Rethinking Psychology in Africa: From Decolonizing to Universalizing Knowledge in an Emerging Field

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Abstract: Inspired by broader calls to decolonize knowledge, psychologists in Africa have recently started debating the necessity and feasibility of creating a distinctly African psychology as a new academic discipline and field of practice. Some view this idea, whether sceptically or enthusiastically, as a primarily political move; others are more concerned with philosophical questions regarding the possibilities, and boundaries, of universal psychological knowledge. While critics warn of the risks of exoticizing and further marginalizing 'African' psychology from what they see as a universal discipline, proponents argue that mainstream 'Western psychology' has so far been harmful, or at best irrelevant, for Africans. My article engages with these recent debates by drawing on my fieldwork among psychotherapists in Uganda. I question conventional framings of psychotherapy as something external and foreign to 'Africa' that has been imposed by outsiders. Instead, I show how Ugandan therapists consider themselves part of a universal field of knowledge and how, through their efforts to make this knowledge relevant in Uganda, they actively engage in the production and negotiation of psy's universality. Nevertheless, they are confronted by historical legacies and contemporary structural inequalities which limit how and where they can practice, and how their work is valued.
[Decolonization, Global Mental Health, Psy, Uganda, Universality]

Anyone who is willing and able to acquire a language
becomes a part-owner of that language.
Táíwò, 2022:44)

Introduction

In *Against Decolonization*, from which the above quote is taken, Olúfẹ́mi Táíwò states that one of his motivations for writing the book was the

> nagging feeling that many of the creative works of the ex-colonized are either not being recognized or not being taken seriously by the zealots of decolonizing, in so far as their intellectual products or institutional practices could be considered tainted, even faintly, by the colonial experience (2022:7).

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As I will argue in this article, psychology is a case in point. The creative and fundamentally relational work involved in 'making psychology global' is often lost in discourses that focus on the discipline's colonial history; however, it is also lost in discourses that naively take psychological knowledge to be universal.

Psychology, and related practices like psychotherapy, have been rapidly expanding across the globe in recent decades. This expansion of 'psy'[1] and its underlying assumptions and ideologies is being driven not only by the World Health Organization and related networks but also through media and social media. It is related to new ways of thinking about (mental) health, new understandings of the self, new problems that people have to cope with, and the global spread of middle-class values and aspirations, including competition for status and jobs and conspicuous consumption. While psychiatry, the older and more biomedical of the psy-disciplines, was established as a discipline and field of medical practice in most countries during the colonial period, it has always had a somewhat marginalized status and limited influence on broader society because it was seen as only for abjectly 'crazy' people. Those few who did come under the gaze of psychiatry were put in custody and largely silenced through medication – and there was little effort and limited means to engage with their 'selves' or 'minds' (Vaughan 1991:125). The more contemporary global emergence and popularization of psy in the form of self-help literature, talk therapy, and mental health discourses is very different: it is centered on processes of subjectivation, introspection, and a thorough engagement with the individual self. Moreover, its focus is much broader because it targets both the mentally healthy and the mentally ill, and thus has influence beyond the confines of the clinic and the therapy room.

There are two main interpretations of this trend: The critical perspective – succinctly captured in the title of Ethan Watters' prominent book *Crazy Like Us: The Globalization of the American Psyche* – argues that the ongoing expansion of psy represents yet another form of Americanization (some would say colonization), this time of the minds of people in the 'Non-West'. The responsibility for psy's global 'crusade' is attributed to 'Western healers' who, to quote Watters, 'steamroll indigenous expressions of mental health and madness and replace them with [their] own' (2010:bookcover backside). 'Non-Westerners' (to stick with Watters' dichotomy) are reduced to being mere 'recipients', whose embracement of psy can only be explained through false consciousness. In short, psy is seen as a *cultural* – Euro-American – system of knowledge and practice whose assumptions and approaches are being imposed – often with negative consequences – on people in other cultural settings (Summerfield 2012).

1 Nikolas Rose (1996) has coined the umbrella term 'psy' to refer to closely related disciplines and fields of practice like psychology, psychotherapy and psychiatry. Over the last ten years or so, several groundbreaking studies have been published in anthropology which critically analyze the global rise of psy (e.g. Béhague and MacLeish 2020; Lovell et al. 2019) and its manifestations in different world regions (e.g. Duncan 2018, on Mexico; Matza 2018, on Russia; Vaughan 2016, on East Africa; Zhang 2020, on China; Behrouzan 2016, on Iran; Tran, 2016 on Vietnam; Lang 2018, on India etc.).

The contrary perspective, often found amongst uncritical proponents of a Global Mental Health approach, argues that psy-knowledge – including assumptions about the human psyche, cognition, emotion, and, importantly, mental normality and pathology – is universal to a certain degree, and that practices based on this knowledge represent the best, evidence-based, form of diagnosing and treating so-called mental disorders (Cooper 2016). Because of its assumed universality and scientifically-proven relevance, so the argument, psy-based forms of mental health care should be made accessible to people everywhere. Even though initiatives like the GMH movement aspire to be inclusive,[2] many of the mental health interventions are de facto conceptualized, implemented and paid for by organizations from the so-called Global North and target the populations of low-income countries who, again, are framed largely as recipients of psy-knowledge.

While the two approaches assess the recent expansion of psy very differently – one being critical, the other supportive; one seeing psy-knowledge as cultural, the other as universal – they are structurally very similar. Both differentiate between places and people that produce and distribute 'psy' (variously labeled Western, the Global North, or high-income countries) and those 'others' who receive it (the poor, the Global South, the 'colonized'). And while both approaches, especially in their more moderate versions, have their merits,[3] they both fundamentally underestimate the agency, creative work and 'local desires' that drive the emergence of psy in different settings. Both approaches also seem to at least tacitly assume that knowledge has clearly identifiable producers, or owners, and consists of stable contents, rather than recognizing the fundamentally relational and distributed nature of any form of knowledge (cf. Taylor 2020).

In this article, I offer a third perspective which takes seriously the 'creative work' and multiple agencies involved in the contemporary global expansion of psy. Without downplaying psy's colonial past and its ongoing dominance by Euro-American practitioners and institutions, I want to reflect on the future possibilities of psychology that *could* emerge if its growing and diverse community of practitioners and 'users' were properly acknowledged as co-producers (and not simply as recipients) of knowledge. Rather than starting from the assumption that psy is inherently colonial (and thus needs to be decolonized), or universal (and thus static), I want to think of psy as a *universalizing* field of knowledge and practice.

More concretely, I focus on recent developments of and debates on psychology in Africa. Here too, one can find versions of the above positions: the universalist Global Mental Health perspective, often found in development discourses, and a more critical

2 See https://www.globalmentalhealth.org/, accessed 24.11.2022.

3 It is certainly important to reflect critically on and question the ways some forms of knowledge have come to be designated as universal and thus superior, while other are demarcated as 'merely cultural'. At the same time, the premise that good mental health care should be available to people across the globe is laudable, even though the questions of what constitutes 'good health care' and for whom are obviously not simple ones.

and particularistic 'decolonizing' perspective. In short, the former assumes that psychology as a discipline and field of practice does not yet exist in most African countries and that this 'knowledge and treatment gap' needs to be filled by bringing in foreign expertise (Cooper 2016). The latter views psychology as a colonial discipline which – if it is to be meaningful in Africa – needs to be thoroughly decolonized, and, according to some, replaced by a whole new, and separate, discipline of African psychology. My aim is to challenge both perspectives. Following Táíwò's call to 'respect African intellectuals [and practitioners] as innovative adaptors, appropriators and synthesizers of ideas they have always seen as universally relevant' (2022:back cover) and drawing on my own research on emerging forms of psychology and psychotherapy in Uganda, I seek to 'rethink' the status of psychology in Africa. Is it possible, I ask, to conceptualize the growing popularization of psychology without, on the one hand, reiterating colonial and Eurocentric imaginations of a unidirectional knowledge transfer whereby supposedly universal scientific expertise is brought from the western centre to the African periphery; and, on the other hand, without making a claim for an ontologically separate discipline of 'African psychology'?[4]

Shifting the focus from ideology to practice, I argue that, to assess the current status and relevance of psy in diverse African settings, we need to analyse the way disciplines like psychology and related forms of knowledge, practices and institutions are actually being used, embraced and rejected, and importantly by whom, in particular contexts. As Táíwò writes,

> when X [here: psychology] is present in a former colony post-independence, before we rush to decolonize it as a colonial hangover or product, we must consider (…) alternative explanations. Such explanations may include inertia or a choice by the peoples or intellectuals of this ex-colony to domesticate X in their new situation. That is, we should not be too quick to declare that the presence of X under colonialism and its persistence post-independence represent an un-broken chain of causality. We need to establish in each case whether X has actually endured because the ex-colonized themselves have embraced it. And, if so, we should ask whether this is an embrace which comes from the continuing power of colonialism to bend the will of the colonized, or if it is a case of the ex-colonized choosing… (Táíwò 2022:17).

4 Similar questions are at the centre of current debates in anthropology, African Studies and STS regarding the necessity and possibilities of decolonizing academic knowledge more generally. In this article, I cannot do justice to the complexity and heterogeneity of these broader debates and the various approaches they entail (for two especially relevant contributions see Diagne and Amselle 2020 and Law and Lin 2017). Instead, I focus specifically on the debates regarding psychology in Africa (see below). In my analysis of these specific debates, I draw on Táíwò's criticisms of the decolonization framework because it speaks to the perspective of my Ugandan interlocutors, most of whom considered themselves as inaugurators of psychology in Uganda (and not as inheritors of a colonial discipline).

In order to contextualize current debates on psychology in Africa, I first provide a brief and by no means comprehensive overview of psy's contested history on the continent. I then present a summary of my own fieldwork with psychologists and psychotherapists in Uganda. Using some examples, I show that contemporary psy in Uganda can be meaningfully conceptualized neither as 'un-African' nor as 'colonial', but as a form of knowledge and practice that is continuously co-produced by Ugandan practitioners and desired by at least some parts of the population. However, I will also show how colonial legacies and contemporary power-knowledge dynamics continue to undermine and devalue the work of African psy-experts, thus limiting the possibility of a truly global psychology.

Histories of Psy in Africa

The origins of psychiatry and psychology in Africa were intimately entangled with colonial and eugenic politics. Psy was used to justify 'scientifically' the colonization of those who were deemed psychologically inferior, and it entered African life worlds in this context. While, as Táíwò (2022:17) reminds us above, 'we should not be too quick to declare that the presence of X under colonialism and its persistence post-independence represent an unbroken chain of causality', the colonial history of psy forms an important backdrop to contemporary debates. However, it is necessary to add three caveats. First, there is no single history of psy in Africa (every country is different, and some countries like South Africa have rather exceptional histories), but one *can* identify some general trends. Second, it is important to distinguish the history of institutional practice and thus how forms of treatment emerged in Africa (here psychology, until very recently, did not play much of a role at all) from the intellectual history of psychiatric and psychological theories about Africa and Africans (Vorhölter 2020:461f.). And third, histories are always told from particular standpoints. The version I present here relies on well-established work by historians and entails particular assumptions about what psy is and how it emerged in Africa. Some critics have raised the question of whether this history could or should be told differently – starting, for instance, with African founding figures rather than colonial psychiatrists. I briefly mention this debate below but cannot address it in all its complexity here.

Colonial Psy in Africa: Governing through Science

Both psychiatry and psychology entered Africa as part of the colonial mission. Colonial psychiatry dominated research on mental illness and 'abnormal' behaviour in Africa and of Africans between 1900 and 1960 (McCulloch 1995:1f.). Most theories in this field were based, in one way or another, on clinical work and were promoted by a small number of European psychiatrists working in African mental asylums and hospitals.

All of them were locked into a discourse on racial difference, and most were openly racist (Vaughan 1991:115). While earlier works such as those by Gordon and Vint (cf. McCulloch 1995:46ff.) explicitly focused on biological differences – e.g. on brain size or weight – to 'prove' apparent African mental inferiority, later works were also, and increasingly, embedded in discourses of cultural difference. Three key beliefs promoted by colonial psychiatrists were that the African is similar to a lobotomized European (esp. Carothers 1953) or a European child; that mental illness in Africa is largely due to acculturation and reflects failed attempts by 'primitive' Africans to cope with 'modern' civilization; and that depression is rare in Africans due to their underdeveloped sense of individuality and moral conscience (Akyeampong et al. 2015:3f.). Colin Carothers in East Africa (whose work has been well-summarized by McCulloch 1995) and Antoine Porot, with his Algiers School of Psychiatry, came to be the most influential figures in colonial psychiatry, albeit in different ways (see Keller 2007:4ff. on the specifics of French colonial psychiatry). Both were heavily criticized by Frantz Fanon, especially in his seminal chapter 'Colonial War and Mental Disorders' (2004 [1961]:181–233), for reifying and perpetuating colonialism through their Eurocentric psychiatric theories. Since the early 1990s, there has been an increasing interest in colonial psychiatry by historians who have provided detailed and complex accounts of the debates, institutions and practices of psychiatry in Africa at the time (e.g. Bullard 2005; Bell 1991; Mahone 2006; Parle 2007; McCulloch 1995; Vaughan 1991; Sadowsky 1999; Jackson 2005; Keller 2007; Pringle 2019).

Discourses and practices of colonial *psychology* overlapped significantly with those of psychiatry, especially as the latter moved away from biological theories of mental pathologies towards more 'cultural' ones. One important reason for this convergence was the fact that both psychiatry and psychology were concerned with understanding the 'normal' African as much as they were concerned with the mentally ill. As Vaughan (1991) has pointed out: 'To put it simply, whilst the history of insanity in Europe is the history of the definition of the mad as "Other", in colonial Africa the "Other" already existed in the form of the colonial subject, the African' (101). She further notes: 'Though it would be wrong to imply that colonial psychologists and psychiatrists were in any way a homogenous group, they were all grappling, in one way or another, with the question of who "the African" really was' (ibid.:115).

To a certain extent, however, the research foci and interests of psychologists in Africa differed from those of psychiatrists, and they are discussed as distinct fields in at least in some of the literature (see e.g. Wober 1975; Peltzer and Bless 1989; de-Graft Aikins 2012). Psychological work in Africa at the time of colonialism was by no means uniform, and not all of it was racist. Influences ranged from Lévy-Bruhl's (1926) notion of 'primitive mentality', Freudian psychoanalysis (e.g. the works by Laubscher 1937; Ritchie 1943; and Sachs 1937), to slightly later, explicitly anti-racist approaches (e.g. by anthropologists like Field 1960 and Fortes & Mayer 1966).

In the early 1960s, amid wide-ranging calls for decolonization and after the horrors of the Second World War, which rendered eugenic politics (officially) unspeakable,

the work of colonial psychiatrists and psychologists, especially those promoting racial theories about African brains and minds, became the subject of profound criticism and was soon dismissed. However, 'cultural othering' continued. In the postcolonial era, psychiatric research was replaced by largely apolitical, clinical and epidemiological studies which sought to assess (the prevalence of) African mental illnesses and their treatment on the basis of Western psychiatric concepts and nosologies (for an overview of this type of research, see Corin and Murphy 1979 and Corin and Bibeau 1980).

While psychology largely disappeared as a discipline and field of practice,[5] the immediate post-independence era saw a relatively brief period of what is sometimes referred to as 'African psychiatry', i.e. distinct attempts to initiate a culturally appropriate form of psychiatry in Africa, most prominently reflected in the engagements of Thomas Adeoye Lambo in Nigeria and Henri Collomb in Senegal (Bullard 2005; Heaton 2013; Kilroy-Marac 2019). The first Pan-African Psychiatric Conference was held in 1961 in Nigeria and was organized by Lambo. However, due to larger politico-economic dynamics (political conflicts, economic decline, structural adjustment, etc.) starting in the 1970s, attempts to set up widely accessible psychiatric services and include these in the general medical system soon ran out of steam across the continent and often stalled completely (Akyeampong et al. 2015:5ff.). Health-care provision was reduced to a minimum, and in some countries it was effectively taken over by international organizations, which focused primarily on communicable diseases, malaria and the HIV/AIDS pandemic – but not on mental health care.

Only recently has there again been a renewed interest in psychiatry and mental health in Africa. One of the drivers of this new interest, as discussed above, has been the Movement for Global Mental Health and related efforts by WHO since the early/mid-2000s to increase psychiatric services in low-income countries (for critical overviews of these efforts, see Ecks 2016 and Kohrt et al. 2015:24ff.). While most of these interventions have a strong biomedical and psychiatric focus (i.e. they aim to expand services and improve access to essential psychopharmaceuticals for the mentally *ill*), they have also helped to raise awareness of and popularize psychological psychotherapy and the broader concept of mental *health*.[6] However, as my own research in Uganda demonstrates (see below), the increasing attention given to mental health care is not just related to international trends; it has also been propelled by African psychiatrists and psychologists who see the need for broader and more diverse forms of mental health support in their own countries. The contemporary (re)emergence of psy in Africa raises

5 Nsamenang (1993), Peltzer and Bless (1989) and de-Graft Aikins (2012) provide more detailed overviews of the little psychological research that was done, mostly by non-Africans, during this period.

6 One foundational and very influential psychological intervention in the field of Global Mental Health is the 'Friendship Bench', which was developed by a Zimbabwean psychiatrist and trains 'grandmothers' to deliver a simplified form of talk therapy (see https://www.friendshipbenchzimbabwe.org/about-us, accessed 21 Dec. 2023).

far-reaching questions regarding who gets to define what psy is and how it can be extricated from its colonial past.

Contemporary Debates on Psychology in Africa: Decolonizing Knowledge

Most chronicles of psy in Africa, including my summary above, reflect a particular, linear and Eurocentric way of writing history and of thinking about how disciplines like psychiatry and psychology are related to, or distinguished from, other healing approaches. Even if written from a critical standpoint, these histories tend to emphasize that psy is foreign to Africa and was imposed on, rather than shaped by, Africans as a form of control or care, or both. Furthermore, these histories suggest that psy can be compared to and placed in the same category – medical care – as what is often called African traditional or faith-based healing. This is not necessarily wrong, but it is only one of many possible ways of interpreting 'local' institutions. Susan Whyte formulates the latter point well when she discusses how the rising popularity of medical anthropology in the 1970s led to a shift in focus of anthropological work in Africa from religion to medicine (Whyte 1989:289):

> Affliction, which was once dealt with in monographs on African religion and cosmology, now seems to belong to the realm of medicine and medical anthropology. What we knew as divination now appears to be diagnosis; what we analysed as ritual is termed therapy. The victim of supernatural forces is called the patient, and his or her relatives – the therapy managing group. Rituals specialists have been discovered – by both development aid organizations and the African press – to be 'traditional healers'. One is tempted to speak of the medicalization of African religion.

While the history of psy in Africa as I recount it above is still relevant because it explains, to a certain extent, how things are today, it also limits our understanding of what psy in Africa is, or can be, in the future. In recent years, African scholars, including those in the field of psy, have stressed the need to rewrite the history of their disciplines, which would entail highlighting different founding figures, key findings and events, and plot lines (Lamola 2021; Nyamnjoh 2012). Such calls raise important and far-reaching questions regarding the universality of academic knowledge and who gets to define it.

Inspired by these broader calls for decolonizing knowledge in African universities (Mbembe 2015), psychologists in Africa have started debating the necessity and feasibility of creating a distinctly 'African psychology' – how exactly the term should be delineated is a matter of ongoing debate – as a new academic discipline and field of practice (Kessi et al. 2021; Nwoye 2015, 2017, 2018; Makhubela 2016; Moll 2007; Ratele 2017a, 2017b, 2019). Some view this idea, whether sceptically or enthusiastically, as a primarily political move; others are more concerned with the philosophical question of the possibilities and boundaries of universality within the sciences. While critics

warn of the risks of exoticizing and further marginalizing 'African' psychology from what they see as a universal discipline,[7] proponents argue that mainstream 'Western psychology' has so far been harmful, or at best irrelevant, for Africans.

The decolonizing discourse is particularly strong among psychologists in South Africa, where psychology as an academic discipline and field of practice has a much longer, very specific history compared to other countries of Sub-Saharan Africa (Cooper 2013). While it raises important concerns – for instance, regarding the structural inequalities inherent in the global academic system and the related unawareness of, or disregard for, African-centred psychological knowledge – the conceptual framework of 'decolonization' actually furthers the 'absolutization of colonialism' (Táíwò 2022:8) and reifies, to a certain extent, that what it seeks to deconstruct. By always relating psychology to its colonial origins, it actually obscures the manifold ways psychological knowledge, practices and institutions are emerging in African contexts. In the next section, I draw on my own research on emerging forms of psychology and psychotherapy in Uganda to show that the recent expansion of psychology – in Uganda, at least – cannot be meaningfully framed as a relict of colonialism, but needs to be analyzed in its own terms.

The Emergence of Psychology and Psychotherapy in Uganda

Over the past several years I have studied the recent emergence and popularization of psychotherapy and related discourses, practices and institutions in Uganda (for a good overview see Vorhölter 2019, 2021b). Here, I can only provide a brief summary of this work.

While the beginnings of Ugandan psychiatry date back to the 1930s, psychology and psychotherapy only started to emerge on a broader scale in the early 2000s. Their expansion took place from two main centres that became the focal points of my research: Gulu, the most important town in northern Uganda and, for a while at least, a main hub of international trauma interventions; and Kampala, the capital, with a growing (upper)-middle class population.

In Gulu, the expansion of psy and mental health care was, at least initially, very much a top-down process driven by international humanitarian organizations which launched various trauma interventions after the end of the twenty-year civil war in 2006. These services targeted people from lower-class backgrounds who lived in rural or semi-urban settings and were considered 'traumatized'. Clients were mostly identified through NGOs, and initially few came of their own accord, even though therapeutic offers were free of charge. Although over the years mental health services have become

7 Similar debates have been fought in other academic fields, most prominently African philosophy (cf. Hountondji 1996; Dübgen and Skupien 2019; Diagne 2016; Táíwò 2022).

better known and accepted, there is still a general scepticism, among clients but also among practitioners, whether practices like psychotherapy can really help people with the issues they face. Many live in contexts of ongoing structural and/or acute violence and a lack of basic needs, conditions for which talk therapy provides only limited relief.

In Kampala, professional forms of psychotherapy started to become institutionalized and were gradually expanded after MA programs in clinical and counselling psychology were launched in the late 1990s. Soon afterwards, graduates of these programs opened the first private practices. Since then, psychotherapeutic discourses, practices and institutions have been slowly but steadily gaining prominence, at least among certain sections of the population, mainly the educated, wealthy and cosmopolitan. More people are becoming interested in, and willing to pay for, private therapy;[8] demand for psychology courses is increasing; and Uganda's professional counselling association (see https://ucaug.org/), established in 2001, grew from 300 to almost 1900 members between 2012 and 2015. In contrast to northern Uganda's international psy regime, the development of psychotherapy in Kampala has been largely driven by a small group of Ugandan therapists, some of whom received their training in the US or UK. For their clients, psychotherapy is attractive because it offers a new and different way of understanding and dealing with problems like stress, interpersonal conflicts, loneliness, anxiety, or depression for which other existing healing approaches (like traditional or faith-based forms of healing) do not offer sufficient or satisfactory solutions.

Drawing on fieldwork among therapists in Uganda,[9] my work has analyzed why, how and with what effects psychotherapeutic discourses and practices have recently started to proliferate, who can and wants to access them, and how imaginations of suffering and well-being – those of therapists and those of clients – shape psychotherapeutic interactions. I have argued that, while the expansion of psy is certainly related to growing international attempts to upscale mental health services in low- and middle-income countries, and is inspired by psychological theories, models and textbooks from Europe and the US, psychotherapy in Uganda cannot be meaningfully conceptualized as an externally imposed medical approach. Rather, I have proposed that the popularization of psychotherapy is a response to changing experiences of suffering, for

8 Psychological psychotherapy in Uganda is generally not supported by the public health-care system, but it is increasingly being promoted in larger companies, organizations and private schools, which cover the costs for their staff and students. Furthermore, various forms of mental health support are provided by NGOs, and most of the private practitioners I spoke to in Kampala offer at least some pro bono sessions for clients who cannot afford their fees.

9 In 2015, I carried out four months of fieldwork, mainly in Kampala but also in Gulu (where I had already spent 12 months for my doctoral research between 2009 and 2011). I interviewed psy professionals (psychologists, psychotherapists and psychiatrists), visited different therapeutic institutions and analysed current debates on mental health and psychotherapy in a major Ugandan daily newspaper, *The Daily Monitor*. I also spoke with service users and occasionally sat in on counselling sessions, but most of my research focused on providers of mental health care. For a more detailed description of and reflections on my fieldwork, see Vorhölter (2021b:10–13).

which older forms of therapy and healing seem ineffective or only partially effective. Psychotherapy, as my research shows, is in the process of becoming established as a new form of care, one that seems meaningful and relevant to a small, but growing, sector of the Ugandan population, and one that relies importantly on psychological knowledge co-produced by local practitioners (for a detailed discussion of the ways Ugandan psychologists perceived and debated the meanings and relevance of psychology in Uganda see Vorhölter 2021a).

Challenges Faced by Ugandan Psychologists: Three Examples

During my fieldwork, I met and interviewed over thirty psychiatrists and psychologists – some international, but most of them Ugandan – who were spearheading attempts to establish and expand psy knowledge and services across the country.[10] Most of them were in their forties and fifties, belonged to the urban upper middle-class and had previously worked in other jobs. Many described how, long before they became therapists, friends, relatives or colleagues had sought them out to discuss problems, share intimate experiences, or seek advice. Through these experiences of caring for others through talking, and sometimes failing to adequately respond, they had become interested in psychotherapy and wanted to learn more about it. A few of my therapist interlocutors had been trained abroad, in the UK or the US; others had lobbied for the establishment of Master's programs in counselling and clinical psychology at Ugandan universities and had been among the first graduates. All of them were extremely passionate about their work – which often involved academic teaching, therapeutic practice, as well as lobbying and administrative tasks to advance further the establishment of psychology in Uganda – even though they faced many challenges. Here I just briefly want to mention three (for a more in-depth discussion of these challenges, see Vorhölter forthcoming).

The first challenge was the lack of locally relevant teaching materials. Most of the psychology textbooks used in university teaching came from the US or the UK and thus did not really speak to Ugandan therapy contexts. The examples provided in these books were modelled on 'typical' British or American cases, clients and problems, which are different from those in Uganda. Instructions on how to use family genograms, for instance, did not consider the large and often polygamous family constellations in Uganda. Terms for feelings and emotions that are a taken-for-granted part of everyday language in the US or UK sometimes had no equivalent in Ugandan languages. Although cultural adaptation was a much-discussed topic, most graduates experienced a profound mismatch between the knowledge they acquired at university

10 All interviews were conducted in English, which – for complex political and historical reasons – is the only widely spoken official language in Uganda. Because it is difficult to translate psychological terms and concepts into local languages, therapists generally also prefer to counsel in English, although most also offer sessions in their mother tongue or work with translators.

and the knowledge that was required in practice, and only gradually did they find their own individual strategies for dealing with this gap. One of my interlocutors, who had been among the first graduates in counselling psychology and at the time of our interview already had over ten years of experience, told me:

> When you are a young practitioner, just started, you are trying so much to do only western psychology, because the teaching has only exposed you to this. But when you become more experienced through practice, there is a way you can be in between what is real [i.e. relevant here in Uganda] and what is in the books. The longer you stay in the field, you start to see: OK, this could work…, so many new things come into play.

As this statement suggests, a lot of locally-relevant knowledge is produced by individuals in practice. However, due to a lack of resources for producing local teaching materials and the still small numbers of experienced professionals who are already overburdened with other tasks, this knowledge is not officially documented. As one interviewee put it:

> These things involve funding, and also trained people. Like clinical psychology in Uganda now, I think we are not yet fifty people who have actually graduated, people who could sit down and are able to see how we best can design our own instruments that are culturally appropriate. So most of what we use is the western.

A second major challenge relates to the large field of internationally recognized, scientifically validated diagnostic tools, like depression scales, intelligence tests, or screening tools for addiction. In Uganda, such 'proper' psychological or psychiatric forms of assessment are very popular both among therapists and clients because they seem to provide credible and objective 'evidence'. As one of my interlocutors, a clinical psychologist, put it: 'We need to use the real things, so that we make an impact.'

The vast majority of psychological assessments have been developed in Europe or the US. The licenses to use them are often extremely expensive, and even if Ugandan practitioners manage to access them, these tools are usually not sensitive to the Ugandan context. A common example mentioned by my interlocutors was the WISC, an intelligence test for children that was used by some of the private schools in Kampala. One psychologist, who was co-operating with a school in Kampala, explained:

> Sometimes we have to adapt these assessments, like the WISC. There is a question that asks how many seasons there are. And you find in the West they have four seasons: autumn, winter, spring, and summer. But here it is different: we have either the wet or the dry season. So, we use the questions, but have to adapt the answers according to what we have here. And when it comes to writing reports, we have to put a disclaimer: "these instruments can be applied, however, they are not culturally sensitive"; so that whoever is reading the report knows that there is a cultural difference.

Other interviewees admitted that they simply adjusted the points scored in the WISC test at the end so as to not put Ugandan children at a disadvantage – a process that somehow calls into question the whole idea of standardized assessment. Despite their 'cultural mis-fit', most of my interlocutors were fascinated by 'scientific' assessment tools like depression scales or IQ tests. And they were curious about different therapeutic approaches (established ones like cognitive-behavioural or person-centred therapy, but also newer ones like ACT or EMDR[11]) and how to use them with Ugandan clients. Adaptation was a challenge, but one that the more experienced therapists in particular readily took on and often enjoyed. Their main struggle was gaining access to particular tools or certificates, which were usually expensive or simply unavailable in Uganda, but which were crucial forms of 'professional capital'.

The last example concerns international knowledge hierarchies that determine, to some extent, how different forms of expertise and different experts are valued. While it was common practice for psychologists from Europe or the US to work with Ugandan patients – for instance, on trauma relief missions in northern Uganda – the idea that Ugandan psychologists could provide meaningful therapy to 'westerners' was much more contested, if it was considered at all. My Ugandan research assistant Stella, who was in the final stages of her MA degree in clinical psychology, had been privately employed by an American family to support their autistic daughter with schoolwork and basic social skills training. The girl attended a very expensive international school, and Stella had regular meetings with the special needs teacher to report about her work with the girl. The European special needs teacher was openly sceptical about the qualifications of Ugandan psychologists. Whenever a student needed more comprehensive psychological assessment, the school would seek out western-trained psychologists, even if this meant that they had to fly them in. When I asked her, in an interview, why the school did not generally employ Ugandan psychologists, the special needs teacher explained:

> The problem we have is that lots of locally-trained people have not necessarily been out of the country. They come to our school, and it is so different to what they know. For example, there was one instance when Stella felt that the behaviour of the girl was inappropriate, but she wouldn't tell the family because she felt maybe that is what American kids do. So, rather than pursue what could have been an uncomfortable cultural conversation, she just didn't say anything. I think sometimes there is the perception that what you see on American TV shows is how all expats raise their families, and so you see the Disney cheeky kinds of teenagers with no parents around, and people here assume that's what all expats must do. So sadly, unless you

11 Acceptance and Commitment Therapy aims to increase psychological flexibility, for instance, by using mindfulness strategies. Eye Movement Desensitization and Reprocessing is a therapeutic approach designed especially for trauma treatment.

> go and travel, or you have a network of people you can check with, there is no other way to find out really.

Her statement made me wonder about all the international psychologists in northern Uganda, most of whom also had very little knowledge of their clients' life worlds.

These brief examples from my research reveal a number of things about the contemporary emergence of psy in Uganda, and perhaps Africa more broadly. First, as my comparison of northern Uganda and Kampala demonstrates, the way practices like psychotherapy and disciplines like psychology emerge in African settings is extremely diverse: it is both a top-down and a bottom-up process, driven by local and international experts. How psychological practices and forms of knowledge are received not only varies between different cultural and socio-economic milieus, it also depends to a large degree on how psy is made relevant to these particular contexts. Second, Ugandan therapists are not mere receivers, or translators, of psychology. In their daily practice, they continuously produce psychological knowledge, which, however, rarely enters the academic feedback-loop and thus often remains invisible. Third, psychologists in Uganda, and Africa more broadly, are often hindered not only by a lack of resources and support in their own countries, but also by historically developed international power-knowledge structures which determine what counts as 'proper' psychology and who can practice it where and how. Nevertheless, psychology as it is practised in Uganda today cannot be meaningfully conceptualized as a colonial remnant.

While there are many important reasons for challenging Eurocentric notions of psychology and the knowledge regimes on which they are built, I wonder, like Táíwò (2022), whether a decolonizing approach – as suggested by some critical African psychologists – is the best, or in fact the only way of doing this. Decolonizing, in a way, actually reifies what it seeks to deconstruct: it takes psychology (and related disciplines like psychiatry) as stable entities and emphasizes their colonial origin. Decolonizing, in this sense, implies turning backwards, to colonial history, before being able to move forward, or sideways. Furthermore, decolonizing carries the risk of culturalizing when proposing potentially endless new particular psychologies (African psychology, Ugandan psychology, northern Ugandan psychology etc.).

I wonder if, instead, it would be more fruitful to think of a future-oriented and universalizing approach to psychology, one that starts with the assumption that psychology is not a stable thing, not a given that can simply be decolonized or exported, but a dynamic and emergent discipline that is being applied, appropriated, and developed by psychologists across the globe. Recognizing psychology as an emerging universal would change the questions we need to ask: Not: how can we bring psychology to Africa? But: how can we make psychological knowledge produced in Africa universally visible and valued? Not: How can we create a separate discipline of African psychology? But: how can we bridge the gap between hegemonic academic knowledge and African lived realities?

Conclusion

As Táíwò speculates (see introductory paragraph), emerging forms of psychology and related practices like psychotherapy in Uganda are not yet being recognized and taken seriously despite the creativity and dedication of the mostly African practitioners who are driving their expansion. Not surprisingly, perhaps, given the structural domination and related arrogance or ignorance of Euro-American psychology, African psychologists are often not (yet) treated as equal 'part-owners' of the discipline in international circles. But, as Táíwò suggests, perhaps more surprisingly, they are also being discredited by those proponents of decolonization who argue that psychology in Africa can only be meaningful if it includes 'effort[s] to engineer a rejection of any tendency toward a wholesale adoption of a mainstream Western approach to Psychology' and 'promote[s] a combating of the residual negative effects of colonialism and neo-colonialism on African tradition and culture and human subjectivity' (Nwoye 2017:329).

All of my Ugandan interlocutors recognized the biases inherent in, and the limitations of, what they sometimes called 'Western psychology', not only in respect of its standardized diagnostic tools, but also in its underlying assumptions about the individual or the family. And they were well aware of the widespread scepticism about and criticisms of 'Western psy' in Uganda and Africa more broadly. However, I never heard them deploy the language of decolonization. While through their ongoing creative practices of enactment and translation a distinctively Ugandan, though not yet consolidated form of psychology was gradually emerging, my interlocutors did not generally see themselves as 'cultural' or 'critical' psychologists (cf. Ratele 2017b:320ff.), but rather as part of a universal discipline which can offer relevant, if partial insights and ways of caring, for Ugandans no less than people elsewhere. In this sense, my interlocutors already took it for granted that they were 'psychologists without adjective' (Ratele 2019:3).[12]

To move beyond the impasse of assigning knowledge to particular producers (Africans, Westerners, or whoever), it might be helpful to think of knowledge as funda-

12 Ratele (2019:3) writes: 'The psychology that tacitly places Africa and Africans at its centre is, however, the ideal. That psychology emerges from under the rubble of colonial ruins, apartheid racism and post-independence despotism. The time when a psychology student at the University of Johannesburg says, "I am studying psychology", and is immediately presumed to be studying African psychology, is in the future. The time when a clinical psychologist working in Lagos presents a successful case using her therapeutic modality and her audience immediately grasps that she is talking of African-centred psychotherapy is yet to come. Today, to be clearly understood, we are still compelled to say "African psychology". We are thus also obliged to say that the *African* in African psychology *must* be made tacit. We live in the age of American psychology – the psychology of the United States of America (US) – and to a lesser extent Western European psychology, taken as universal psychology. And a consequence of the hegemony of American and Western European psychology is that psychology produced outside those regions of the world, and fully conscious of its situatedness in the places where it is practiced, requires an adjective in order to be granted recognition.'

mentally relational. Rather than framing knowledge as content, it might be helpful to think of knowledge as practice, as something that evolves and often continues to be negotiated *between* people, for particular purposes and in particular contexts. Universality, in this reading then, is never a property of knowledge in the abstract, but a horizon (see Nieber, this issue), something that may seem graspable when particular forms of knowledge become broadly relevant to diverse people and in relation to particular questions, but that remains fundamentally out of reach.

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