

## Where to Psychology in Aotearoa? Choosing Between Histories

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This piece aims to contribute to the discussion, 'Psychology in Aotearoa 2020: Where are we going?' initiated by Bellamy and colleagues in the May 2014 issue of *Psychology Aotearoa*. This, in my opinion, is an important development and deserves our ongoing support and investment.

Psychology has a complex history; there is much written about its sycophancy to those in power, whether in industry, the state, the military, or medicine. This eagerness to demonstrate the discipline's utility and flexibility and to thus build its professional credentials has done much to bring about its ubiquitous presence in contemporary society. But there is also a parallel history that runs counter to the narrative of accommodating the needs of the current hegemony; a history that demonstrates a capacity for reflexivity, reinvention and resistance. I would like to argue that we, the profession of psychology, are now at a point in time where we will have to choose between which of these histories we would like to contribute to.

The relevance debate is an ongoing and vital debate which extends well beyond the borders of Aotearoa.

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Similar debates, for example, were held in South Africa, especially in the 1980s and 1990s, as the profession struggled to understand its complicity in the violence, oppression and struggle that marked the country in which it continued to forge an identity. Given my newness to Aotearoa, I will draw heavily on these experiences in highlighting some concerns. The 'relevance' question requires some unpacking, since we need to ask who determines what counts as relevant actions for our profession. Too easily the parameters of this debate are sculpted by powers beyond our own and too easily do we accept these limitations as given and unchallengeable. Of course those in power will describe constraints and

developments as inevitable, natural, logical, reasonable, and so forth. It is important to be wary of such characterisations for they are both ideological (aimed at naturalising a particular version of the world) and rhetorical (aimed to silence, reduce resistance, and promote an agenda). In South Africa in the 1980s, psychology (in a debate I encountered as a fresh faced first year) was a profession divided as many increasingly saw that what they were undertaking as a form of 'band aid therapy', where the difficulties they were witnessing in their clients and fellow citizens were the result of a violent and oppressive social structure (Dawes, 1985). The interventions offered were thus misguided, limited, and ineffective.

Not only was this social system inflicting ubiquitous harm but it was reducing the profession to an accomplice – often through psychologists claiming to be apolitical which is, of course, a profoundly political statement. In other words, in seeking acknowledgement of its relevance from those in power,

the profession was being an active participant in its own (ethical) destruction and in the oppression of those it sought to understand, assist and protect. In South Africa this was unsustainable and led to the rupture within the profession as alternate, often multidisciplinary, overtly political and activist associations were formed separately from the existing conservative professional society.

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I believe that psychology as a profession in Aotearoa finds itself in a similar, although far less overtly violent, situation. I would like to argue that the emergence of the Bellamy and colleagues' debate is indicative of a crossroads for the profession; it can either continue to accommodate the injunctions and manipulations from those in power and in the process be complicit in its own dismantling (until what we are left doing leaves us feeling completely alienated from our own work) and the neglect of those in need, or we can decide on a different course of action, one where the profession determines its own identity and speaks out against the decisions, policies and practices that fail to serve and ultimately oppress an increasing number of the people of this country. The latter path is of course the far scarier one to pursue. But what is the alternative if we trace the current process into the not-so-distant future?

There are traps to watch out for in this process: One is to get invited into and becoming preoccupied with guild type arguments and debates, that is, trying to demonstrate our relevance and importance as a profession to those in power. There are two problems with this; those in power – pursuing an illusory austerity line of argument - are not interested in our profession and have no investment in protecting it. They are not socially minded; rather their economic reductionism represents a simple exploitative strategy, especially when it comes to mental health, of how to achieve more for less. We should not be fooled by the there-is-no-money argument which then leaves us divided against our fellow health disciplines in scrambling for ever decreasing pieces of the pie. Bluntly stated; there is enough money (or rather wealth), it is just increasingly in fewer and fewer hands as an ever increasing majority have to cope with less and less. This is not a matter of scarce resources; it is a matter of ideology where we are witnessing the effects of a neo-liberal form of social engineering which has been making its way across the globe since its first institution in Chile after the 1973 coup removed their democratically elected government (Harvey, 2005). We can play along with

this rationality but must then make peace with the fact that our profession will continue to be compromised and will increasingly have its role determined by those outside the profession. Such forms of social engineering will however, as in South Africa, only change with the rise of multiple points of resistance both within and beyond psychology.

This leads to my second point concerning the dangers of guild protection debates (e.g., issues of competency, specialisation, regulation, and training); as a social engineering project the effect of this neo-liberal (economic reductionist) ideology affects all professions, not only our own. In other words, if we choose to resist it must proceed in solidarity and discussion with other professional associations. This struggle is not unique to psychology but, I believe, will be found across all health professions. These governmental strategies are being applied to all professions and therefore there is a shared discomfort and outrage to draw from. Our concerns are not only our own but shared with many. Given this we must not become caught in professional boundary protection debates but should rather pursue alliances with other associations. If we are as good in conceptualising holistically as we claim to be, then surely our conceptualisation points us in this direction?

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The questions to answer are; how are we actively and passively complicit in our own demise and the increasing misery of the people of this country and how do we choose to respond? Individual action will not suffice, collective action is essential. Ironically, if we remain quiet, accommodating, and self-involved we will experience the same alienation, unhappiness, poverty, and ill health as those we claim to serve. Finally, these actions and strategies should be our own, devised within the uniqueness of our local context; drawing from wisdoms, insights and ideas elsewhere but not subservient or naively accepting to these, that is, we need to sculpt Kiwi solutions for all of Aotearoa's people.

### References

- Dawes, A. (1985). Politics in mental health: The position of clinical psychology in South Africa. *South African Journal of Psychology*, 15(2), 55-61.  
Harvey, D. (2005). *A brief history of neoliberalism*. New York: Oxford University Press.