

Anger and Afrophobia in South Africa: What is a health practitioner to do?



The facts seem to indicate that South Africa (SA) is one of the more violent places on earth. We have been, and continue to be, a country with significant levels of political violence, criminal violence and domestic violence.^[1,2] And now, we are witnessing violence against fellow Africans. While many have termed this 'xenophobia', a more accurate term may well be 'Afrophobia'. For clinician-scientists, many questions arise. In this editorial, we briefly consider a few of the most pertinent.

An immediate question pertains to the causes of such Afrophobia. Many factors have been put forward, ranging from the macrostructural and socioeconomic (e.g. the colonial-apartheid legacy, persistent socioeconomic inequalities) through to the micropolitical and psychological (e.g. the effects of 'foreign' entrepreneurship on township economies, the possibility that some of those involved in the killings have a history of antisocial behaviour). Sadly, both parties in the conflict are among the most marginalised in the country today.

A related question involves the relationship between the interpersonal, institutional and structural violence that persists in SA. It is tempting to suggest that we are experiencing an epidemic of displaced anger that is sustained by a macropolitics of exclusion and a micropolitics of daily insults. Instead of confronting the source of our anger, we are scapegoating those with little or no connection to that source; certainly, such anger seems to be a dominant public emotion among South Africans today.

Displaced anger can be theorised from different perspectives. A structural perspective may emphasise that income inequality has worsened since the advent of democracy, along with a growing recognition of the relationship between such inequality and psychological distress. A biological perspective may emphasise the universality of distress resulting from social hierarchies, while noting that different kinds of distress are seen in patriarchal v. non-patriarchal societies.

Either way, displacement may be helpful in making sense of why violence affects the most vulnerable members of SA society. In *The Wretched of the Earth*, Frantz Fanon^[3] observes presciently that '[t]he colonized man will first manifest this aggressiveness which has been deposited in his bones against his own people. This is the period when [they] beat each other up, and the police and magistrates do not know which way to turn when faced with the astonishing waves of crime ...'

A final question is how best to respond to this anger. We cannot but note that Nelson Mandela was a man who, by reaching out to all segments of the population and offering a vision of reconciliation,

helped to hold and to contain the country. Now is a time when strong and inclusive leadership is needed, in health, educational and research institutions, as well as more broadly. But at the same time, there is also a need for the ongoing factors driving the various manifestations of anger to be robustly addressed.

As clinicians and scientists, we understand the significance of the past and how it moulds the present; we also know that the past can, with effort, be overcome. We must, however, be wary of what Leela Gandhi^[4] terms 'the mystifying amnesia of the colonial aftermath', the antidote to which is, we submit, an ethic of social justice that must direct our professional and academic lives. We adhere to Aristotle's dictum that, in expressing anger, we need to work hard – with colleagues, patients, citizens and ourselves – to focus this anger as appropriately and effectively as possible.

We can certainly attempt to hold and to contain clients, patients and colleagues in our day-to-day interactions. But we cannot afford to ignore the politics of the day. We have feigned ignorance before, and history condemned us for it. Let us not make the same mistake twice.

Wahbie Long

Department of Psychology, Faculty of Humanities, University of Cape Town, South Africa
wahbie.long@uct.ac.za



Bonga Chiliza

Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg, Cape Town, South Africa

Dan J Stein

Department of Psychiatry and MRC Unit on Anxiety and Stress Disorders, Faculty of Health Sciences, University of Cape Town, South Africa

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