serena Williams’ Dream Crazyer Nike advert sums it up: “If they want to call you crazy. Fine. Show them what crazy can do.” 



FEELINGS ABOUT

FATHERS

The role of the father in the family or, more specifically, his absence, has profound implications for the mental wellbeing of his offspring.

REFILWE MABULA

South Africa is reported to have among the highest prevalence of absent fathers in Africa, second only to Namibia. The country's history of slavery, colonialism, apartheid, forced migration and the migrant labour systems took fathers away from their families, disrupted cultures, traditions, and South African families.

DISCONNECTED DADS

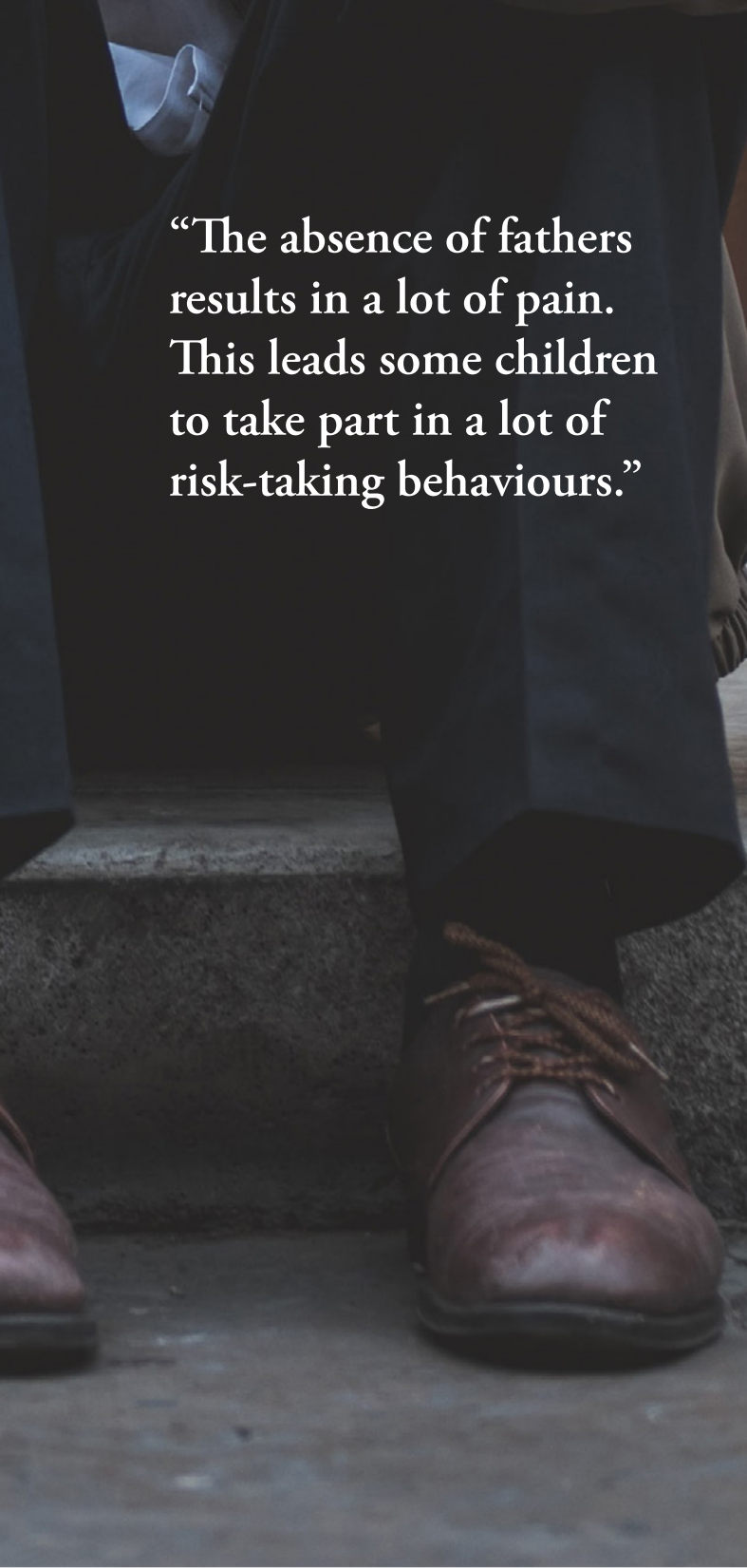
Today, many children grow up without fathers in southern Africa, says Mzikazi Nduna, Associate Professor in the Psychology Department in the School of Human and Community

Development at Wits.

Similarly, Dr Motlalepule Nathane-Taulela, whose PhD in Psychology focussed on father connections, says father absence in South Africa needs to be linked to societal and structural issues.

Nathane-Taulela says that there are variations of father absence in society due to various circumstances and father absence should therefore be referred to as father disconnection.

"Some children know their fathers but have no connection with them. In other instances, paternity was denied when the mother was pregnant. In some cases, there are undisclosed fathers, where the identity of the father is unknown," says Nathane-Taulela.



“The absence of fathers results in a lot of pain. This leads some children to take part in a lot of risk-taking behaviours.”

ANGST OF THE OFFSPRING

Feelings of rejection, distress and disappointment are common emotions for young people who grow up without their biological fathers. In her research on gender-based violence and absent fathers, Nduna found that “children who grow up with an absent biological father tend to display behavioural problems and often experience more life trauma and distress compared to children who grow up residing with both parents.”

In a context where men are constructed as providers and as heads of families, the absence of a biological father affects the psychological wellbeing of his children – they harbour pain because of the disconnection from their fathers.

Malose Langa, Associate Professor in the Psychology Department, says: “The absence of fathers results in a lot of

pain,” This leads some children to take part in “a lot of risk-taking behaviours including experimentation with drinking and smoking.”

This type of behaviour continues until late adulthood and may remain like that. Some children get to meet their fathers. Others never do. In meeting their fathers, some children may be disappointed as things do not turn out the way they would have expected as the father might not have an interest in establishing and maintaining a relationship with his child.

This disappointment can be psychologically distressing. “When you have been psychologically prepared to expect the presence of a father and it does not happen, that causes a disturbance. You are disappointed, you are stressed and distressed, because you expected the biological father to be the person to give you the emotional, financial, and psychological support that you need,” says Nduna.

FATHERING BEYOND BIOLOGY

In many African families, children have access to a father figure through ‘social fathers’ – uncles, older brothers and grandfathers. These father figures often assume the duties of the absent biological father, providing children with emotional and financial support and a nurturing relationship. Social fathers may be good role models.

The Statistics South Africa General Household Survey of 2016 shows that 71% of children under the age of 17 live with an adult man in the same household. Of these, 35% of the men are not the children’s biological fathers. These men not only care for the children but may also inculcate valuable life teachings.

“Fatherhood is a socially constructed phenomenon,” says Nduna. Any other adult can assume the role of father and nurture, provide for, and discipline. “We have socially constructed for our children the idea that the presence of a person equates emotional support. Nowhere does it say that another human being, regardless of gender, cannot perform those functions.”

PURSUIT OF IDENTITY

Your identity and knowing your lineage gives you a sense of belonging. Your surname says a lot about your identity and lineage. Usually, children with absent and undisclosed fathers take their mothers’ surnames at birth but often in adolescence search for the identity of their biological father.

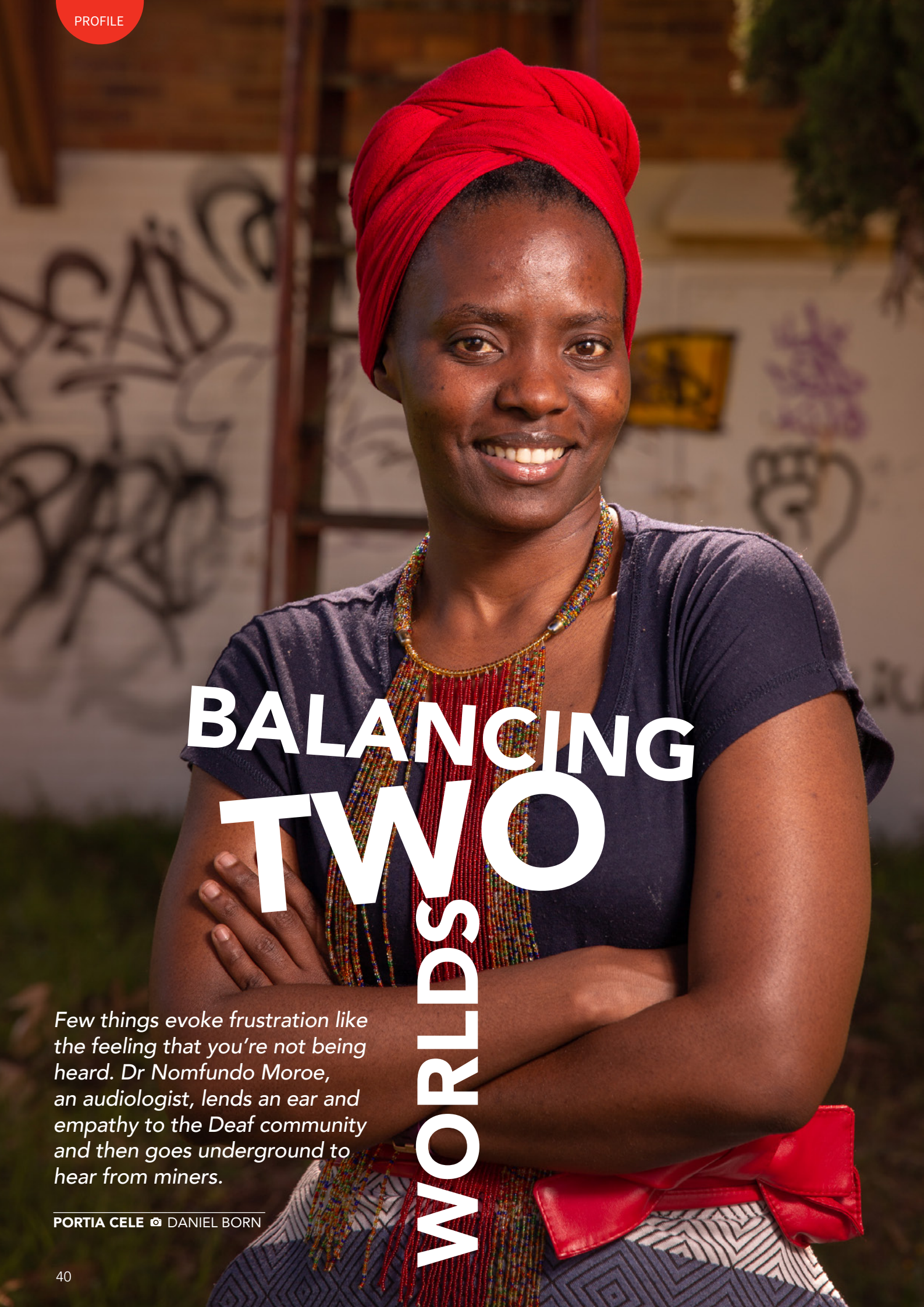
“South African families are patriarchal families and as a society we place emphasis on paternal lineage,” says Nathane-Taulela. “When we ask ‘who are you – what is your identity?’, young people will not refer to their mother’s identity. In a patrilineal society, your real identity is your father’s identity.”

THE ‘RIGHT’ SURNAME

Questions of “true” identity lead children to search for fathers and their ‘right’ surnames. Popular South African shows, *Khumbula Ekhaya* and *Utatakho* show how young people embark on journeys to find their fathers in a quest to find the ‘right’ surname – that is, their father’s last name.

In South Africa, paternal surname is associated with the ‘right’ ancestral protection. For traditional and cultural customs, paternal lineage in South Africa is believed to be important for ancestral protection.

“In African contexts, we have this idea that your paternal ancestry is so important that, if it is missing, things might go wrong in your life because you do not have that protection. It causes a lot of distress amongst young people,” says Nduna. ■

A portrait of Dr. Nomfundo Moroe, a Black woman with her hair wrapped in a vibrant red turban. She is wearing a dark blue t-shirt and a colorful beaded necklace. Her arms are crossed, and she has a warm, confident smile. The background is a wall with graffiti and a window. The title 'BALANCING TWO WORLDS' is overlaid on the image in large white letters.

BALANCING TWO WORLDS

Few things evoke frustration like the feeling that you're not being heard. Dr Nomfundo Moroe, an audiologist, lends an ear and empathy to the Deaf community and then goes underground to hear from miners.

PORTIA CELE  DANIEL BORN

Imagine this: A five-year-old child with perfect hearing whose parents are both hearing impaired is unwittingly positioned between the hearing and the non-hearing worlds. The child communicates with her parents in Sign language and is responsible for translating and talking to the outside hearing world on their behalf.

Such an encounter with a Child of Deaf Adults (CODA) a few years ago ignited the interests of audiologist Dr Nomfundo Moroe, and inspired her research interest in how these children cope with being the mediator between their Deaf parents and a hearing world.

“When working as a junior audiologist for the Department of Health, I interacted with a young girl who used to come to my department to buy batteries for her mother’s hearing aids,” says Moroe. “In one of our engagements, she told me that her parents were Deaf.” Moroe became curious, and started enquiring about the child’s everyday life. “I would ask her about her day-to-day experiences. I learned that she’d have to skip school to accompany her mom to appointments as there was no one else to help translate.”

Long before then, two of Moroe’s undergraduate classmates at Wits made Moroe wonder how Children of Deaf Adults managed to keep a balance between the ‘hearing’ and the ‘Deaf’ worlds. These interactions inspired Moroe on to postgraduate study. In 2013 she published extensively on Children of Deaf Adults being the ears and mouths for their parents, and the delegation of these children to act as interpreters for their families.

Five years later, Moroe shifted focus from Children of Deaf Adults to the area of occupational health, safety and environment. In 2018 she earned a PhD for the topic of *Occupational Noise-Induced Hearing Loss in South African Large Scale Mines: From policy formulation to implementation and monitoring*.

PLANTING A SEED

As one of eight siblings, Moroe was raised by her mother and late uncle after her father passed away during her first year in high school. “My mother is a teacher and she values education. She named me Nomfundo, which means ‘mother of education’, and my paternal grandmother named me Hlakaniphile, which means ‘the intelligent one’. So you can see that I was born with a mission – to pursue education.”

During her final year of high school in 2001, Moroe would often visit the private practice of the local GP, Dr Mabusela, across the road from her home in Esikhawini, a township in Empangeni, KwaZulu-Natal.

“Back then, I didn’t have access to a resource like Google to find out what this discipline [audiology] was about. Dr Mabusela gave me a brief background, saying he’s seeing a lot of patients who were Deaf and in need of speech therapy and audiology services, but had no one to refer them to. I can safely say he planted that seed, as I then applied for Speech Pathology and Audiology at Wits.”

THE INTELLIGENT ONE LISTENS

During the course of her degree, Moroe became a wife and subsequently a mother of two boys. She says she had difficulty balancing these demands. “I was a smart student but that did not come through in my undergraduate training. Therefore, I needed to prove to myself that I was not as incapable as some of my lecturers had said. So I enrolled for a Master’s degree to take back my self-worth and to live up to my name.”

Her research took her deep into the Deaf community as she

“As the hearing world, we can work to be more accommodating.”

published on the topics of identity and belonging within the hearing and the Deaf world, and the role of audiologists in these families. Moroe says the Deaf community revealed itself as confident a community as any other.

“People who are Deaf see themselves as a cultural group. They are a community and function well within that community without any challenges. The difficulties begin once stepping out of their own world,” says Moroe. What further creates fractious feelings is that sign language is misconceived as being only for a ‘disabled’ group of people, and hearing people who are capable of learning a manual language aren’t making enough effort to do so. “As the hearing world, we can work to be more accommodating.”

It starts with changing the perception of Deaf people as being disabled. Healthcare professionals sometimes see the hearing loss before they see the person and label the person as ‘Deaf’. They then have sympathetic attitudes, which are problematic, says Moroe. “We come in with a lens of pathology and impairment whereas the hearing impaired choose a social view that ‘although we are a minority, we are a community who embraces our difference’.”

Moroe’s research interests turned from children of Deaf Adults to unacceptable levels of noise in the mining environment, after meeting up with her PhD supervisor, Professor Katijah Khoza-Shangase. She started focusing on occupational noise-induced hearing loss.

GOING UNDERGROUND

During her PhD, she found that the noise made by equipment in South African mines far exceeds the legal 85 dBA limit. To put this into perspective, a conversation between two people sitting across from each other at a table tallies at about 45-50 decibels.

“Legislation states that if workers are exposed to high volumes, they should be using hearing protective devices. Not much has been done to help educate workers about the long-term impact of noise,” she says.

The effects of being continuously exposed to noise only become evident a decade or so later. It was these effects on ordinary workers, and how that might make them feel, that piqued Moroe’s interest in this research area. “My argument is that people at work are trying to make a living and feel they don’t have an alternative,” she says.

Moroe went on to publish more than 10 manuscripts on the topic of occupational noise-induced mining loss, earning her PhD by publication in December 2018.

“Going through my journey of study I realised how little exposure and research was done on occupational hearing loss. I am forever trying to come up with ways of how best to address the noise issue in the mine sector.”

Moroe, a fellow of the Consortium for Advanced Research Training in Africa (CARTA), whose research is supported by the National Research Foundation, has a vision of opening an occupational health and safety unit, working with occupations where there is excessive noise. ■



WHITHER WORKPLACE WELLNESS?

Mental health is set to become a global crisis by 2030. Creating a caring, nurturing culture in your workplace can save employers and employees a lot of stress.

LEM CHETTY  DISCOVERY

The World Health Organization (WHO) predicts that mental health will be the single largest global crisis we will face by 2030 – and this challenge is only going to be exacerbated by the Covid-19 pandemic. Workplaces globally and in South Africa will not escape the repercussions, says Professor Karen Milner, from the Wits School of Human and Community Development, whose research focuses on mental health in the workplace.

“The world of work is rapidly changing and that pace of change has increased exponentially with the advent of the Covid-19. As we work from our dining rooms, home offices and couches, it is hard to believe that just a few weeks ago we were sitting in face-to-face meetings with colleagues – in close physical proximity, able to connect in ways that now seem so simple and straightforward,” she says.

Milner says mental health challenges as a result of the pandemic “are going to manifest in the workplace as well, as we all struggle to adapt to remote working, physically distanced from our colleagues, almost completely reliant on technology-mediated forms of communication”.

It makes sense then that organisations and structures need to change to accommodate agility. “A fundamental consideration, however, is how this structure will impact the mental wellbeing of workers, considering the melting pot of personalities, social dynamics, power, performance and gender beliefs around work,”

she says. Milner adds that workplaces will have to introduce ‘specific adaptations’ to ensure employee wellbeing after the pandemic, “but most of the fundamental principles that have been established over decades of research on worker wellbeing, remain pertinent”.

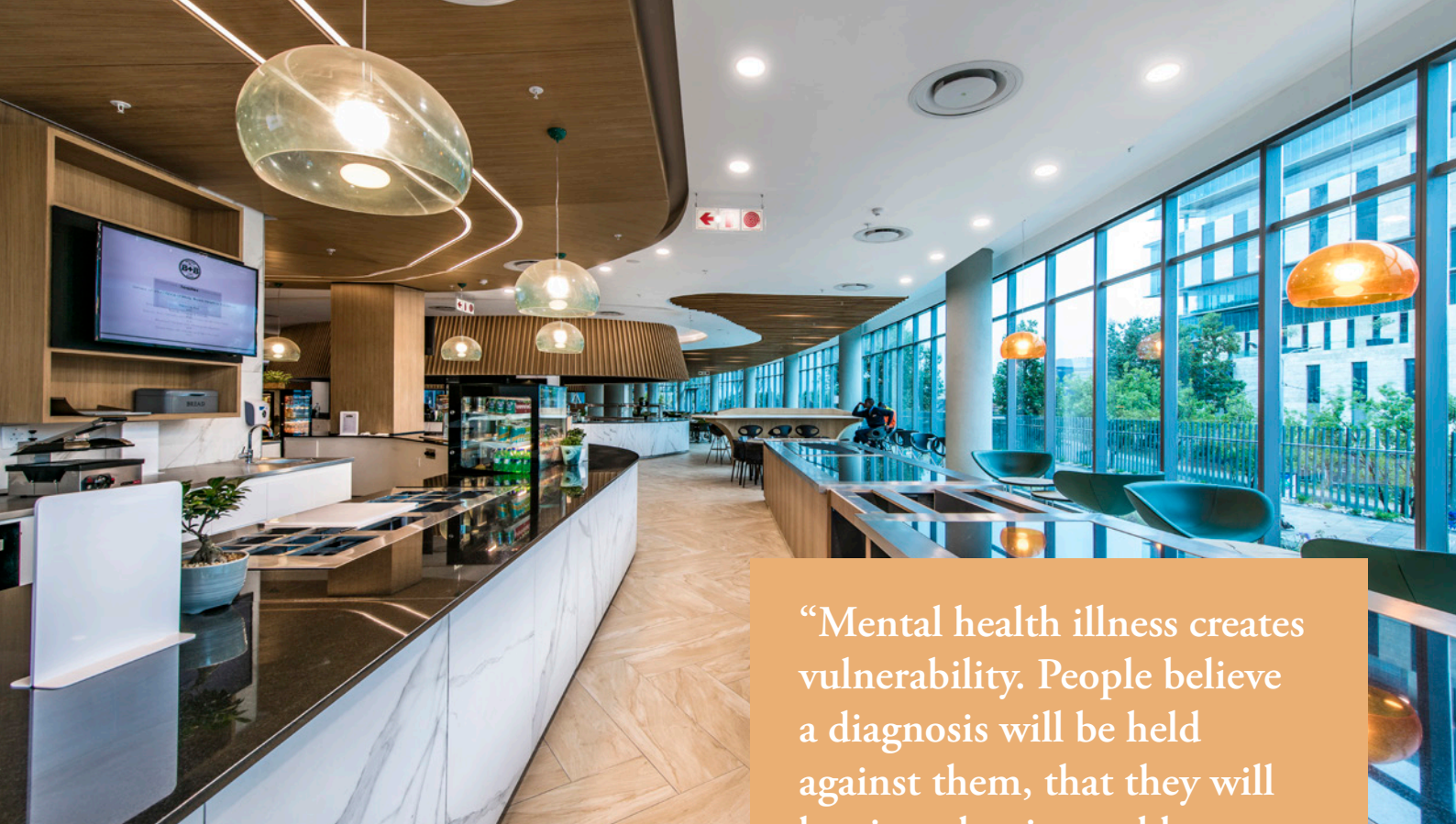
DON'T BAND-AID TOXIC CULTURE

One of Milner’s focus areas is employee wellbeing because, she says, psychology should place the wellbeing of human beings first. “So we look at how organisations can help and hinder people’s mental health – and the first point is that the nature of your organisation definitely does affect both physical and mental health and wellness in the workplace.”

While this means to some extent that green spaces, quiet areas, mindfulness pods and the like are important, it also means addressing toxic structures and behaviours in the workplace – such as bullying. “Remember that some mental health issues are formed at the workplace. In the case of bullying, we have to first stop that which contributes to it before introducing measures to address mental wellbeing.”

Her key message is to not “place band-aids on toxic culture”.

“It is always easier to introduce an external programme to foster wellbeing, than to tackle what harm the organisation itself is causing. The organisation must take responsibility and see where the practices and policies it has in place are causing problems and how they can be fixed, before looking at wellbeing at an individual level,” she says.



“Mental health illness creates vulnerability. People believe a diagnosis will be held against them, that they will be viewed as incapable or not strong enough. There is no quick fix for this, but an organisational structure that encourages communication is a good place to start.”

“Where the work itself is inherently stressful, more individualised interventions are necessary,” says Milner. “For example, providing employees with psycho-social support, opportunity for debriefing and if necessary, referring [them] to an employee assistance programme.”

The most typical way poor mental health manifests in the workplace is through depression, anxiety and burnout, says Milner.

Depression can manifest in different ways in the workplace. “Some signs for colleagues, managers and even the affected employees themselves to look out for include a person’s lack of interest in work and life, exhaustion and unexplained tiredness and high levels of irritability without a real reason,” she says.

For some, it shows up as a headache and backache. People become withdrawn, and there are higher levels of mistakes and accidents.

PAUSE FOR SUPPORT

And just how helpful are those coffee stations and pause areas really?

“Many organisations have wellness programmes in place which encourage employees to lead healthy lifestyles, and provide opportunities for relaxation through mindfulness, meditation, yoga and so on,” says Milner.

“There is certainly some research evidence that such practices can assist in reducing employee stress and improving their wellbeing, but again it is critical to emphasise that the responsibility for employee wellbeing should not rest on the individual employee alone – organisational leaders need to create an environment where employees feel that they matter, that they are cared for, that their work is important and valued and that their skills and abilities are being used effectively,” she says.

Coffee stations and pause areas can then help to reinforce the message that the organisation cares about their staff’s wellbeing. Allowing flexibility for healthy practices in the workplace is also key.

‘PRESENTEEISM’ AND UNWORKABLE WOES

There are two aspects to mental wellbeing, explains Milner. One is general mental wellbeing of the healthy population, and the other is mental illness, which is a different concern.

“People with a mental health illness bear a considerable burden of unemployment. If their mental health could be improved,

they might be able to work, and if accommodation for their mental illness can be made, their mental health may improve,” she says. “Secondly, for those who are employed but mentally unwell, the costs are extremely high for organisations.”

These costs usually come in the form of absenteeism, where people take time off work because they are ill. However, the concept of “presenteeism” also takes its toll as workers that are unwell – either mentally or physically – come to work, but are not productive. “This has a high rate of productivity loss, too,” says Milner.

DISCOURAGING STIGMA

The first step in creating a culture of wellness and care in the workplace is to remove the stigma from seeking help. “There must be a culture of trust which will allow people to reach out,” says Milner. The right help can make a person more productive, even in the case of psychiatric illness, which can be helped with medication.

“When there are psychological impacts which require counselling, therapy and sometimes medication, it takes a lot to reach out. Mental health illness creates vulnerability. People believe a diagnosis will be held against them, that they will be viewed as incapable or not strong enough. There is no quick fix for this, but an organisational structure that encourages communication is a good place to start,” she adds. ■

i *Beyond Tea and Tissues: Managing Mental Health in the South African Workplace* by Karen Milner and Judith Ancer will be published in 2020.



OUR AGEING BRAINS: DEALING WITH DEMENTIA

Strong social networks can go a long way to assist people living with forms of dementia, such as Alzheimer's.

TAMSIN OXFORD  LAUREN MULLIGAN

The passage of time, the genetic lottery and illness can affect an older person's emotions, moods and behaviours – changing how they engage with others and experience life. Advancing years can cause problems with cognition and memory that can manifest in mood changes that influence their relationships and lives.

Diseases such as Alzheimer's erode a person's sense of self-awareness and cognitive ability and put immense pressure on caregivers and partners as they watch the person they knew slowly disappear.

According to the National Center for Biotechnology Information (NCBI), around 46.8 million people worldwide are living with Alzheimer's and other dementias, of which about 187 000 are in SA. This number is expected to increase to 250 000 by 2030 making it increasingly important to find ways to help people experiencing dementia.

"As we age, so does our brain, the centre of the body that controls so much of who we are and what we do each day," explains Dr Ryan Wagner of the MRC/Wits Agincourt Research Unit at Wits. "Certain parts of our brain shrink in size and this can impact our memory, learning and decision-making. Our ageing brains are also more likely to be affected by conditions such as stroke and dementia."

Dementia is an umbrella term used to describe a number of different conditions that result in decreased cognitive ability, such as Alzheimer's. Many of these conditions are progressive and often have a drastic effect on a person's ability to carry out daily activities.

There is still a lot to be learned about what causes dementia, which is essentially damage to brain cells and can be caused by strokes or 'small strokes' that are more common in older people. Wagner points out that another condition that affects mood, behaviour and emotions in older people is depression.

"It is common but often under-diagnosed in older people," he says. "We know that higher levels of depression are seen in people with dementia and after experiencing a stroke, but older people without dementia or stroke experience depression as well. With generally more health issues, a possible reduction in physical function, changing relational dynamics, maybe the loss of a partner or close friends and thoughts of mortality – getting older can be stressful and lead to depression."

The brain is the epicentre of the individual. It's the central computer that manages memory, decision-making, mood, movement and speech. Conditions that affect the brain tend to manifest in different ways as they affect different areas. Depression and dementia can develop slowly.

Cognitive impairment can start with forgetfulness – where are the house keys, who is that person? With dementia, this will progress over time and other brain functions may be affected – I can't remember how to speak, I'm not sure how to respond. This can lead to changes in mood due to frustration and anger. Often, dementia is accompanied by severe mood swings, aggressive behaviour, and what can seem like illogical decision making. People affected by the illness are frustrated by the limitations of their thought processes and their moods are troubled by confusion, loss and sorrow.

"For many people, experiencing dementia or cognitive decline, it is more important to conduct normal activities at home and in the community than it is to put a label on whether their

“For many people experiencing dementia or cognitive decline, it is more important to conduct normal activities at home and in the community than it is to put a label on whether their condition is Parkinson’s or dementia.”

condition is Parkinson's or dementia," explains Professor Stephen Tollman from the MRC/Wits Agincourt Research Unit at Wits.

"We still don't have a lot of data for the relative rates of various conditions but insights and research will help us to manage treatments and interventions that are more effective. One area that can be plotted with real accuracy is the ways in which social networks change over time as cognition declines. Social networks play an important role and these can shrink as dementia increases."

The resilience of social networks plays a powerful role in helping people with evolving dementia. A solid and supportive network has a positive effect, especially in areas where medical and healthcare resources are limited and often unavailable. As Tollman points out, "I think we know very little and it's important we gain a deeper understanding, particularly in the rural context. Older people play a critical role in South Africa and their importance to the youth and future of the country is clear."

Dementia is a burden felt heavily in rural and poorer areas and the changes in mood that accompany the decline are complex and challenging, but there have been some remarkable shifts in approach and potential management of the condition.

In 2018, Wits Professor Stefan Weiss revealed a ground-breaking nasal spray that could potentially transform the lives of people with Alzheimer's. The spray, currently undergoing clinical trials, has shown success in slowing down the progression of the disease by targeting the protein aggregation that accompanies it.

"While we still don't have an effective treatment to reverse or cure Alzheimer's, there are medications that temporarily improve some of the symptoms," concludes Wagner. "Globally there's a huge effort underway to better understand the causes of dementia. The hope is that if we better understand the causes, we can develop effective treatment. But the best we can do right now is to try and prevent it. Eating healthily, getting adequate exercise, quitting smoking and keeping the brain active are the best ways to lower the chances of developing dementia." ■

CONCENTRATING ON ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a long phrase to describe a short attention span. In students, ADHD can severely compromise academic performance.

UFRIEDA HO

Just focus! It's tougher to do than you think if your brain is wired differently to how the mainstream world is calibrated.

For students with Attention Deficit Hyperactivity Disorder (ADHD), it is a mismatch that means everything they tackle takes that much more effort and time to accomplish. What is more, the double dilemma of being misunderstood, stigmatised and bullied comes with the territory.

Professor Sharon Moonsamy is a speech-language therapist and remedial education consultant and the Acting Head of the School of Human and Community Development at Wits. Moonsamy's research has looked at the experiences and challenges faced by Wits students diagnosed with ADHD.

BEHAVIOUR ON THE BRAIN

ADHD is a neurological disorder where lower levels of the neurotransmitter dopamine are produced in the prefrontal cortex in the brain, explains Moonsamy. ADHD affects both males and females and, although it is usually diagnosed in children as they start school, it can sometimes go undiagnosed all together or is only picked up later on in life.

Lowered dopamine levels mean that someone with ADHD has compromised impulse control, fewer inhibitions and an impaired ability to concentrate. It comes across as being distracted, seemingly getting bored easily, not being able to sit still, or not being able to complete a task.

"For students, they experience psychosocial difficulties with task perseverance, distractibility, dependency on others in their daily routines, and in their relationships with others. These challenges relate to two of the executive functions: planning and organisation, and attention," says Moonsamy.

She says ADHD can easily be missed in a university environment because lecturers may associate the condition as something diagnosed in young children, so they are not on the lookout for it in their classes. In addition, students may get lost in the crowd of university life, or those that continue to struggle along are really only just getting by with coping skills that they have relied on for years.

Moonsamy says that what is needed to support and extract the full potential of students with ADHD is the development of better coping skills, improved awareness of ADHD among lecturers and students, and deepening empathy.


"We find often that people with ADHD are highly creative, intelligent and competent, but they often just end up quitting university life because they're frustrated and they don't know how to get help," she says.

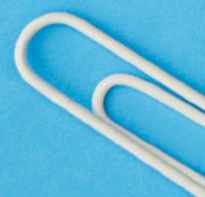
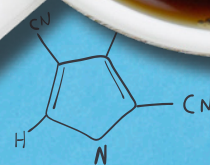
GREAT EXPECTATIONS

Moonsamy points out the weight of expectation on the student with ADHD who arrives at university: "Tagged by parents and lecturers as 'having potential', these students are burdened with expectations of success, but they know that focused, sustained and selective attention is a challenge for them. They fail to achieve as expected, which reduces their self-esteem and self-confidence."

Also, the English words to describe and diagnose the disorder seem alien to some who are not English first-language speakers. As a result, it excludes sufferers who don't connect with the vocabulary, making it even more difficult for them to express what they are experiencing or to seek help.

Moonsamy thinks sound clinical diagnosis, monitored medication and targeted interventions can benefit many people with ADHD. Coping methods and interventions can include making lists, setting goals, working with smaller chunks of information at a time, verbalising thinking, and using diaries and timers to organise and keep track of tasks.

"Interventions need to include both an understanding of attention skills and how the student can self-regulate thoughts and actions. It is also about breaking down stigmas so that someone can ask for help, even if it's just extra time to complete an exam or assignment," she says. "Ultimately there must be safe spaces within the university for students to speak to someone, find support and get the kind of help and understanding that they need." 



"ADHD is a neurological disorder where lower levels of the neurotransmitter dopamine are produced in the prefrontal cortex in the brain"

THEA'S STORY

Thea*, a former Wits student with ADHD, could only commit to pursuing a degree in English literature as an older student. She didn't finish matric and academic under-performance became the label attached to her in her teens.

"I left school, started to work and had a CV with a strong skills-set, but I didn't have the sense of having accomplished anything because I didn't have the degree. At one point I started studying for a marketing diploma but I couldn't pass economics, so I just quit," says Thea.

Eventually, years later, with the right kind of medication, family support and a deeper personal understanding of her disorder, she started tackling a degree through correspondence. "I had to have a work area that's completely free of clutter. I listened to music and I had to get into a zone so that I could finish what I was doing in one go, even if it meant sitting at my desk for hours, or working through the night," says Thea of what it took to focus to finish an assignment.

Even today with a job in marketing, she says she has to make lists – with everything colour-coded and ordered. She keeps a diary of tasks and sets a timer and alarms. When she's in 'the zone' she can forget to drink water, to each lunch or just to stop.

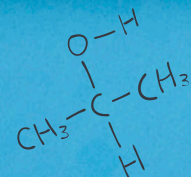
"I'm working hard on the balance bit and I literally have to set a reminder to make time for my relationships or to take a break. It's about planning everything and finding what works for me and getting the right kind of support," she says.

Her message for students with ADHD is that it can be done. Students with ADHD need to speak up and to ask for help without fear. For lecturers and society in general, Thea says it is about more awareness and education of the disorder and learning to respond with empathy and humility.

"People with ADHD – those who are diagnosed and those who are not – may not be dropping the ball, failing to deliver or underperforming because they're stupid. They just need the lecturer, the HR person or whoever to ask the right questions in the right way to understand what's really going on."

*Identity withheld.

*Thea was labelled an academic underperformer before appropriate interventions enabled her to fulfil her potential despite ADHD.



UNDERSTANDING SUICIDE

Suicide risk may start in the womb and studies also connect it to factors including smoking, social media and social inequality. The vast unknowns and grey areas demand further investigation.

UFRIEDA HO  SAM BALYE

A few days of feeling down followed by a few more down days can pull many into the dark terrain of despair. But for about 800 000 people a year that despair sinks to the rock bottom of suicide.

World Health Organization (WHO) statistics equate these numbers of those who kill themselves to a life lost to suicide every 40 seconds globally. Even more concerning is that the WHO estimates that, for every suicide, there are 20 attempted suicides.

Young people and students in particular are a high-risk group because of the complex range of personal circumstances and pressures they face during this period of their lives, says Fezile Mdluli, a Wits Institutional Researcher who leads the Wits Fit Minds Project.

WITS STUDENTS AND SUICIDE

The project started in 2018, partly to focus on mental health issues after several suicides amongst students. These incidents quickly became an area of strategic importance for the University, but there just wasn't enough data.

"We need our own contextually relevant data and statistics and more research in this area," says Mdluli. "It is the best chance we have to recognise the problems leading to suicide and thoughts of suicide, and to have the relevant university strategies and policies in place that could save a life."

UNIVERSITY REALITY CALAMITY

The university experience can be challenging for many young people, especially those who are the first in their family to attend university.

"Wits has a highly heterogeneous group of students. At least a third of recent student cohorts are first generation university students. They arrive academically capable but the expectations from their families for them to succeed can be overwhelming," says Mdluli.

At the same time, as they advance in their academic careers, the gulf between these students and their families can widen, heightening the sense of isolation.

Students interviewed in the Fit Minds study have remarked that even the portrayal of universities in sit-coms on TV creates a false



image for their families, but it is sometimes the only reference point that parents or grandparents have of university life in a big city. The result is that many students believe that their families feel ill-equipped to emotionally support them or are unable to conceive the problems they face.

Professor Nicole De Wet-Billings, who lectures in Demography and Population Studies, is aware of these pressures through her connection to students Wits. Their narratives and experiences, she says, inspired her to examine death notification forms and hone in on the connection between abortion, self-harm, pregnancy and young mothers as one of her key research areas. Her paper on this is expected to be published later this year.

BIG PICTURE TRIGGERS

De Wet-Billings says it is the connecting points, rather than the specifics, that are worth pausing at to understand suicide risk among young people. The zoomed-out picture shows multiple nexus points, which hold clues to understanding the complexity and the triggers for suicide. It also allows for an examination of the nature of stress and the effect of society's stigmas, unhealthy social norms, and how these factors affect the quality of responses and interventions to minimise suicide risk.

"We have to look at suicide and suicide risk through a lens of inequality, through a historical perspective, a gendered perspective and also through understanding current-day pressures and realities that include what society has stigmatised and normalised," she says.

Stress at university is too easily made a badge of honour – the notion that suffering to achieve is noble and worthy. It can become dangerous when additional personal pressure or a sudden traumatic incident is piled on top of this, says De-Wet Billings. It could be homesickness, a relationship break-up, social

media peer pressure, rape or sexual assault, falling pregnant unexpectedly, or losing a loved one. What was a just-manageable pressure spins into the realm of uncontrollable. The student feels singled out and doomed to fail.

"In this age group, things escalate very quickly – pressure turns to withdrawal and silence, then depression, and then self-harm and suicide," says De Wet-Billings.

She says a better response starts with greater awareness of mental health issues from society, more open conversations, and ultimately empathy and compassion.

"It is not normal for students to stop eating properly, or to only be sleeping for a few hours and to be studying for 17 hours to achieve. It leaves an emotional and physical toll on the body and it causes health risks later in life," says De Wet-Billings.

SAVING STUDENTS

Resources and services need to be more accessible, relevant and flexible to adapt to personal needs, she adds. Responding better also means an emphasis on teaching, sharing and practising coping mechanisms that include recognising stress and building support networks. Ultimately, she says, it is just being more human and more mindful, recognising that people may carry more burdens that they don't show.

"We who are in positions of authority, such as lecturers, need to recognise that not everybody starts from the same base. Some students miss classes because they don't have toiletries to have a shower and they know some people may make fun of them. Some students may be late on an assignment because they had to care for a sick parent or have suffered a sexual assault and can't tell anyone. It is up to us to be willing to see, even if we can't fully understand," she says.

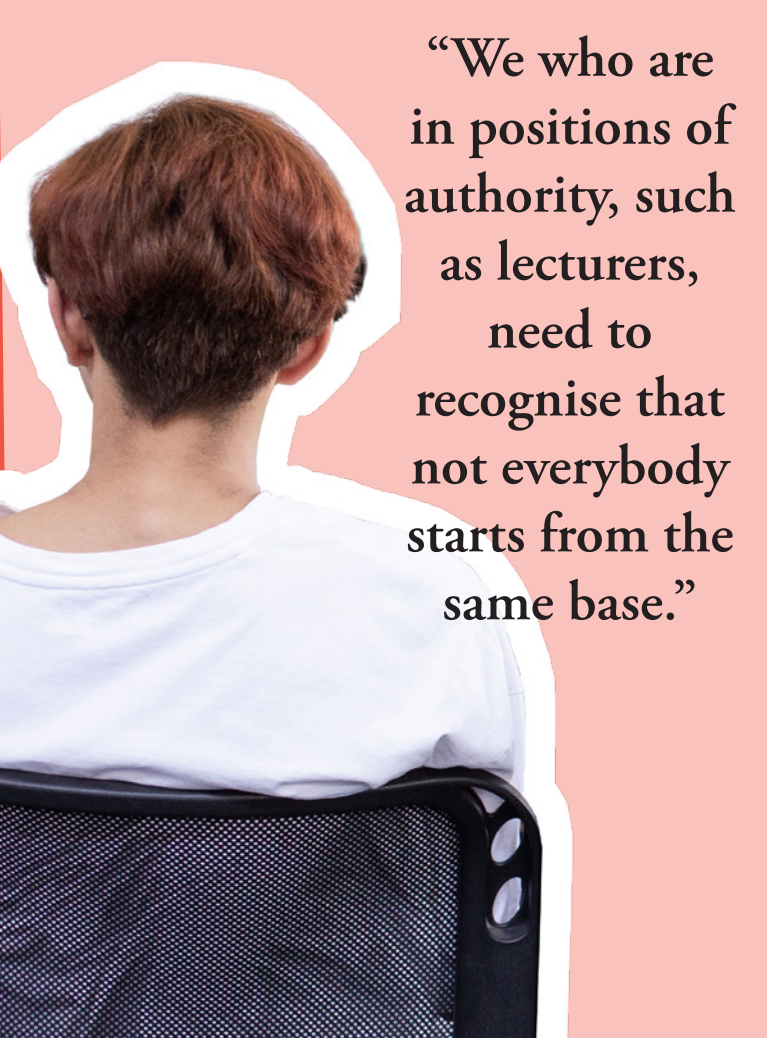
WHERE SELF-HARM BEGINS

Deeper understanding also calls for broader research perspectives into suicide. This is what recently brought visiting academic Dr Massimiliano Orri from McGill University's Department of Psychiatry in Canada to Wits. He presented some of his research at Wits in March, delving into possible factors in utero [in the womb] that may determine lifetime suicide risk.

Orri and his colleagues' work focused on 42 cases and explored possible links between everything from a mother smoking while pregnant to the consequence of a Caesarean section birth over a natural birth, the effect of parents' education levels, and the age of a mother when she gives birth.

His findings have a caveat, though, because "existing evidence is sparse and contradictory", but he and his colleagues write that they can show "prenatal and perinatal characteristics are associated with increased suicide risk during the life course, supporting the developmental origin of health and diseases hypothesis for suicide".

However, Orri says gaps remain. At the same time, the vast unknowns stand as an urgent call to put mental health research higher up on the agenda because knowing more and acting appropriately could save somebody's life. **■**



"We who are in positions of authority, such as lecturers, need to recognise that not everybody starts from the same base."



The Wits Student Crisis Line 0800 111 331 (24/7/365). More information on understanding suicide risk can be found at <https://www.wits.ac.za/ccdu/counselling/mental-health-topics/suicide/>

THE RIGHT TO DIE



Physician assisted suicide, or euthanasia, is banned in South Africa. Euthanasia is one of the most contested ethical subjects in the world, shaking our spiritual, political and social values to the core. Professor of Philosophy, Kevin Behrens explains why it's not simply a matter of life and death.

BETH AMATO  CARLOS AMATO

What are your thoughts about the “two sides of the story” regarding physician assisted dying? One side feels that under certain conditions, like extreme pain and terminal illness, people should have the right to end their own life. Conversely, others say that knowingly ending a life is an anathema to healthcare.

I am strongly of the opinion that continued life is sometimes more of a harm than dying, that euthanasia and assisted dying are morally justifiable under certain conditions, and that the current South African law is wrong and should be changed to allow for these acts. Everybody ought to have the right to decide on how they die, and it should be up to them to choose a shorter life over an extended life of pain or distress. We have no choice when it comes to being brought into this world, but we should have the choice about whether or not we want to stay in this world.

I therefore take the fairly radical position that it is a person's right to make a choice to end their life under any circumstance in which they are honestly convinced that this is in their best interests.

This is easiest to justify in cases where patients have a terminal illness and are experiencing intractable physical pain and distress. These clear cases also serve to guide us regarding what is right in some of the more controversial cases, such as if a patient has suffered from major depressive disorder for many years. It is morally irrelevant to only justify euthanasia in terminal illness cases. What counts morally is that a person is in pain and is distressed, and has come to a reasonable conclusion that the best way to be freed from this pain and distress is by ending their life.

Regarding health professionals participating in euthanasia at the request of patients: I do not see it as a negation of the “do no harm” principle. Harms are relative. We are often forced to do some harm to prevent greater harm. Death is not always the greatest harm that can be done to a person. Sometimes continuing to live is more harmful.

Is euthanasia just another example of how humans attempt to exert domain and control on the so-called uncontrollable and unknown?


If there is anything over which we ought to have dominion or control, it is our own life and death. It is when we interfere with the choices and rights of others that we over-reach. I do think that death is just a natural part of life, and that it is sometimes a blessing for people. Death is not always harm, and we should sometimes welcome and embrace it as something that offers relief for others or even ourselves.

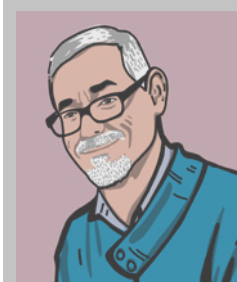
We probably have over-medicalised natural processes, including those at the beginning and the end of life. We have turned the prolonging of life into an absolute moral good, whereas it is not. It is often our own inability to accept the reality and inevitability of death that makes us – especially physicians – blindly believe that it is always best to prolong life whenever it is possible. Such myopia can lead us to make decisions that cause far more harm than good to patients.

If euthanasia is not an option, is the answer high quality palliative care to improve the patient's quality of life while not treating the cause of suffering?

High quality palliative care, which is meant to alleviate stress and adverse symptoms associated with a serious illness, should be available to everyone who needs it. The fact is this is not the case. Even in wealthy countries very few people have access to good palliation. However, even if it were available to all who need it, it would not put an end to the need for euthanasia. Not even the best palliative medicine can completely free all patients from pain and distress. Many patients continue to experience significant pain even under the care of palliative physicians. Furthermore, the distress patients experience is also psychological. Many patients find being dependent, helpless, incontinent, confused, etc., to be a serious threat to their dignity. Palliative care does not necessarily free patients from these indignities, and may add to them.

Are there any advocacy efforts for dignified dying through euthanasia? How are you involved?

Globally there are many organisations that advocate for euthanasia. In South Africa, probably the most well-known organisation is DignitySA. I am not involved in any euthanasia advocacy groups. I use my classroom as an opportunity to raise awareness about these issues, and I have published one article on assisted dying. I try to provide my students with the intellectual skills and cognitive skills to make their own decisions about moral issues rather than using the classroom to promote my own views. 



Prof. Kevin Behrens holds a PhD in Philosophy. He is the Director of the Steve Biko Centre for Bioethics at Wits. He answers these euthanasia-related questions in his personal capacity and his views are not necessarily those of the Centre or of the University.

BUILDING A BETTER UNDERSTANDING OF DISABILITY

People with disabilities – be they physical or mental – are often treated differently, which may affect their mental wellness. Better understanding could remove the social barriers they face.

TAMSIN OXFORD ✉ CHARLES DELUVIO


Disability. It is a complex word. It can have negative connotations that imply a person is limited, different, unable to achieve what the able-bodied can. It can also, however, be the definitive benchmark of achievement when a person ignores physical and mental limitations to reach extraordinary heights.

The definition of disability differs between those affected and those who come into contact with people with disabilities. There is little more inspiring than being around someone who has overcome adversity to become the embodiment of extraordinary, but there is a journey they have taken to reach this point. A journey that is taken as much by the mind as the body and by how they have responded to the society in which they live.

“When it comes to disability, there’s a lot that a person experiences emotionally that is due to the conceptualisation of being different,” says Dr Victor de Andrade from the Audiology Division, in the Department of Speech Pathology and Audiology, School of Human and Community Development. “People can struggle with the recognition that they are different. Similarly, society has often stigmatised disability so people are reluctant to discuss [disabilities] or bring them to the fore.”

THAT AWKWARD FEELING

It is the lack of a wheelchair ramp to the library, so a person has to use a proxy to find something to read. It is the lack of access to facilities that recognise the hearing or visually impaired, so they have to rely on others to achieve simple tasks. It is the waiter asking the able-bodied person what their friend in the wheelchair would like to eat when they go out for dinner, or the person unable to make eye contact with someone who is physically impaired. These built-in societal limitations have an effect on a person’s wellbeing and mental happiness.



**“Disability itself
won’t necessarily
cause mental
health issues.”**

“Many able-bodied people have a deep-seated fear around disability. Perhaps, this is because the possibility of being disabled at some stage in our lives can happen to anyone,” says Duncan Yates, a Psychologist and Neurodiversity and Mental Health Coordinator in the Disability Rights Unit. “If a person can engage with people with disabilities, then they can get around their fear. We should not be afraid to ask questions and we also need to be aware of how we communicate.”

IT'S ALL IN A NAME

Think about the expression ‘Deafand...’. Most people fill in the blank with the word ‘dumb’. It has become a common saying that today implies that people with a hearing impairment also suffer from a mental impairment. Dumb has evolved as a word – it used to mean ‘mute’ but now it can also mean ‘stupid’. This simple phrase can carry significant weight for those who are born with, or experience, a hearing difficulty.

“If a person has a disability and lives in a context that is not accommodating of that disability, then the disability itself is now embodied in that person and they experience greater disability,” explains De Andrade. “People with disabilities may struggle to express themselves fully because of the limitations imposed by society.”


“I think our understanding of the mental issues that people with disabilities can experience is very limited and this is hugely problematic. There are also very few mental health services which are accessible to people with communicative impairments,” says Joanne Neille, a Senior Lecturer in the Department of Speech and Pathology and Audiology. “There is also the consideration around the violence experienced by people with disabilities, yet few people with disabilities have the opportunity to report violence, either because of [a lack of] access to services or because institutions are not set up to accommodate disabled people.”

Yates maintains that the more a society understands disability, the less likely people with disabilities will have to face physical and attitudinal barriers. “A recent survey showed that a lot of students at Wits didn’t want to reveal their mental health related disabilities, but when they did, they got the support that they needed. This positively showed there was less stigma than they originally perceived.”

CHANGING MISFORTUNE INTO FORTUNE

Stigma and discrimination are two of the most potent factors that influence a person’s wellbeing when they have a disability. They are treated differently or people react awkwardly around their impairments, be they physical and obvious or mental and hidden. A person’s experience of their disability can be largely dictated by the environment they are in and how they are treated. In addition, there are the mental complexities that come with unexpected disability due to an illness or an accident. For many people, the sudden and dramatic change can seriously shake their mental foundations.

“Disability itself won’t necessarily cause mental health issues,” concludes Anlia Pretorius, Head of the Disability Rights Unit. “You can change misfortune into fortune. We’ve seen our students end up doing amazing things – like the student with limited mobility who completed his exams by typing on a mobile phone. They are so motivated and passionate about their lives. There’s always the psychological side and the impact will be there, but how this is handled will depend on the individual and how they look at their future.”

There are multiple layers to how people with a disability react to their circumstances. But what is equally important, is how society needs to adapt and embrace the psycho-social support to ensure people with disabilities can thrive. 

FACING FEELINGS THAT FUEL POWER RELATIONS

Race relations in South Africa are frequently fraught with emotion. Online comments by prominent white South Africans fuel flames that ignite feelings of injury and invisibility. Critical Diversity Studies scholar, Adanma Yisa, explains why automated emotional responses that shield us from confronting criticism can undermine reconciliation.

The World Health Organization (WHO) advises washing hands frequently with an alcohol-based hand rub or soap and water to prevent the spread of Covid-19. Twenty seconds of hand-washing or the time it takes to sing the 'Happy Birthday' song. At this point it may be more appropriate to describe this advice as a commandment.

In mid-March, as Covid-19 panic rose in South Africa, Zelda La Grange delivered a warning. La Grange – who worked with former president Nelson Mandela for 19 years, initially serving as a typist before ascending to the role of private secretary to the president and a regular on the international speaking circuit – posted the following to Facebook:

“If you have a housekeeper, nanny, gardener or garden services, pool cleaner or anyone in your employment, demonstrate to them what a 20 second handwash looks like. Explain and show them how the virus transfers through handshake, touching, handling money, public transport, touching rails, ATMs etc. Don't assume they know. I bought them Vit C tablets and a bar of soap and gave each food to take home to try and boost their family's immune [sic].”

CRITICAL EFFECT AND WHITE PRIVILEGE

La Grange's post was met with accusations of racism, elitism and white privilege: What made Zelda think her black domestic staff did not know how to wash their hands? Why did she feel the need to demonstrate a 20 second hand-wash? Does she fear her domestic staff are particularly likely to bring Covid-19 into her home? If so, does she assume this is because her staff are black?

La Grange's initial response to this criticism was to cite her

“20 years' giving back in supporting people who struggle”, explaining that she dedicates “every spare minute to the welfare of those around me and their extended communities”. She was “emotionally exhausted defending myself and my intentions”.

UNEQUAL EMOTIONS

La Grange's response to her critics displays a mixture of confusion, indignation, shame and anger – the sort of bewildering misreading of public criticism that South Africans have come to recognise from their Problematic Person of the Moment. 'Critical affect' theory is a helpful approach to understanding the type of white emotionality displayed by La Grange in the face of important criticism.

Critical affect considers feeling to be an active force mediating everyday life and a useful tool in analysing the way in which emotion mediates societal power relations. Emotions play a massive part in holding up the social norms that result in unequal social relations. Emotions are part of our habitual responses to the world around us – reactions that signal our internalisation and compliance with dominant ideology.

FEELING INVISIBLE

In my analysis of black South African women and their interactions with black male oppression, the women I interviewed described fear as a common emotion experienced when navigating black male patriarchy. This fear was part of their habitual response to black male authority, a reminder to these women to exercise self-regulation in order to comply with hegemonic black male patriarchal oppression.

La Grange's resentment at accusations of racism is the emotional aspect of a habitual response to anti-black racism that seeks to invisibilise the operation of white supremacy in South African society. Arguably, linking this white female former personal secretary to the first black president of democratic South Africa, and her hand-washing social media post to the operation of white supremacy could be seen as absurd. Although La Grange may be a perfectly fine woman, her inability initially to critically engage with anti-black racist critique suggests she is complicit in white supremacy.

When we consider La Grange's anger at accusations of condescending bigotry, add Helen Zille's dismissal of critiques of her take on colonialism, and mix in FW De Klerk's bewilderment at the angry response to his statement that apartheid was not a crime against humanity, we begin to build a picture of habitual white emotionality expressed as exasperation that seeks to frame anti-black racist criticism as an overreaction, if not completely imagined.

FACING OUR FEELINGS

Phrases like 'white supremacy', 'anti-black racism' and 'complicit' are scary. We think these words refer to other people, which is why it is disconcerting when we ourselves are faced with this criticism. However, the fear or shame or anger that obstructs our response to important critique must not stop us from dealing with the very critique itself. Society will not change if we keep to automated emotional responses that shield us from confronting criticism. This ultimately means that unequal power relations will remain in place.

La Grange followed her initial frustrated response to her critics with an apology "to those who felt harmed, insulted or hurt by my posts about washing hands". This tends to be the typical way our Problematic Person of the Moment eventually concedes. We can only hope that such apologies are the result of a genuine re-evaluation of their worldview shaped by an engagement with the behaviour that caused critique. I truly hope Zelda's apology is imbued with a greater understanding of the way her words contributed towards inequality. If not, I hope she and others take the time to sit with their emotions and think about what lies beneath. 📌

“Emotions play a massive part in holding up the social norms that result in unequal social relations.”



Adanma Yisa is the External Relations Manager in the School of Law. She holds a Master's in Critical Diversity Studies (Wits, 2019).

LOCKDOWN BLUES

Every lockdown has a silver lining, Schalk Mouton discovers as he roller-coasters through the emotional demands of living in isolation.

It is a cool autumn evening. I am alone in the car. Facemask on my nose. Coasting up a quiet, deserted road. It is just before curfew sets in. Quiet. Eerie.

I turn into a dark, deserted parking lot. The boom is up. There's no need for security to patrol the area when no-one dares venture outside out of fear that a neighbour might post an incriminating pic of them contravening some silly rule on the local Whatsapp group. I stop the car and switch off the engine. In the dark, I dial a number on my phone.

"Hello," answers a muffled voice. It sounds like someone trying to disguise his identity, but it's probably from trying to breathe through the mask his grandma crocheted.

"It's me ...," I say, not offering my name. The less information traded, the better.

"Just wait, I will come out." The phone goes dead.

Time goes by slowly, during lockdown. The night is quiet again.

Some minutes – that feel like hours – later, a door opens. A man steps into the dark. His head covered with a black hood. His face



by a woolly pink and green facemask. I flash my headlights. Twice, as agreed. He hurries over, glancing left and right. A white plastic package is clenched in his fist.

The flicker of someone lighting a cigarette in a dark corner. As he reaches my car door, the hooded man glances over his shoulder. For an instant, I am sure he is going to run. I open the door, trying to distract him just enough to keep him from fleeing the scene.

"Here's your food," he says, peering over his shoulder.

I take the bag. We walk over to a dark corner to complete the deal. The noise as the credit card machine connects sounds like machine gun crackle in the night while the restaurant manager hides the faded blue light with his hands. He doesn't even wait for the "approved" message before he turns and scurries back into his lair. The "thanks" I shout at the back of his head goes completely ignored.

National lockdown. Day 29.

The hard lockdown had lifted only a couple of days ago. My wife and I had decided to buy a meal from one of the local restaurants, to put something back into our savaged economy. To hopefully at least contribute towards saving someone's job. I slowly drive back to the house, thinking just how much I hate our isolation. Not because we run the risk of getting arrested for walking our dogs, but because of the overwhelming mood it has placed over the country.

Like just about everybody else in the world, I have gone through various 'mood swings'. My emotions dipping, flying and diving between optimism, determination, anger, satisfaction, frustration and depression. It is the latter I fear the most. It is a killer. Years ago, I promised myself I would never fall victim to that darkness again. In times like these, it is hard work.

A couple of days before the lockdown was officially announced, my boss told me to leave the office. "We don't want to see you," she said as my own Ally Mcbeal personality secretly thumped the air in victory. Packing up everything I needed to work from home, I thought to myself, "this is going to be fun!"

But sitting at home in my coffee-stained Batman onesie, while doing online team meetings with an increasingly horrifying hairdo, can be fun for only so long. On day two, work started piling up and the realisation set in that this wasn't a free, unscheduled holiday. The workload mushroomed as colleagues' communication needs grew and bored academics dreamed up weird, crazy schemes that would eventually turn up on my desk. By day four, exhaustion set in. Online Teams meetings grew longer, hairier and more tiring as colleagues, sitting in bed, no longer switched on their video feeds. I started counting down the days to when we would be allowed out of house arrest. Only 19 days to go!

By day seven, a vague feeling of wanting to throw something big, heavy and smelly at someone – ANYONE – set in. Then, the deep dark mood, followed by despair, determination and a little hysterical giggle. This, all before my first coffee of the morning. But I recalled Dr Imtiaz Sooliman of Gift of the Givers telling me during a trip to a warzone, that on every deployment, the eighth day is always the hardest. As they did then, his words gave me hope now. Just push through it.

Over 50 days later, like most South Africans, I have seen and felt it all. The combination of fear, anger and hatred in the eyes above the mask next to me in the shopping queue when I forgot my mask at home. The anger at the destruction of our already quivering economy. Friends' frustration at not being able

“While the lockdown has shown some worrying aspects of our society, it has also brought the good between people to the fore.”

to do their daily exercise whenever they wanted to. The utter desperation after driving from shop to shop without finding any toilet paper. Relief at the general lack of populist politicians in the news, making nonsensical statements. The feeling of acting like a criminal when collecting a takeaway dinner ...

Our world where people dream up plans to send people to Mars and take pictures of distant solar systems millions of light years away with remote cameras, was brought to a halt in a matter of weeks by one of the most primitive organisms on earth. Yet this has given me some hope. This little bug has given the world a much-needed and long-overdue jolt. It has us rethinking just about everything we do and how we will live our lives and interact with each other in the future.

Walking in the rush hour of morning exercise on the first day after the end of the hard lock-down, it was a joy to see our neighbours – people whom I've never seen in my life – out walking in the streets. Whole families! Together! Whether walking, running, or squeezed into tight 20-year-old cycling shirts and shorts plucked from under the mothballs the night before. Everyone smiling, greeting and happy.

It is as if the world has hit the reset button to remind us what is important. It has made us embrace new ways of doing things. Most of us have found a new way of working – and holding meetings – from home. The idea of getting into your car to drive to and from work every day is a distant memory.

While the lockdown has shown some worrying aspects of our society, it has also brought the good between people to the fore. Never, that I can remember, have neighbours been so caring of each other. People have offered to shop for those who can't risk leaving their houses and have donated record numbers of food packages to the needy. Companies have not just cut clients' fees, but actually given them cash to help them to survive. People have donated to crowdfunding schemes so that their local restaurants can pay workers' salaries.

In future, restricted air travel will see us thinking twice about going abroad for a holiday or business meeting. Instead we will hopefully appreciate our own country a bit more – while rebuilding our economy. This behaviour is exactly what climate activists and scientists have been unsuccessfully pleading for, for years.

Covid-19 has forced us to hit the reset button and made us think again about our values – how we think, feel, behave and connect to the world and with each other. Hopefully it brings us as a nation and community a little closer to each other and makes us care more about the things and people that are important to us. ■



HISTORY HAS NO END

This year 30 years ago Nelson Mandela was released from prison. Former student leader and now Professor of Law, Firoz Cachalia, reflects on the mood that preceded the moment.

The mood of the 1970s and 1980s at Wits feels like another time. What I remember are fragments – only of what I am able to retrieve while thinking and writing.

It was certainly the worst of times. We lived ignominiously under a system which denied our humanity. In that system of fixed hierarchy, we were assigned our subordinate locations and inferior, humiliating identities from cradle to grave.

Yet it was also the best of times! We lived in communities with joy and hope. We had our own sporting heroes in a country with all white sports teams. What dazzling midfield generals for Benoni United were Boeti Faizel and Chubby Chekker! Boyhood memories ... White South Africa knew not of their existence. Can we share this memory today?

And it was an exhilarating and ennobling time – a time when the people rose up in the dockyards, in schools, on the streets in our communities, in universities, everywhere – to reclaim the memory of historical resistance and belief in the possibility of fundamental change through political action. The long arc of

history pointed upwards and beyond to a better time. We hoisted flags (the ANC's at Auntie Mary Moodley's funeral) and burned flags (the Republic of South Africa's on Wits campus).

I remember Bheki Mlangeni – short, sturdy and indefatigable. A bomb disguised as headphones killed him. Gentle David Webster, comrade academic – murdered in the wink of an eye by an assassin's bullet. The memory still hurts. But despite mass incarcerations, banning orders, detention, torture, and assassinations, the Wits class of the 1970s and 80s remained undaunted. We were a generation that was determined to inflict a decisive blow on the regime. And we did.

But now, after so much time has passed, I am less inclined to hoist any flag. I will not live to see accomplished all that we had hoped for. But that's okay. History has no end. As Shoshana Zuboff, author of *The Age of Surveillance Capitalism*, advises, "Each generation, must assert its will and imagination as new threats require us to retry the case in every age." ■

COVID-19 lockdown blues

overwhelming feelings

BEREAVEMENT **panic**

anxieties

relationship

psycho-

social difficulties **DEPRESSION**

stress

STRESSFUL

CIRCUMSTANCES

trauma

**SOMETIMES YOUR DAY JUST SUCKS...
IT REALLY, REALLY SUCKS.**

*So what can you do to make this stop?
Talk to us @ the Wits Counselling and Careers
Development Unit (CCDU)*

CCDU provides supportive services and a safe space for Wits students with the emphasis on student-centeredness, inclusivity and human rights. The multidisciplinary team helps facilitate and contribute to the well-being, self-empowerment and capacity building of students.

Services provided:

- Individual and group counselling
- Career counselling and development
- Life coaching
- Psycho-educative workshops, training and advocacy programmes
- HIV education, advocacy and support
- Volunteer peer advocacy on social justice, mental health, and HIV
- Peer mentorship training
- Graduate recruitment
- The journey to employability
- Professional internships

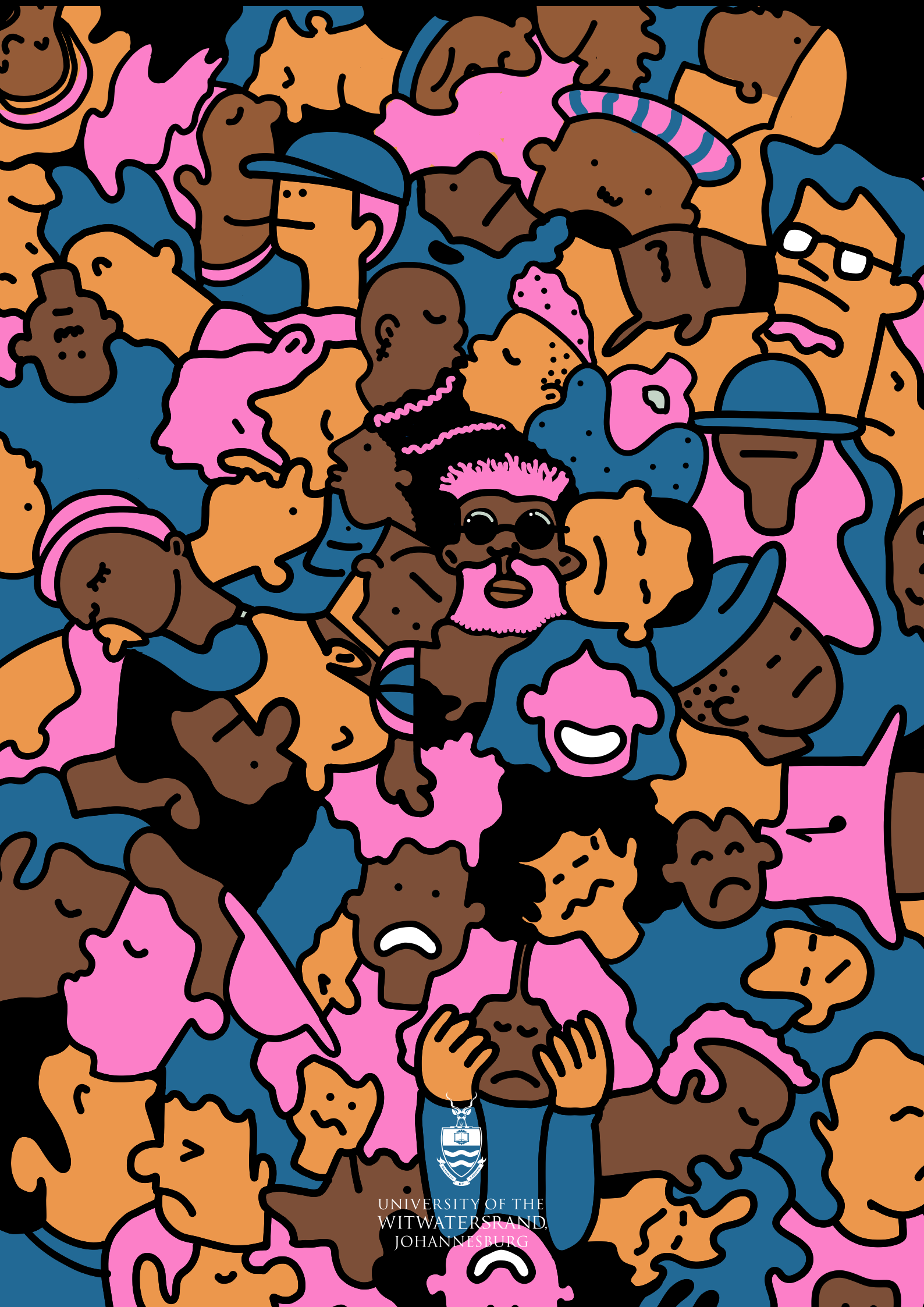
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During lockdown contact CCDU via info.ccd@wits.ac.za or visit their website via <https://www.wits.ac.za/ccdu/>
To donate to the CCDU: <https://devman.wits.ac.za/devman/careerscounselling/giving/>

For emergency counselling, contact the Wits Students' Crisis Line (operated by ICAS) on 0800 111 331



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