

Psychology practice in Zimbabwe now and beyond

When I was a child, I spake as a child, I understood as a child, but when I became a man, I put away childish things. 1 Corinthians 13:11 KJV

The emergence Association of Black Psychologists(ABPsi) in 1968 was as a result of disgruntlements with the American Psychology Association (APA) (Williams 1997). APA was reluctant to address systematic racism and its failure to train blacks in graduate programs in theory and method relevant to social problems. Amongst the issues they registered disgruntlement was to do with psychological tests which were racist and served to further segregate the subjugated black people. The formation of ABPsi in 1968 was at the APA meeting in San Francisco (Williams 1974), it has become a role model for psychology organizations eg Association of Psychologists Por La Raza (APLR), Asian American Psychological Association (AAPA), Society of Indian Psychologists(SIP) among others.

ABPsi having formed in the background of such unfortunate events, there were temptations for it to continue the association focused on the challenges. ABPsi was prompt to agree as an association to put focus on its strength. The decision by ABPsi served it well making it a distinct association making significant reforms in psychology and the minority populations which psychology also served as a praxis. Society of Zambezi Psychology (SZP) is formed just like ABPsi fifty two years later in a background of challenges, but as ABPsi will focus on the strength of its members to bring a better psychology in Zimbabwe and beyond.

The challenge of Psychology in Zimbabwe rests mainly in the bottleneck systems and lack of movement or non-dynamic changes within the general field of psychology. There is a general mistrust between the old guard in psychology and incoming psychologists (interns included). The old guard insists that someone has to be competent to practice which is done via rigid systems as espoused in the psychological regulations of 2016. The said regulations demand a minimum of one year internship then a board exam and when one is successful the individual has to do further three years in public practice before they are to be allowed to do private practice. The old guard rational of the internship is to show competence and when such competence is shown private practice is denied for a further three years.

The madness of the regulations is that it firstly limits opportunities for people to be served by psychologists in private practice which spaces are better equipped as compared to dilapidated public mental health institutions in Zimbabwe. Private psychological services often have contemporary facilities, test equipment and better management. Hence limiting psychological personnel means depriving users of psychological quality services. There exists no distinct public health offering only psychological services, of the three type of psychological services they fall under a government department. Mental health services are offered under psychiatric institutions, Learning disabilities and difficulties are offered under education department and forensic psychological services are offered under Prison services. Hence it leaves the public who

would not want to receive services under these institutions to seek such services from private practice, which practice is stifled by way of rigid regulations. Hence the regulations instead of making easy access of psychological services it drags psychology into another faux pas were limited psychological services are further limited by the regulations.

The regulation are caught up in another discriminatory mess were it implies that users in public institutions are different with users in private practice. Upon registration as a psychologist, a psychologist is forbidden private practice and is set for mandatory three year practice in public institutions. Such regulations raise the question on the difference between persons seen in public health and persons seen in private practice. What so specially different from these that our regulations seem to go further to protect them from an “in experienced psychologist” but in public health facilities no such protection is proffered. The regulations spark fires of segregation amongst users of psychological services in private and public institutions. In reality its mere madness clad as regulations.

The psychology fraternity in Zimbabwe has more problems before it which are faced by students, graduate interns, and psychologists. SZP will as a community of psychology following the model of ABPsi focus on the strengths in the psychology fraternity to achieve their aspirations and those of users. It is our shared hope that psychologists who generally register for practice after seven years of studies and training get return of investment (ROI) of their time and money. In the same vein we pray that users have easy access to psychologists in every part of this nation without the unnecessary bottleneck systems.

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SOCIETY OF ZAMBEZI PSYCHOLOGY

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