



The Effectiveness of Existing Mental Health Treatment Facilities at the University of the Witwatersrand: Perspectives of Students from Rural Areas

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Abstract: In a country where depression, anxiety, and suicide rates within the student population rank among the highest in the world, access to mental health care is vital. This is especially true for students moving from rural areas to urban-based tertiary education institutions. Since South Africa became a democracy, institutions of higher learning previously the preserve of the country's White minority opened their doors to black Africans. While some White families sent their children to private or so-called "Model-C" schools, most black communities lacked the financial means to do the same. Consequently, most black African students remain in rural areas until they reach Grade 12 before moving to the city where most institutions of higher education are located. The shift from rural to urban areas brings with it a combination of excitement and anxiety for Black students who leave their homes for the first time in search of a qualification that offers them a chance at becoming employable. This study aimed to examine the availability and perceived effectiveness of mental health facilities for students coming from rural South Africa. To understand students' perceived perceptions of mental health services, the study applied an experienced-centered narrative (ECN) as the theoretical framework. The study employed a qualitative research design using a narrative approach to explore students' experiences. Semi-structured interviews were conducted with ten participants. The findings revealed the intersectionality of class, race, language, and geography contribute to how students understand, access, and utilize mental health services facilities in institutions of higher learning. Additionally, students indicated that mental health services are helpful and, therefore, effective. However, the processes and how the services are delivered can be improved.

Key words: *Mental Health, Mental Health Treatment, Black/African Students, Rural Areas, Institutions of Higher Education*

Introduction

Colonialism in South Africa dates to 1652, with the arrival of the Dutch settlers. The end of legalized oppression of Black people in South Africa by both colonial and apartheid rule collapsed in the early 1990s, marked by the release of Nelson Mandela, who would become the country's first Black president. The end of this unjust regime signaled the birth of a new democracy (Steyn and Foster 2008) that promised to dismantle all oppressive structures and bring liberation and inclusion to previously disenfranchised groups (Gordon 2018).

The research is guided by critical psychology and critical diversity literacy as the main concepts. Though it did not originate in Africa, critical psychology has become popular and used by scholars such as Manganyi (2013), and Langa and Kiguwa (2013). It helps us understand mental processes that people experience in connection to their socio-political

positioning. Critical diversity literacy by Steyn (2015) helps with the interrogation of nuances of how oppressive policies influence how one gets to enjoy freedom post-apartheid, hence scholars such as Mbembe (2015), Mkhize (2020) and Ndlovu-Gatsheni (2016) call for decolonization, particularly in institutions of higher education. The decolonization of institutions of higher education could assist with the transition of students who come from rural areas by creating an inclusive and diverse space that could be achieved by using an African language during therapy or having someone translate English during lectures for better understanding of the course content for students who are none English speakers. In South Africa, a significant number of students migrate from rural areas in search of a better education from institutions of higher education that are located in urban areas. Relocating to a new environment comes with a range of pressures: psychological (stress, anxiety, depression, suicide); socio-economic (financial background, family structure); and academic (time management, ability to understand content) (Stanley et al. 2009). Students' ability to cope with and manage such changes significantly influences their chances of success or failure at university.

Providing access for marginalized groups to universities formerly reserved for Whites only symbolized hope for Black people. Earning a higher education qualification translated to a better economic outlook, as the opportunities for employment among graduates were significantly more promising than for those without. Ndlovu-Gatsheni (2016) notes that, within the academic space, it was expected that oppressive educational policies, laws, and systems would be replaced by inclusive policies where Black academics and students' voices were valued, thus presenting everyone with the same opportunities and creating equality in academia. Establishing equality, both in the country and in the university environment, would allow marginalized groups to share the same economic and political powers previously enjoyed by Whites only (Young 2011). A study conducted by Alabi (2022, 1) in one of the colleges in South Africa revealed that:

The high prevalence of suicide attempts among the participants (16%) demonstrates the urgent need for campus-based interventions and prevention strategies aimed at addressing the identified associated factors. The estimated suicide rate in South Africa is 23.5 per 100 000, which translates to about 14 000 deaths from suicide per annum.¹ It is the second leading cause of death among young people aged 15–29 in the country. The years of productive life lost and the economic costs of suicide are a burden to both families and the nation.

Wanyoike (2015) supposes that the rates of suicide have greatly increased among youth, the group at highest risk, estimated at one-third of the population in developed and developing countries. However, the reasons for the increase are not clear for the African continent due to a lack of recorded statistics and an increase of influx of students to the universities from exchange student programs (Wanyoike 2015). In many instances, this stems from a lack of

social resources such as mental health services, with countries such as Kenya and Botswana showing a marked increase in suicidal behavior, especially in universities (Wanyoike 2015).

A study of over thirty universities across the world found a correlation between students who suffer from mental illnesses (such as anxiety, depression, eating disorders, and substance abuse) and suicidal ideation (Potter et al. 2004). The research showed that people who die by suicide suffer from poor mental health and, although often referred for help, many choose not to seek it (University of Manchester 2015).

Steyn (2015) argued that government, policy makers, and those in power were responsible for introducing policies and laws that are inclusive. However, institutions of higher education seem ill-prepared for the new liberated marginalized groups who now make up most of the university population. Overwhelmed by large student numbers, transformation of policies, processes, and structures at universities is slow (Cross and Carpentier 2009). These institutions continue to use oppressive policies as a guide for the curriculum, thus failing to demonstrate transformation. Social movements, such as #RhodesMustFall and #FeesMustFall, which took place in 2015, challenged the untransformed university space (Mbembe 2015). The movements stimulated conversations based on people's lived experiences, instead of accepting things at face value. The call for decolonialized education sparked awareness of the hidden nuances in psychological approaches to mental health treatment (Kessi and Kiguwa 2015). It highlighted the spotlight on the need for academia to address the policies and curriculum that continue to advance oppressive practices (Ndlovu-Gatsheni 2016). At the time of the study, the majority of literature addressing suicide among students was written by journalists who usually do not apply academic research tools such as methodology, are guided by a defined framework, and do not check trustworthiness of the story or go through ethical review as academic researchers do. The researcher cannot account for any citations by researchers who have investigated the experiences of students from rural areas with regard to mental health services.

Exploring experiences of students, critical psychologist and scholar Kiguwa (2014) adds that oppression objectifies people and reinforces itself by maintaining the status quo instead of transforming. The continuing marginalization of black students indicates that oppression is part of the university's everyday practices (Kiguwa 2014). Therefore, oppression is nuanced through supporting structures such as mental health services where marginalized areas lack basic social services.

Contextualising Rural Identities

Damousi (2002) asserted that history is fundamental to understanding, shaping, and making meaning of contemporary life, whether as an individual or a collective experience. She claimed that history is about a sense of place, of public and private life, and of both international and national experiences.

History is fundamental to understanding, shaping, and making meaning of contemporary life, whether events of international or domestic politics, of popular culture,

or of any individual or collective experience. Sadly, South Africa's history determines how students from rural areas identify with others and understand themselves in relation to the world. Urban and rural identities and differences are constantly produced, reproduced, and affirmed by the continued inequalities in South Africa (Damousi 2002).

Geographic background shapes one's identity and overall understanding of the world (Steyn 2015). Along with the Group Areas Act of 1950, the Land Act of 1913 prohibited Black people from occupying White areas, giving rise to geographic segregation. Historically, Black people in South Africa have settled in rural areas, which are the least developed in the country and some of which lack even the most basic infrastructure. Social resources such as schools, hospitals, police stations, and social grants are hard to find or access in rural areas. Rural areas are also characterized by a lack of public health and mental health services (Gaedei and Versteeg 2011). Therefore, people living in rural areas have a different experience with social services than those in urban areas. Gaedei and Versteeg (2011) also add that the lack of public health for those living in rural areas is a violation of their rights. The study was interested in understanding how students from rural areas experience mental health services offered by Wits university.

Transforming Psychology

Student-led movements such as #Rhodes Must Fall and #Fees Must Fall highlight the need for a decolonized academic space, including in the discipline of psychology (Pillay 2017). According to Pillay (2017), psychology as an approach aims to understand and help people to attain psychological wellness. Therefore, people who receive mental health treatment should have their lives changed for the better. However, Pillay (2017) believes the profession has failed to achieve this aim. He argues that a transformed psychological approach should include an African approach to psychology instead of the continued use of a Western approach. Therefore, for Pillay, the profession has contributed to legitimizing oppression, particularly for groups previously marginalized by the colonial and apartheid regimes. As a field, psychology has failed to transform and continues to use approaches and policies originally created to exclude black people (Ratele 2014). No efforts have been made to make psychology more accessible in an African context. In addition, current mental health facilities operate largely to the exclusion of Black students who come from rural areas. According to Ratele (2017), this means that because economic powers and privilege remain with the oppressor, which informs the teaching and education of psychology students, as well as the practice of psychology. Ratele (2014) emphasized the need for a decolonized psychology in which Black students from rural areas do not feel as if they cannot access these services owing to nuances of language, economic class, and racial categorization.

Decolonizing a Mental Health Treatment Approach

In her study “Daughters of the Drum,” Brown (2016) argued that native Americans suffer devastating consequences related to health, including mental health-related diseases, such as depression, stress, and anxiety, owing to a lack of resources to address these illnesses. She pointed out that these disparities were the result of excluding native people from health planning and research (Brown, 2016). She maintained that health workers did not bother to include native Americans when they conducted research; instead, researchers made assumptions about what was suitable for them (Brown 2016). In Brown’s (2016) view, there is a failure to consider native people’s history, and how the health system has failed America’s native Americans in psychological support. Echoing Brown’s sentiments, Pillay (2017) added that the current psychological approach in South Africa’s universities reflects a westernized culture, and that an African approach is needed that includes marginalized Black people (Pillay 2017). A psychology study by Cooper and Nicholas (2012) also reveals that psychology plays a role in the oppression of Black people, both directly and indirectly.

Nwoye (2015) argued that in the move toward prioritizing African psychology, understanding the history of African psychology in an African academic institution is essential and would subsequently influence the provision of student support systems, including mental health. Nwoye (2015) cautioned not to forget the history of academic institutions and their psychological approaches as they work on real transformation—doing so would risk replicating Eurocentric psychology, which ignores and undermines the psychological experiences of Black people. According to Nwoye (2015), African psychology aims not only to focus on statistics, but also to include African people’s unique lived experiences as a vital part of the psychological approach.

Theoretical Framework

An experience-centered narrative (ECN), as proposed by Squire (2013), was adopted as the framework for this research enquiry. Squire (2008) maintained that ECN enables researchers to employ depth hermeneutics in accessing participants’ experiences. Along with exploring how participants share and interpret their lived experiences, this study approach gives the researcher an understanding of how the individual influences their environment (Squire 2008). Squire (2008) added that the use of ECN helps bring to life the future or imaginary experiences of the person’s narrative through text and/or first-person oral narration of past, present, future, or imaginary experiences. Therefore, as a qualitative tool, ECN brings a sense of “humanness” to the stories shared by participants, moving away from focusing on numbers only (Bruner 1990). Using ECN, participants could verbalize any discourses they had experienced, affording the researcher a better understanding of how different discourses play out in a person’s life. This understanding is crucial, as it can be used in different contexts, such as mental health services and mental health treatment facilities. As a framework, ECN also allowed the researcher to take into consideration structures of language, at the same time

including the context of the narrative (Squire 2008). ECN addresses significant change in a participant's life, such as moving from a rural area to the city for the first time, and how that shift influences the student's life as they proceed into university life (Andrews 1991).

Methodology

The methodology employed in this study was qualitative research, which, as explained by Babbie and Mouton (2010), is rooted in understanding human experiences. A qualitative methodology is also centered around participants' everyday experiences. Participants were invited to be a part of this research by sharing their own stories and, in so doing, to find meaning in their stories.

A narrative approach to qualitative research empowers participants to express themselves by being hermeneutic in its approach—aimed at reaching a full understanding of participants' stories without being too structured, thus allowing for semi-structured or open-ended questions (Squire 2013). According to Squire (2013), the link between community psychology and narrative psychology is that people's identities are connected to the communities from which they come. Communities, such as rural areas, share certain constructs. Moreover, participants can share stories that, while seen only in the memory of the narrator, are still painful. Therefore, the researcher can identify with the feelings that accompany the experience. Squire (2008) cautioned researchers about the potential to traumatize participants through the retelling of a traumatic story (Squire, 2008). To minimize the trauma, arrangements were made with a psychologist if any of the participants required one-on-one therapy.

Research Site

The research site for the study took place at the University of the Witwatersrand (Wits) in Johannesburg, Gauteng Province. At the time of research, the university was operating under COVID-19 rules; therefore, interviews were conducted using the universities online systems. Wits became a suitable site for the study as its population consists of students who come from different backgrounds, including the targeted population. The researcher was registered as a student at the same institution; therefore, gaining access was easier. The research site falls under the institutions that were previously white. Currently, the majority of the population is black; hence the interest to investigate how black students perceive mental health facilities. Participant Information Sheet consent forms, and all other relevant documents were sent to participants using students' email.

Population and Sample

The population for the study comprised of all students registered at the University of the Witwatersrand; therefore, the sample for the study was chosen from the larger population. The study used purposive sampling technique to recruit students who come from rural areas

and have received therapy or used any of the psychosocial services available on campus. The table below gives biographic information of participants:

Table 1: Demographic Profile of Participants

	<i>Age</i>	<i>Gender</i>	<i>Class</i>	<i>Language</i>	<i>Province</i>
Participant 1	20	Male	Low	IsiXhosa	Easter Cape
Participant 2	24	Female	Middle	IsiXhosa	Eastern Cape
Participant 3	24	Male	Low	SeTswana	North-West
Participant 4	22	Female	Low	SeSotho	Free State
Participant 5	23	Female	Low	IsiZulu	KwaZulu Natal
Participant 6	23	Male	Low	IsiXhosa	Eastern Cape
Participant 7	22	Female	Middle	IsiZulu	KwaZulu Natal
Participant 8	23	Female	Middle	IsiZulu	KwaZulu Natal
Participant 9	22	Male	Low	SePedi	Limpopo
Participant 10	23	Female	Low	SeTswana	Northern Cape

Data Collection Tool

Semi-structured interviews helped answer the research question. Interviews allow for story narration, helping the researcher gain access to depth of participants experiences (Squire 2008). Using semi-structured interviews permitted for open ended questions that allowed participants full permission to give detailed answers (Leedy and Ormrod 2013). The researcher could ask questions such as: What is your understanding of mental health? Are you able to recognize signs of suicide in anyone, including yourself? What recommendations do you have for the current mental health care service or the university to minimize suicide risks and prevent suicide related deaths on campus? Before the questions were conducted with participants, pre-testing of the questions was conducted with two participants and the questions were adjusted accordingly with the guidance of the supervisors. The feedback from the pre-testing is not included in the final results of the study.

Ethical Considerations

To protect participants before, during, and after the research, an ethics certificate was obtained via the Wits university ethics committee (Butina 2015). This included obtaining participants' written informed consent, advising them that they could leave the study at any time, and informing them of the availability of one-on-one therapy if they experienced any trauma from the line of questioning. The interviews took place at a time that was suitable for participants and in a way to keep the interviews private. The research also went through the institution's ethics processes before commencing the study.

Results

Most of the participants experienced difficulties in the STEM field. Some of these challenges had roots in lack of exposure regarding mental wellness and mental health treatment or support prior to being students at Wits. The information from students regarding lack of mental education in rural areas indicates a need for such services in rural areas. Some of the challenges were directly related to the discourses of language used by the institution to teach and in therapy. Students express discomfort in sharing personal information with an English-speaking therapist as they use African languages for most of their lives and when communicating with their friends on campus. The majority of students from rural areas often only get exposed to English as a first language once they get to Wits university.

Understanding of Mental Health Treatment by Rural Students

The participants commented that being a student at Wits positively influenced how they perceived and understood mental health. Further, the efforts made by the campus mental health services to reach out to students upon their arrival at campus proved to have a good influence on the students' understanding of mental health. Their support has helped students from rural areas to identify certain symptoms, directly because of the one-on-one sessions, group therapy, talks, and educational campaigns run by the facilities.

Where I come from, we don't have these things. Whenever I told my mother about having too much work to do for school, she used to say I'll be fine, and we moved on with life...I went to CCDU because I was not coping with my workload. (Participant 7)

Bodies out of Place

The researcher asked the participants whether they thought discourses around race, class, language, and geographic background contributed to how they understood mental health. They attributed class and geographical background as reasons behind their lack of knowledge of mental health prior to coming to Wits. They pointed out that life in the village is different from life on campus, and that Wits provides mental health services that do not exist back home. In many cases, people whose roots are in rural areas only receive access to information about mental health once they move from rural areas to places like Wits, which are in the city.

People judge you when you can't speak proper English. I always get nervous when I must raise a point in class because my accent is different... I also feel like my therapist, and I do not understand each other because I struggle to find the right words to express how I feel inside, maybe if I did Psych, I'd know better. It's like you are a foreigner in your own country in a way, now I get what people from outside South Africa feel during Xenophobic attacks hey? (Participant 8)

The students also shared that the discourses contributed to how they were perceived by others on campus, leading to increased anxiety, as demonstrated by Participant 5:

A bit challenging, “fitting in” was my main issue. At Wits you meet different students from different places, and you get to realise how different you are from each other. Your educational and economic background become obvious, and you find that people from Model-C or private schools have no issues because they are used to living or speaking with whites, whilst it took me a while to adjust. I also had to wait for my sponsor to pay out my fees before I could get a laptop, but the other members of my group did not understand why I could not buy a laptop as I was always behind with submissions because sometimes computer labs are full, so you need to wait. I was embarrassed to tell them that I come from a poor family.

Here, the students highlighted that not only did they feel out of place during therapy, but also outside the therapy room. The inability to express themselves affected how the students experienced university. They also indicated that their background meant that they were not completely accepted by others and that they were often misunderstood by therapists and colleagues owing to their limited vocabulary.

Students raised concerns about the culture of domination that continues to shape the university. Ndlovu-Gatsheni (2016) highlights this view when speaking of the project of decolonizing institutions of higher education and argues that through policies and rules that governs institution of higher learning. Both colonializations and the apartheid laws need to be changed for institutions of higher education to achieve a decolonized new institution. Students from rural areas also claimed that the institution speaks of transformation in many debates and on the university’s website, indicating an interest in including African languages in their communication; however, the classroom and students’ support structures, such as the mental health facilities, do not reflect this. Therefore, students find this contradictory as majority of students on campus are Africa. , even when black African students make up the majority of students at the institution. Students from rural areas struggled to blend in with Wits’ culture, which they perceived as foreign to them. Students who have had previous exposure to semi-private (also referred to as Model-C) or private schools found it easy to blend in, while those from rural areas struggled. Economic divisions between Whites and Blacks remained part of the legacy of apartheid, and students from under-resourced or poor backgrounds had to tackle class distinctions daily.

Racialized Experiences

All participants came from a background where everyone around them was Black and spoke the same African language. The results indicate that the move from rural to urban areas highlighted the effects of differences in skin color and language.

CCDU has this thing where when you visit for the first time, they ask you about your problems then give you a date. “So maybe during the first visit they can ask if you prefer a white or someone who is black. Some blacks understand our problems better because we go to CCDU stressed about our marks sometimes or our cousin’s death so, to try and explain to a white person that you are not well because you lost a cousin they won’t understand because to them a cousin is not close family. See. For us black people we grow up as brothers and sisters and in many cases we all live under the same roof. I hope you get me. (Participant 4)

Many students indicated that they encountered racial stereotypes on campus. However, results also show that black students from rural areas carry their own stereotypes about students who come from urban areas.

I was surprised by how snobbish black students are (eye roll) I wonder how they speak to their parents... for instance I ended up being paired with a white guy who ended up doing everything alone. Maybe he thought I was going to make him fail because I don’t have a snobbish accent. (Participant 10)

Language and Power Dynamics

When asked about their language preference in therapy, participants indicated that the use of English as the only “official language” at an institution that has more Blacks than White students was problematic, as it excluded a diverse pool of African languages that could possibly improve the experiences of students from rural areas both in and outside of therapy. While some students indicated that they were comfortable expressing themselves in English, having practiced the language over the years, it is evident that language is also used as a tool of power, as indicated by Participant 2’s comment:

I’m honestly in between about this. Firstly, English is someone else’s home language but also is a medium of communication in South Africa. So, it would make sense to express my feelings, emotions, and stressful situation in a language I am my most comfortable speaking. That language is my home language because I understand it better. I am comfortable now to express myself in English because I’ve been here for years now but that was not the case in my first year. I felt lost! And it’s frustrating because others seem to move freely without any of the issues, I was experiencing... It would be ideal for every mental health facility to offer services in all 11 languages, but the question would be feasibility.

This statement clearly illustrates the power dynamics in operation. These dynamics play out in different ways, including language. The use of English in this case becomes the tool of exclusion for students from rural areas. This is problematic because it is the only language used to communicate with students, which excludes students who come from non-English-

speaking backgrounds. Black students from rural South Africa, therefore, do not share the same privileges as students who are fluent in the language. Therefore, the discursive construction of English places it as the language of power and privilege because those who hold power influence how language is produced and practiced in different spaces.

Results also indicate that therapists need to be aware of the race discourse within therapy is important because subjects do not enjoy the same benefits. Awareness of both racial and power dynamics can cause students to see themselves as the problem. Power dynamics are hidden in many ways, including the relationships between a client and a therapist.

English is not our home language, so we don't know all the words. Therapy should be conducted in a language I feel comfortable with as the point is to help me. Also, the information we get on the pamphlets or when CCDU comes to our lectures is only in English and this is right at the beginning of the year. You are new at Wits; chances are you don't have friends at this stage to translate for you... this is how you can end up missing out on important information. (Participant 1)

The Role of Social Fields

Bourdieu (1989) refers to social structures as social structures that influences a person's everyday life such as religious structures, political, cultural, family, educational, health and economical structures. Although students indicated that mental health is largely an individual issue, they also expressed a need for families, communities, nongovernmental organizations, and government to provide support structures to students struggling with their mental health. The participants' comments reveal that students believe that black African families lack knowledge and understanding of mental health. Because the concepts are often foreign to their families, they are unable to assist students needing help. The participants believed that educating families better equip them to address mental health challenges. They saw family empowerment as a tool that could help reduce misinformation and enable families to help once they have gained a better understanding of mental health. Participant 2 had this to say:

I think black families don't understand mental health concept. They think you've been possessed by demons when you commit suicide or when you tell them that you are not coping. They will remind you that you have everything you need, what could be stressing you, so stop being spoilt and focus... I felt like the mother made this whole thing about her and the dad and the siblings and left this guy out completely, and I don't think it's intentional but it's just that our parents do not understand the concept of mental illness. It does not exist according to them. So, if it were possible, I'd say the government or institutions that have money like Wits should consider educating families and the rest of society about mental health matters. I think this can change the way parents handle their kids.

Students also show that they find it important for families and communities to be empowered through educational programs. This can help parents who are not exposed to mental health issues or how one can assist and support a student in need of such services. This was evident from Participant 5's response:

I honestly believe that the entire community needs to be educated about mental health, especially black communities because we have no concept of mental health...In my village we have a ward counsellor who usually attend to the needs of the community... I'm sure the government can add this as part of the grand system somehow and have the community health care workers do the follow up with us as part of their work and give feedback to your family just like they do with the elderly.

Discussion

The results highlight that students perceive discourses of geographic background and language as a means for the institution to exclude them from fully benefiting from therapy, as English remains the main language of communication across the university. The researcher acknowledges that the number of participants was too small to be generalized, which is the weakness of the study. However, the study is deemed useful as it still used trustworthiness to ensure that the study is of acceptable research standards. Trustworthiness is established when the researcher presents the findings precisely as described by the participants and ensures they closely reflect the meanings of the participants to ensure accurate reporting of findings (Creswell 2014). Credibility ensures that there is accuracy in research findings (Lincoln, Lynham, and Guba 2012). Therefore, participants' interviews were recorded and the feedback from participants indicated that students who struggled to express themselves in English felt discriminated against. This is particularly important for first-year students who had little or no need to speak much English before university. Therefore, a critical eye is imperative on the analysis on the nuances in policies and practices regarding mental health treatment on campus because they continue to reproduce inequalities in higher education institutions (Kessi and Kiguwa, 2015). Steyn's (2015) Critical Diversity Literacy (CDL) criteria argue that discourses of class, geographical location, race, and language matter because they determine access to resources. As participants shared personal experiences, some showed signs of being triggered. One-one-one therapy sessions with psychologists were arranged for participants showing signs of needing to debrief or for those who indicated that they would like to see a therapist. According to Squire (2008), narrative interviews can affect participants differently; therefore, it is the researcher's responsibility to minimize retraumatizing participants, and in a case where traumatization could not be prevented, the researcher must organize therapy for the participant.

Participants raised concerns about the long waiting periods before receiving help. Often, they do not receive help when they needed it, which could have devastating results, such as suicide. These long waiting periods jeopardize the CCDU's intention to "enhance the mental

and emotional wellbeing, coping skills, resilience and support of Wits students, towards an enriched experience of university life and academic success” (Personal Interview with A. Lunksy, Head of Department of the Mental Health Services at Wits, 2019).

Participants also indicated that they experience culture shock when they get to Wits and this results in greater academic pressure, which impedes their mental wellbeing. Fear of failure and feeling out of place exacerbate any psychological pressures students may already be feeling and motivate them to seek help.

Participants from rural areas appreciate efforts made by mental health services to reach out or attempt to help them; some remarked that language barriers played a significant role in how they understood mental health help. Language represented a particular race that they associated with the oppressor. Participants perceived the chosen language as elitist because it excluded those who did not have a good understanding of the language. Therefore, mental health services should include African languages in therapy and in the curriculum. The researcher established transferability by providing readers with evidence that the research study’s findings could be applicable to other contexts, situations, times, and populations (Maree 2018) and ensured that the findings could be applicable in similar contexts. The aim is not to generalize the research findings, but it is to ensure that the findings apply to the Wits student population at large (Rubin and Babbie 2010). In addition, all findings represented the socio-economic and political contexts to which students belong. The research findings of the study are presented in a way that they can be used as a guide for further studies.

The results revealed that participant students from rural areas not only believed that families should be involved in treatment, but that communities could play a significant role, too. Feedback from students reveals that, because they and their families are unfamiliar with mental health as a concept, they do not address it. In many cases, mental illness is considered “normal” and, therefore, is not expected to have an impact on people’s lives. Families believe that one can overcome challenges related to mental health without treatment. Further, the results highlighted the lack of mental health knowledge among some people living in rural areas. Results also demonstrate how lack of health services in rural areas affects the community’s perceptions about mental wellbeing, indicating that one’s geographical background continues to have an influence on how a new space is perceived, regardless of living in that space.

In addition to the challenges already discussed around economic class, a lack of financial resources keeps some families and students apart from each other, as students and families are unable to call, video call, or text due to lack of funds for airtime or data. Campbell and Burgess (2012) asserted that engagement with communities was integral to mental wellbeing, with community members being active participants in promoting mental health education, prevention, treatment, and advocacy. They argued that it is important for community members to be able to identify symptoms of mental illness and know where to seek help in case they encounter someone who needs mental health treatment. This may require the dissemination of information in “social spaces” among community members and “enabling

the integration of often unfamiliar medical knowledge with local frames of reference” (Campbell and Burgess 2012, 389). In this context, Campbell and Burgess (2012) were referring to the “social space” where communities can apply Freire’s (1973) model of critical thinking about factors relating to social and cultural practices that contribute to one’s mental wellness.

The third feature of a health-competent community is that of partnerships where individuals, families, and communities collaborate with non-profit organizations, government, and mental health professionals. Bourdieu (1989) reminds us that a key driver of health inequalities is peoples’ lack of access to social networks that can help them advance their social capital investment. The ability for community members to form alliances with professionals creates a sense of solidarity around collective efforts and can be used to optimize mental health treatment as well as encourage homogenized relations between community members (Campbell and Burgess 2012).

Reflection and Conclusion

The analysis highlighted the intersections of racialization, socio-political history, and economic backgrounds as influential in the interaction between students (subject) and mental health facilities (microstructure). Using a critical approach, I was able to analyze the nuances in discourses on race, language, class, and geographic background to better understand how an oppressive culture is maintained and replicated in therapy. The analysis of themes and discourse exposes multiple contradicting discourses and helps to reveal how oppression naturalizes and reproduces itself in treatment spaces, as well as within Wits University as a whole. Furthermore, students are molded and positioned by those who hold power. The students form their opinions based on their desire for recognition and validation in a space where they feel invisible.

During his visit to South Africa in 2013, African theorist Ngũgĩ wa Thiong’o (2017) warned that language used in any social space is attached to power and, as such, can be wielded as a weapon. Wa Thiongo (2017) adds that language not only qualifies or disqualifies subjects in a space but is also used to keep the oppressive culture intact. Wa Thiong’o argued that through language, we find meaning in who we are, and can interact with one another by using language. Likewise, the findings emerging from the analysis for this research confirm that the use of language is significant in the way students understand mental health and mental health treatment. The narratives focused on their personal journeys as students from rural South Africa who have experienced a degree of exclusion in mental health treatment facilities through the use of a particular language. Therefore, it can be argued that students from rural areas experience symbolic violence when therapists, or even lecturers, use a language that excludes them, or when they are compelled to consult with a white therapist or risk not being helped (Du Bois 1903).

Language carries power and renders everyone rightful citizens in any social context. Therefore, given that Black students continue to experience exclusion, a critical approach is

vital when analyzing language discourses. Although students acknowledge that the services on offer are helpful in improving their knowledge about mental health and processing mental health challenges, the research found that students adopted performance subjectivity to be considered “accepted” in therapy. Therefore, instead of helping them to open up, the therapy process has silenced the voices of students from rural areas by using a language that the students struggled with as English is not their first language.

Race and racialized opinions are linked to the subjects’ identity and practices. Therefore, the role that support structures, such as Wits University’s Counselling and Careers Development Unit, play in defining a subject becomes critical in addressing language inequalities.

The analysis of race and body revealed that the two are closely intertwined, compelling the researcher to engage both concepts under one umbrella. The process of racialization takes place both at individual and structural levels. The relationship between these two levels complicates how to navigate space, as processes of racialization occur at both macro and micro levels of interaction and navigation of space, because not having the power to contribute on how therapy should be conducted creates a discourse of power where the institution’s policies or the therapist in a way remains in power as the student must use the language suitable for the therapists who are only permitted to use English (Foucault 1969). Both Foucault (1969) and Steyn (2016) argue that one’s geographical background, which in this case is rural, determines how the students from rural South Africa connect with space; thus, they connect to spaces viewing themselves as not just students needing help, but they also see themselves using a racial lens. Therefore, the university as a social space shapes and produces students from rural areas in a particular way. Therefore, racial encounters are arguably intricately connected to subject production and how the constructed subject engages with the space (Foucault 1969). Oppression divides spaces of existence according to “White” or “Black” spaces, creating societal inequalities based on race (Wilson 2009). According to some students from rural areas, the division of spaces creates a sense of visibility and invisibility, with the race with power (Whites) considered visible while the race with no power is rendered invisible.

The analysis revealed that being positioned as a problem requires a constant shift between “self” and “self-in-relation-to-others.” Thus, Black people live through what Du Bois (1903) refers to as “the veil,” the existence of a barrier prohibiting genuine understanding and equality between Black people and White people. The analysis also indicates that students experience two contradicting realities: subjectification and resistance. Students’ embodied performances of race are rooted in the desire to challenge the normative discursive contexts that insist on reinforcing a normative racial order. However, these performances tend to produce the same oppressive norms students attempt to escape. We learn from students’ narratives that the veil produces anxious and fearful subjects on the one hand. On the other hand, students demonstrate resistance and challenge oppressive practices, thus fighting for visibility both in therapy and on campus. This resistance occurs because students recognize

that the university's culture does not allow them to engage with the space freely owing to the way they are positioned before they even step into a mental health treatment facility. Therefore, students enter these facilities with their identities and positions already assigned.

The lack of transformation in institutions of higher education in South Africa requires scrutiny of aspects of institutional culture that for too long have hindered the transformation needed to create conditions that make it possible to achieve social change. According to Kiguwa (2021) socio-economic protests are directly linked to the historic background of South Africa. Therefore, complexities in the South African academic landscape are the result of differences in sociohistorical, classed, and racialized historic backgrounds. Transformation, therefore, is both an individual and a structural issue.

The analysis showed how students battle a stubborn culture of exclusion and oppression based on their race. Current efforts toward visible transformation exist within invisible nuances that serve to maintain the marginalization of certain groups within the academic and therapy space. Thus, one can argue that students exist within institutional practices that make it impossible for all institutional agents to fully experience what it means to live in a fully transformed therapeutic space.

The literature explains that a transformative academic space will need to recognize Black people as both legal and valuable citizens of the academic space (Ndlovu-Gatsheni 2016). Part of the transformative plan should, therefore, explore how students experience living in spaces that continue to marginalize them. From this point, it should be possible for universities to establish effective methods that can produce tangible results leading to transformation. Mental health facilities, as part of the supporting structures meant to enhance students' experiences of students, can play a part in this process by establishing race-sensitive therapeutic processes. The analysis also reveals that prior experiences of race, class, language, and geographical location discourses influence students' overall experience on campus. As such, efforts seeking to bring about change must consider how these discourses manifest themselves on campus and in therapy. Both Mbembe (2015) and Ndlovu-Gatsheni (2016) argue that the transformation of universities needs to start with questioning epistemologies and ontologies, which will open the way to including African knowledge in the country's campuses.

The epistemology of psychology engages with a subject in a manner that focuses on the internal psychological processes that the individual experiences. This analysis reveals that internal processes are not only dependent on the subjects; rather, they are interlinked to the positioning of the subject. Therefore, the narrative of any habitus reflects the social field in which they operate, and this becomes part of the embodiment. Given that a subject position reflects the politics of power, theorists such as Wendell (1996) advise one to look beyond an individual's psychological state and instead incorporate lived experiences, where power dynamics play out.

The narratives also focused on positive impacts that the social fields have on the shaping of the subject. The analysis indicates that history influences how students experience and

navigate mental health facilities as a social field, highlighting the complexities between attempting to move freely in spaces that make it possible for oppression to thrive, as well as the complex relation between this prior enculturation of habitus and dispositions within the new field. The data highlights that while the subject navigates the social field, they do so in spaces dominated by power politics, thus complicating their experiences. The process is neither straightforward nor individualistic. As Cramer and Kapusta (2017) explained, a form of solidarity between subject and social structures can generate a better understanding of mental health and mental health treatment. Campbell and Burgess (2012) added that knowledge distribution, resistance, and partnership homogeneity can emerge, resulting in the diffusion of power-centered interventions in communities, thereby perpetuating the subject's existence as a victim of exclusion.

Informed Consent

The author has obtained informed consent from all participants.

Conflict of Interest

The author declares that there is no conflict of interest.

REFERENCES

- Alabi, Adeyinka A. 2022. "Suicide Attempts among Students of Higher Education, Nelson Mandela Bay Municipality, South Africa." *South African Family Practice* 64 (1): Part 4, a5609. <https://doi.org/10.4102/safp.v64i1.5609>.
- Andrews, Molly. 1991. *Lifetimes of Commitment: Ageing, Politics, Psychology*. Cambridge: Cambridge University Press.
- Babbie, Earl, and Johann Mouton. 2010. *The Practice of Social Research*. Cape Town: Oxford University Press Southern Africa.
- Bourdieu, Pierre. 1989. "Social Space and Symbolic Power." *Sociological Theory* 7 (1): 14–25. <https://doi.org/10.2307/202060>.
- Brown, Danica L. 2016. "Daughters of the Drum. Decolonizing Health and Wellness with Native American Women." *AlterNative* 12 (2). <https://doi.org/10.20507/AlterNative.2016.12.2.1>.
- Bruner, Jerome. 1990. *Acts of Meaning*. Cambridge, MA: Harvard University Press.
- Butina, Michelle. 2015. "A Narrative Approach to Qualitative Inquiry: Conducting Qualitative Research." *Clinical Laboratory Science* 28 (3): 190–196. <https://doi.org/10.29074/ascls.28.3.190>.
- Canham, H. 2017. "Embodied Black Rage." *Du Bois Review: Social Science Research on Race* 14 (2): 427–445. <https://doi.org/10.1017/S1742058X17000066>.

- Campbell, Catherine, and Rochelle Burgess. 2012. "The Role of Communities in Advancing the Goals of the Movement for Global Mental Health." *Transcultural Psychiatry* 49 (34): 379–395. .
- Cooper, Saths, and Lionel Nicholas. 2012. "An Overview of South African Psychology." *International Journal of Psychology* 47 (2): 89–101. <https://doi.org/10.1080/00207594.2012.660160>.
- Cramer, Robert J., and Nestor D. Kapusta. 2017. "A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide." *Frontiers in Psychology* 8 (Article 1756). <https://doi.org/10.3389/fpsyg.2017.01756>.
- Cross, Michael, and Claude Carpentier. 2009. "New Students' in South African Higher Education: Institutional Culture, Student Performance and the Challenge of Democratisation." *Perspectives in Education* 27 (1): 6–15. <https://doi.org/10.14426/cristal.v10i1.456>.
- Damousi, Joy. 2002. "History Matters: The Politics of Grief and Injury in Australian History." *Australian Historical Studies* 33 (118): 100–112. <https://doi.org/10.1080/10314610208596183>.
- Du Bois, William E. B. 1903. *The Souls of Black Folk*. Chicago, IL: A.C. McClurg and Co.
- Freire, Paulo. 1973. *Education for Critical Consciousness*. New York: Seabury Press.
- Foucault, Michel. 1969. *The Archeology of Knowledge and the Discourse on Language*. New York: Pantheon Books
- Gaedei, B., and M. Versteegi. 2011. *The State of the Right to Health in Rural South Africa*. Department of Rural Health, University of KwaZulu-Natal ii Centre for Rural Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg
- Gordon, Lewis R. 2018. "Re-Imagining Liberations." *International Journal of Critical Diversity Studies* 1 (1): 11–29. <https://doi.org/10.13169/intecritdivestud.1.1.0011>.
- Kessi, Shose, and Peace Kiguwa. 2015. "Social Psychology and Social Change: Beyond Western Perspectives." *Papers on Social Representations* 24 (1): 1.1–1.11.
- Kiguwa, Peace. 2014. "Telling Stories of Race: A Study of Racialised Subjectivity in the Post-Apartheid Academy." PhD diss., University of the Witwatersrand, Johannesburg. <https://wiredspace.wits.ac.za/server/api/core/bitstreams/a6b4ef39-a97d-4f83-80fa-724c45e4a5dd/content>.
- Kiguwa, Peace. 2021. "The House That Apartheid Built: What Room for Cohabitation?" *South African Journal of Psychology* 51 (4): 481–484. <https://doi.org/10.1177/00812463211045633>.
- Langa, Malose, and Peace Kiguwa. 2013. "Violent Masculinities and Service Delivery Protests in Post-Apartheid South Africa: A Case Study of Two Communities in Mpumalanga." *Men and Violence* 27 (1): 20–31. <https://doi.org/10.1080/10130950.2013.793897>.
- Leedy, Paul D, and Jeanne Ellis Ormrod. 2013. *Practical Research: Planning and Design*. Harlow: Pearson Education.

- Lincoln, Y. S., S. A. Lynham, and E. Guba. 2012. "Paradigmatic controversies, contradictions, and emerging confluence." In N. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research*, 4th ed., edited by N. Denzin and Y. S. Lincoln, 97–128. Thousand Oaks, CA: Sage.
- Manganyi, N. Chabani. 2013. "On Becoming a Psychologist in Apartheid South Africa." *South African Journal of Psychology* 43 (3): 278–288. <https://doi.org/10.1177/0081246313493597>.
- Maree, Jacobus Gideon. 2018. "Perspective: Promoting Career Development in the Early Years of People's Lives through Self- and Career Construction Counselling to Promote Their Career Resilience and Career Adaptability." *Early Child Development and Care* 188 (4): 421–424. <https://doi.org/10.1080/03004430.2018.1438748>.
- Mbembe, Achille. 2015 *Decolonizing Knowledge and the Question of the Archive*. Wits Institute for Social and Economic Research, University of the Witwatersrand. <http://wiser.wits.ac.za/system/files/Achille.pdf>.
- Mkhize, Nhlanhla. 2020. "African/Afrikan-centered Psychology." *South African Journal of Psychology* 51 (3): 422–429. <https://doi.org/10.1177/0081246320972002>.
- Ndlovu-Gatsheni, Sabelo J. 2016. "Decolonizing the University and the Problematic Grammars of Change in South Africa." Keynote Address Delivered at the Decolonizing the Humanities and Social Sciences in South Africa/Africa Annual Student Conference, University of KwaZulu-Natal, October 6–7, 2016.
- Nwoye, Augustine. 2015. "What is African Psychology the psychology of?" *Theory & Psychology* 25 (1). <https://doi.org/10.1177/0959354314565116>.
- Pillay, Suntosh R. 2017. "Silence is Violence: (Critical) Psychology in an Era of Rhodes Must Fall and Fees Must Fall." *South African Journal of Psychology* 46 (2): 155–9. <https://doi.org/10.1177/0081246316636766>.
- Potter, Lloyd, Morton Silverman, Ellen Connorton, and Marc Posner. 2004. *Promoting Mental Health and Preventing Suicide in College and University Settings*. Newton: Education Development Center.
- Ratele, Kopano. 2017. "African (Situated) Psychologies of Boys, Men and Masculinities." *Psychology in Society* 58:10–28. <https://doi.org/10.17159/2309-8708/2017/n54a2>.
- Ratele, Kopano. 2014. "Currents Against Gender Transformation of South African Men: Relocating Marginality to the Centre of Research and Theory of Masculinities." *International Journal for Masculinity Studies* 9 (1): 30–44. <https://doi.org/10.1080/18902138.2014.892285>.
- Rubin, A., and E. R. Babbie. 2010. *Essential Research Methods for Social Work*, 2nd ed. Belmont, CA: Cengage Learning.
- Squire, Corinne. 2008. *Approaches to Narrative Research*. Review Paper, East London: National Centre for Research Methods.
- Squire, Corinne. 2013. "From Experience-centered and Culturally Oriented Approaches to Narrative." In *Doing Narrative Research*, edited by Molly Andrews, Corinne Squire,

- and Maria Tamboukou, 41–63. Los Angeles: SAGE Publications.
<https://doi.org/10.4135/9781526402271>.
- Stanley, Nicky, Sharon Mallon, Jo Bell, and Jill Manthorpe. 2009. “Trapped in transition: Findings from a UK study of student suicide.” *British Journal of Guidance & Counselling* 37 (4): 419–433. <https://doi.org/10.1080/03069880903161427>.
- Steyn, Melissa. 2015. “Critical Diversity Literacy.” In *Routledge International Handbook of Diversity Studies*, edited by Steven Vertovek, 379–389. London: Routledge.
- Steyn, Melissa, and Don Foster. 2008. “Repertoires for Talking White: Resistant Whiteness in Post-apartheid South Africa.” *Ethnic and Racial Studies* 31 (1): 25–51.
<https://doi.org/10.1080/01419870701538851>.
- University of Manchester. 2015. *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. Annual Report, Centre for Mental Health and Risk. national-confidential-inquiry-into-suicide-and-homicide-ncish-annual-report-2015.pdf (hqip.org.uk).
- Wanyoike, Becky W. 2015. “Suicide Among University Students in Kenya: Causes, Implications and Interventions.” *Journal of Language, Technology & Entrepreneurship in Africa* 6 (1): 35–53.
- Wa Thiong’o, Ngũĩgĩ. 2017. “Language at the Centre of Decolonisation.” Lecture, 3 March 3, 2017, Wits University.
- Wendell, Susan. 1996. *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York: Routledge.
- Wilson, William J. 2009. “Framing Race and Poverty.” *Context* 8 (4): 84–84.
<https://doi.org/10.1525/ctx.2009.8.4.84>.
- Young, Iris M. 2011. *Justice and the Politics of Difference*. Princeton: Princeton University Press.

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