

How we learned to stop worrying and work with government

Abstract

In the aftermath of the 1980s legislation introduced under the “total strategy” of the South African government under then president PW Botha, critical social scientist groupings reflected on the intellectual and programmatic responses required to counter the racist and undemocratic policies of the time. Since the formal demise of these policies and despite the profound political shifts in 1994 to representative government, questions that reflect on the contemporary role of critical social science are still considered pertinent. We reflect on what the orientations of social science to government in our new and evolving democratic dispensation should be, and whether critical scientists can remain critical and work with government, or whether engagement with the state, of necessity, compromises criticality. The extensive and sustained nature of violence and injury, a leading contributor to South Africa’s social and health malaise, has suggested that a coordinated, multi-sectoral and evidence-led partnership is required for its reduction. Our engagement with this issue has been through the development of a Strategic Framework for Violence and Injury Prevention, which we regard as indicative of some recognition by government of the inclusion of critical voices for an effective collective response. However, the critical scholars in this engagement process faced multiple challenges, including contrasting understandings of violence and injury, which may have diluted the contributions of critical scholarship.

“The HSRC cannot be ‘re-structured’ because it is and remains the government’s instrument, in the hands of the government to justify and legitimate the decisions and policies of the government. Research by bodies other than the HSRC must be encouraged” (Cloete, Muller, & Orkin, 1986: 45, emphases added).

Introduction

How we learned to stop worrying and love the HSRC by Nico Cloete, Jo Muller and Mark Orkin (1986), from which we have adapted our title, was published in **PINS** in the 1980s, a time of great political upheaval and critical questioning in the country. The opening quote in the current article is in the closing paragraph of their article, a participant’s words they cite from a study by Jubber on how sociologists perceived the Human Sciences

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Research Council (HSRC), and presented at the 1985 national conference of the Association of Sociologists of Southern Africa. Cloete and colleagues' (1986) article considered a question posed by Eddie Webster in the aftermath of the political reforms introduced under the "total strategy" of the government of South Africa under then president P W Botha and the call for 'evolutionary change' made by Harry Oppenheimer, the then richest white patriarch in the country.

An excerpt of the article by Webster's *Servants of apartheid*, first published in 1981 in the book **Apartheid and social research** was re-published in the same 1986 issue of **PINS** (Webster, 1986). The question he asked was how social scientists would respond to these reforms by government and capital. Among other arguments made was that "the effect of apartheid on social research will remain a matter of controversy" (Webster, 1986: 24). He concludes by saying:

"... constrained in direct and indirect ways to avoid controversial areas of research, most sociologists will be tempted to do research to assist capital and the state in their new strategy of limited 'reform'. Increasingly the social scientific community will find it difficult to avoid 'taking sides' in the wider ideological debate surrounding the form and nature of change in South Africa. Influenced by the growing presence of the liberation movements in Southern Africa, university social science departments will increasingly become areas of ideological debate" (Webster, 1986: 26).

Webster's article was preceded by an introduction by the **PINS**'s editors in which they explained why they elected to reproduce the piece in a psychology journal. Their second reason was to bring the Webster argument to the attention of particularly psychologists (**PINS** Editorial Group, 1986), and as such attempt to bridge persistent disciplinary divides. It was a time of great questioning too, and the exploration of emerging possibilities for scholarly cross-fertilisation.

Addressing Webster's question, Cloete and colleagues (1985) analysed two research institutes – the other being the National Institute of Personnel Research (NIPR) – to argue that governments and corporations use experts to obtain legitimacy by providing knowledge or evidence in support of their policies and programmes. They contended that while the aim of their article was not to develop alternatives but rather critique, they presented possible tactical approaches to funding from government through the HSRC, namely: that researchers should take the funding but not compromise academic freedom; obtain funding and use it for constituencies not catered for by the HSRC; or to not co-operate with the HSRC (see, *ibid*: 44).

Some things have obviously changed since the 1980s South Africa. A significant change is that apartheid government has been replaced by one founded on a constitution that respects, among other values, equality, human rights, non-racialism, non-sexism, and universal adult suffrage (Republic of South Africa, 1996). The HSRC is still in existence, but could be seen as having been transformed enough as it has a significant number of black and women researchers and executives, including, since 2005, an African female chief executive, Professor Olive Shisana (HSRC, *nd*). And thus, with the demise of the Nationalist Party and the ascendancy of the African National Congress into government, it might be instructive to consider how relations between researchers and government have shifted. However, rather than looking at research institutes like the HSRC, this reflection focuses on government as a *direct* funder of research through different government departments (besides its direct support through grants to universities and via parastatals like the National Research Foundation). Government departments are also users of research. The question we wish to pose for social scientists is, what are the possible orientations

of researchers, and thus of **PINS**, to government in the new dispensation? Stated differently, can critical psychologists remain critical and work with government or does all engagement with the state compromise criticality (see Seedat, 2010)?

We use an example of a project on which we, a small grouping of community psychologists and critical public health interventionists and researchers, engaged closely with government through the National Department of Health. This engagement took place against the background of South Africa's persistently high burden of morbidity and mortality arising from violence and unintentional injuries, with the Directors-General of the Government Cluster on Human Development authorising in 2009 the National Department of Health to set up a task team to develop a plan to integrate and consolidate injury and violence prevention efforts in the country. This was a notable moment in the labour to bring to the attention of government the issue of violence and injury as a priority public health and social concern. The Department of Health approached the Violence, Injury and Peace Research Unit (VIPRU) to help develop a framework to coordinate its efforts to tackle violence and unintentional injuries in the country. The result of that work is the draft Strategic Framework for the Prevention of Injury in South Africa (Department of Health, 2012).

Why talk to government: Rationale for engagement

Why and on what basis did we choose to undertake this work? Consistent with the shift from apartheid resistance towards support for democratic development, we believe the posture of critical scholarship has tended to work unevenly within invited spaces and invented spaces. Whereas invited spaces are created and/or legitimated by donors and states, invented spaces are creations of, for example, critical scholars, spanning acts and representations of liberation (Cornwall, 2002; MirafTab, 2006; Seedat, 2010). **PINS** could be thought of as an invented space that has centrally contributed to the survival and deepening of critical voice in South Africa. However, in democratic societies critical social scientists must engage not only within invented spaces but also with government/funder-created opportunities for engagement. While post-apartheid South Africa is a complex transitional society, the emergence of democratic arrangements has allowed relatively more and as yet fluid invited spaces. Arguably, such spaces are suitable conduits for civil society participation in that they permit co-operative state-civil society relations (MirafTab, 2006; Seedat, 2010), and may help the critical psychologists, for instance, establish relevance and utility for themselves. In our public health oriented and socially-conscious research engagements aimed at contributing to the population's welfare, within the invited spaces we recognised that government is not homogenous and the emergence of new ministries and individuals within government receptive to violence and injury prevention collaboration offer possible spaces for enacting relevance and critical engagement. The birth of the new dispensation had seen the migration and emergence of critical voices within government; voices that had fought for inclusivity, recognised the political, social and health priorities emphasised by the critical social sciences, and enabled the consideration of a more collective, integrated and proactive approach to violence and injury prevention (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele 2009). Resonant with the universally accepted idea of collective and inter-sectorial responsibility for violence and injury prevention (see Schopper, Lormand, & Waxweiler, 2006), in South Africa, over the last decade there has been increasing recognition of violence and injury as a key feature of the social fabric of the country, and its prevention as a priority social and health intervention (Seedat, 2013), as may be seen emerging through the National Development Plan (South Africa: The Presidency, 2012). Violence and injury concerns are key priorities for a number of government departments (Seedat et al, 2009; Department of Health, 2012; Mayosi et al, 2012).

In addition to the opportunities and supportive currents for integrated approaches to violence and injury prevention within invited spaces, relevance and justification for our work was also derived from the adoption of an evidence-led logic that highlighted the magnitude and consequences of injury incidents and conferred empirical legitimacy to our chosen focus (see Seedat, 2010). There tends to be a false consciousness in much of critical scholarship that considers surveys, randomised control trials, and other quantitative tools and approaches, in contrast to interviews, focus groups and other qualitative methods, as uncritical per se. The adoption of an evidence-based logic was considered important for sensitising those in government to the priority injuries and their typologies. Death and disability from violence and injury have gravely undermined the rights, freedoms and social transformation of South Africa, particularly as the highest rates are seen in black and poor communities (Seedat et al, 2009; Seedat, Van Niekerk, Suffla, & Ratele, 2014).

Violence and unintentional injury make up a set of what has been termed the quadruple health burden in the country (the others being HIV and tuberculosis; chronic illness and mental health; and maternal, neonatal and child health). Altogether violence and unintentional injuries were the second leading cause of all death and disability adjusted life years lost in the country in 2000. The injury mortality rate was estimated at 157.8/100 000 population or roughly 60 000 deaths due to injury (Matzopoulos, Norman & Bradshaw, 2004; Seedat et al, 2009). Figures by the South African Police Services estimated the national homicide rate to be 66.9/100 000 population. Injury mortality and violence mortality, specifically, have since decreased. The latest report by the South African Police Services for 2012-2013 indicates that the homicide rate has dropped to 31.1/100 000 population (South African Police Service, 2013). The Department of Transport descriptions of traffic mortality have however been more mixed, with an increase from 11 201 deaths in 2001 to 15 393 deaths in 2006, to 13 932 in 2011. However, do note that despite the recorded decreases, the rates for violence related crimes remain rather high. The police report indicates the following rates for 2012-2013: 31.3/100 000 for attempted murder, 127.0/100 000 for total sexual offences, 355.6/100 000 for assault with the intent to inflict grievous bodily harm, and 330.8/100 000 for common assault. Concerns about under-estimating the magnitude of injury and violence, as well as other inconsistencies of different data sources persist (Mayosi et al, 2012; Seedat et al, 2014). All of this indicates that the burden of violence remains high.

In addition to this identifiable extent of the problems of violence and injury, the approximately 3.5 million individuals who seek health care for non-fatal injuries contribute to a serious, yet avoidable load on the resources of the country (Matzopoulos, Prinsloo, Butchart, Peden, & Lombard, 2006). Seedat and associates (2009; 2014) have argued that the cumulative depletion of the country's human and social assets from the estimated 3 in 4 South African Africans that experience at least one traumatic event over the course of a lifetime is complex to calculate but likely to be huge.

Critical reflections on engagement in the invited space

We had anticipated the collaborative engagement space as an opportunity to shape and influence the national government's response by bringing an empirical focus to: the typology, magnitude and consequences of violence and injuries; social determinants and injury co-morbidity; and the centrality of inter-sectorial collaboration, leadership and institutionalisation. Whereas the adoption of an evidence-led logic and the collective commitment to an enhanced life quality and expectancy for South Africans was intended to obtain and confer relevance to our engagement in the invited space, the focus on the social determinants to violence and injury and institutional arrangements required to enable violence and injury prevention was meant to introduce critical thought and dialogue about the structural arrangements underlying injury and violence and their prevention.

The purpose of the Strategic Framework is to promote injury prevention and safety through focused actions that reduce injuries by targeting common social drivers of violence and injury, what we refer to as priority cross-cutting risks. These cross-cutting risks were poverty; health, road and residential infrastructure and services; equitable gender relationships and norms; and alcohol and drug abuse. The Framework also addressed risks specific to the different injury priorities, in particular violence, suicide, and traffic injuries. Finally, the Framework mobilises for the promotion of supportive institutional and organisational environments, including effective leadership; intersectoral collaboration; the collection and use of information for planning, implementation and intervention evaluation; and effective and equitable resource allocation and resource utilisation (Department of Health, 2012). The Strategic Framework was informed by multiple processes, including a comprehensive desktop review and analysis of international and South African injury prevention evidence, in-depth discussions with a National Steering Committee comprising representatives of cognate human development Departments, a situational analysis, consultation and dialogue with experts in injury prevention, and consultations with the technical advisors to Government Ministries and Departments (Department of Health, 2012).

Below we suggest that the introduction of the new dispensation, the consensus around the purpose for this invited space, and the inclusive processes that informed it were on their own insufficient for the required engagement through which we had anticipated relevance and critical dialogues.

Selected illustrations of the complexity of the invited space

The collaboration within the invited space accorded high value to accurate information and reliable data, as has also been the case elsewhere (see Schopper, Lormand, & Waxweiler, 2006). Reliable data were viewed as essential for the identification of suitable initiatives to sustainably target injury morbidity and mortality. By using quality data and its analysis (see for example, Seedat et al., 2009), empirical standards were applied to guide the choice of priority intervention groups, settings and environments, and interventions for the Framework. In South Africa, the National Injury Mortality Surveillance System, for example, provides a detailed source of information on the “who”, “what”, “when”, “where” and “how” of fatal injuries. However, there remain substantial challenges to effective and comprehensive data collection and dissemination, including the vested interests of multiple stakeholders and inconsistencies with such information across sources. There are also limited quality evaluations of existing South African prevention interventions (Seedat et al, 2009; Van Niekerk, Seedat, Ratele & Suffla, 2014). These gaps allowed for multiple interpretations of the available but still limited evidence-base and the maintenance of individual departmental interests, with consequent hindrances to agreement on shared violence and injury prevention priorities and subsequent key national interventions.

The presence of individuals receptive to a shared prioritisation of violence and injury prevention, despite disagreements on specific priorities and interventions, contributed to an overall receptivity to the needed inter-sectorial collaboration. Despite the contributions and support by 11 government departments to this collaborative space (Department of Health, 2012), it was apparent that the location of violence and injury leadership structures across departments, the variations of prevention prioritisation across departments, multiple understandings of injury prevention, management and implementation capacity gaps, and neo-liberal inspired policies constrained government departments to silos and isolationist tendencies and militated against inter-sectorial collaboration (Seedat et al, 2009; Van Niekerk et al, 2014). Within a system with complex institutional arrangements, and despite

some government support for enabling agreements and other institutional mechanisms to encourage collaboration around shared priorities, it was clear that ongoing, high level support for the initiative would be essential to enable the synthesis of multiple contributions and voices, and ensure national advocacy and implementation of identified violence and injury prevention interventions, as has been required for the national responses to other health and social issues (Mayosi et al, 2012).

In the context of the invited space, the VIPRU psychologists and public health researchers contributed to the establishment of the multi-sectoral Steering Committee to facilitate a co-ordinated and inclusive response to violence and injury prevention in the country (see Schopper, Lormand, & Waxweiler, 2006). However, the dominant language of public health and epidemiology, and the different policy related priorities of government actors contributed to multiple understandings of injury prevention. This constrained meaningful discussion and the in-depth consideration of key social determinants of violence and injuries, and the institutional arrangements required to enable prevention. The complexities of violence and injury prevention in a number of instances appeared to be circumvented by departmental pressures for either a single magic bullet or interventions already prioritised by departments. There was thus limited consideration to underpinning societal determinants, such as inequality and poverty, in favour of more restricted and sector specific interventions, such as firearm control.

Through multiple intensive engagements, it was resolved that the Framework recognise that the needs and opportunities differ between departments and should therefore offer injury specific prevention objectives, but through prompting by the critical scholars involved, should also emphasise the control of common or cross-cutting injury determinants and the promotion of supportive institutional factors (Department of Health, 2012). Despite the limited space for critical engagement on the social determinants and inter-departmental co-operative arrangements around violence and injury prevention, opportunities to ensure the strengthening of linkages between departments on these issues were highlighted in the Framework (Department of Health, 2012). It may be considered that within the invited space, an uncritical stance may have prevailed, in the interest of consensus, and in response to unspoken concerns by the critical scholars that they would not be re-invited into that space if they failed to assume a stance that was not amenable to compromises made with the Steering Committee. The Framework therefore privileges choices with respect to priority injuries and their prevention, which were informed by the dominant policy discourses and invented space vested interests. In the interests of informing and impacting upon an emerging social policy in the democratic dispensation, the critical psychologists had to recognise particular ambiguities and contradictions. Whereas the government officials were undoubtedly democrats who support transformation, like the authors, they too were constrained by the technicist and magic bullet orientations of the neo-liberal institutions in which they were located. Even though there was limited space to critically interrogate matters such as institutional dysfunctionality and social determinants, the adoption of a reflexive position enabled the authors to understand the possibilities and the constraints of critical engagement, as well as the ambiguities that government officials live with in an invited space. Our case illustration indicates that growing appreciation for criticality and reflexivity in an invited space is a process rather than an instantaneous outcome. We suggest that there is a fine balance between total disengagement and a guarded engagement; a guarded engagement remains suspicious and critical of the conservation tendencies of invited spaces while trying to support relevance and growing a culture of criticality and reflexivity.

Conclusion

By way of conclusion, we return to the two key questions we posed earlier in this article: what are the possible orientations of researchers to government in the new dispensation? Can critical psychologists remain critical and work with government or does all engagement with the state compromise criticality?

In our engagement within the invited space, representing government, we had assumed that there would be sufficient opportunity and latitude to enact relevance, namely to help shape the national response to violence and injuries through an evidence-led orientation. An agreement on the national scale of the violence and injury problem, the emergence of democratic institutions, and presence of receptive individuals allowed us a space to inform the shape and contents of a national injury and violence prevention framework, which is still to be publically released. As social science and public health knowledge brokers, we marshalled information on injury epidemiology, public and social science descriptions of scientifically tested violence and injury prevention modalities, and global illustrations of institutionalised leadership in injury prevention. However, our attempt to bring a critical reading to the social dynamics underlying the causation and a contextualised prevention of violence and injuries tended to be overshadowed by an unspoken “demand” for a magic bullet. Cast in technicist language, discussions about what works tended to evade the big questions about social inequality, unemployment and poverty. The Framework needed to focus on measurable and demonstrable interventions. Similarly, the discussions about critical issues of inter-sectoral collaboration and government leadership did not produce sufficient consensus. The inclusion of partners with both distinct but also many shared values, a range of disciplinary orientations, and different organisational affiliations and accountability structures seemed to have limited open and probing discussions about the dysfunctionality of key government departments, capacity gaps, and the range of psychosocial and institutional factors that stymie inter-departmental collaboration and leadership.

We recognised that as critical scholars we would be challenged, and we would at times yield to the technicist logic of government. Have we been critical enough, or have we been naïve in this engagement? While **PINS** and other invented fora for critical scholarship remain important spaces for unravelling dominant discourses on violence and injury prevention and neo-liberal hegemony, there is a current, perhaps unique opportunity for **PINS** to stimulate conversations and conceptual debates about how critical psychologists may occupy both invented and invited spaces to shape national responses to key phenomena such as violence. While government institutions may be characterised as neo-liberal in form and structure, there is insufficient theoretical work on how critical psychologists may obtain space for both relevance and critical work in such neo-liberal spaces. **PINS**, which has now reached three decades and may rightfully adopt a guarded stance with respect to the intentions of neo-liberal institutions, may call for conceptual conversations about the (de)merits, ambiguities and contradictions involved in moving between invented and invited spaces in a society wherein the redress initiatives are ongoing and where democratic institutions and cultures are under increasing strain.

References

Cloete, N, Muller, J & Orkin, M (1986) How we learned to stop worrying and love the HSRC. **Psychology in Society (PINS)**, 6, 29-46.

Coovadia, H, Jewkes, R, Barron, P, Sanders, D & McIntyre D (2009) The health and health system of South Africa: Historical roots of current public health challenges. **The Lancet**, **374**, 817-834.

Cornwall, A (2002) Locating citizen participation. **Institute of Development Studies Bulletin**, **22(2)**, 49-58.

Department of Health (2012) **Integrated Strategic Framework for the Prevention of Injury and Violence in South Africa, 2012-2016**. Unpublished report. Pretoria; National Department of Health.

Human Sciences Research Council (HSRC) (nd) CEO (website page). <http://www.hsrb.ac.za/en/about/ceo>. Date retrieved: 23 April 2014.

Matzopoulos, R, Norman, R & Bradshaw, D (2004) The burden of injury in South Africa: Fatal injury trends and international comparisons, in Suffla, S, Van Niekerk, A & Duncan, N (eds) **Crime violence and injury prevention in South Africa: Developments and challenges** (pp 9-21). Cape Town: MRC-UNISA Crime, Violence and Injury Lead Programme.

Matzopoulos, R, Prinsloo, M, Butchart, A, Peden, M & Lombard, C (2006) Estimating the South African trauma caseload. **International Journal of Injury Control and Safety Promotion**, **13**, 49-51.

Mayosi, B, Lawn, J, Van Niekerk, A, Bradshaw, D, Karim, S & Coovadia, H (2012) Health in South Africa: Changes and challenges since 2009. **The Lancet**, **380**, 1881-1966.

Miraftab, F (2006) Feminist praxis, citizenship and informal politics. Reflections on South Africa's anti-eviction campaign. **International Feminist Journal of Politics**, **8**, 194-218.

Norman, R, Matzopoulos, R, Groenewald, P & Bradshaw, D (2007) The high burden of injuries in South Africa. **Bulletin of the World Health Organization**, **85**, 695-701.

PINS Editorial Group (1986) Introduction to the excerpt from Webster's "Servants of apartheid". **Psychology in Society (PINS)**, **6**, 5.

Republic of South Africa (1996) **Constitution of the Republic of South Africa Act, No. 108 of 1996**. Cape Town: Republic of South Africa.

Schopper, D, Lormand, J D & Waxweiler, R (2006) **Developing policies to prevent injuries and violence: Guidelines for policy-makers and planners**. Geneva: World Health Organization.

Seedat, M, Van Niekerk, A, Suffla, S & Ratele, K (2014) Psychology's and the South African violence prevention agenda. **South African Journal of Psychology**, **44(2)**, 134-142.

Seedat, M (2013) A call for a scientific approach to prevention. **PINS (Psychology in society)**, **44**, 84-86.

Seedat, M (2010) When relevance decenters criticality: The case of the South African National Crime, Violence and Injury Lead Programme. **Revista Colombiana de Psicología**, **19(2)**, 41-53.

Seedat, M, Van Niekerk, A, Jewkes, R, Suffla, S & Ratele, K (2009) Violence and injuries in South Africa: Prioritising an agenda for prevention. **The Lancet**, **374**, 68-79.

South Africa. The Presidency. National Planning Commission (2012) **National development plan 2030: Our future-make it work**. Online: <http://www.info.gov.za/view/DynamicAction?pageid=623&myID=348761>
Accessed 9 September 2013.

South African Police Service (2013) **An Analysis of the National Crime Statistics: Addendum to the Annual Report 2012/2013. Annual Report**. Pretoria: SAPS Corporate Communications.

Van Niekerk, A, Suffla, S & Seedat, M (eds) (2012) **Crime, violence and injury in South Africa: 21st century solutions for child safety**. Johannesburg: PsySSA Press.

Van Niekerk, A, Seedat, M, Ratele, K & Suffla, S (2014) Reflections on two decades of violence and unintentional injury prevention: Responses in South Africa. **Public Health Association of South Africa Newsletter**. Forthcoming from: <http://www.phasa.org.za/category/articles/>

Webster, E (1986) Servants of apartheid. **Psychology in Society (PINS)**, 6, 6-28.