

THE SCHIZOPHRENIC HEART

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IN his reply to the debate on the Native Laws Amendment Bill, the Minister of Native Affairs stated that the object of the Bill before the House was to reduce social contacts between the races. He went even further and stated that in his opinion multi-racial organizations, or bodies working in a multi-racial field, should be split up so that the work in each group was controlled and operated by persons of that particular group.

This is no new philosophy in South Africa. In 1951 a National Conference on Social Work was called by the Union Department of Social Welfare and held at the University of Cape Town. It was made extremely clear from the beginning that this Conference was to be for White social workers only and that it would consider work among Whites. All preliminary attempts to persuade the authorities to allow non-Europeans to attend, or to widen the field to all social work, failed. Delegates were told that a similar conference to deal with Coloured, and another to deal with African, social work would in due course be called. As far as I am aware these promises were never fulfilled.

The point was raised at the beginning of the Conference by the official who opened it and was replied to in a diplomatic and most carefully worded speech by Professor Batson of the University of Cape Town. Professors Cronje (Pretoria) and Pauw (Stellenbosch) immediately rose to state in the most categorical and unequivocal terms that they were convinced that social work in each racial field could only be performed by trained social workers of that particular race, and by implication made it clear that particular problems in particular racial groups were different from the same problems in other groups.

Dr. Arnold Rose of the University of Minnesota in a brilliant pamphlet published by UNESCO has made it clear that there can be no scientific definition of race (South Africa's Minister of the Interior appears to be having the same trouble) and that there are no pure races anywhere. This pamphlet, together with others in the series, has been banned in South Africa. A mounting tide of writing from the pens of the world's most eminent authorities emphasizes that there are no basic biological or psychological differences between peoples of different skin

colours or nationalities or races (whatever that term may mean), and that such differences of behaviour as exist in given situations are due to environmental factors, customs and usage.

In the face of all this evidence, our politicians insist that juvenile delinquency among the Coloured people of South Africa is basically different from that among our Africans, and that both of these are again different from that among Europeans or Malays or Indians. A marital dispute or child neglect or the abuse of alcohol or narcotics have different bases and must be treated differently by different persons where they occur in families of differing racial origin. Theft by a European is different from theft by an African or Coloured person, and so is the question of poverty in its causation and side effects.

The business of a sociologist is to study society, and that of a social worker to see to it that individuals fit into their society correctly and that the relationship between the individual and his society is a healthy one. The commonly accepted view of society is that it is the relation between each individual and the people, groups and institutions around him. Where the individual is able easily to reach and maintain effective contacts with other individuals, groups and institutions, there are no social problems; where these contacts cannot for some reason be made or do not function easily and smoothly, there exist social problems which the social worker must try to solve.

The social worker is trained to understand these relationships, the cause of their dislocation and the technique whereby they may be restored again or others substituted. Where a man has migrated from rural areas to a distant city, he has lost contact with his close relatives, his friends, his church, school, hospital, clubs, shops, occupation and leisure activities. He immediately presents a social problem in the city because he has no effective relation to others. Where he is properly equipped by virtue of his education and background, he is fairly easily able to establish smooth new relations.

Where, however, he is illiterate and completely unused to the ways of a large city, he is unable to establish such relationships, and he presents a serious social problem which may take very many years to solve. The longer he is left to his own devices, the more complicated becomes the problem of fitting him into a new society, because he has begun, by reason of his isolation from society, to develop psychological disturbances, with consequent aberrations in his behaviour patterns. These

problems are the same the world over, and it does not matter whether a social worker has to help a Chinese paddy farmer to fit into a Johannesburg society of laundry workers or a tribal African into a society of operative factory workers or a poor white "bywoner" into a society of Railway lorry drivers.

The effect of poverty is to inhibit normal relationships between a man and his environment, because it prevents him from buying those things which others around him accept as the usual necessities of a normal pattern of life. He cannot educate his children as all others are; he cannot feed, clothe, or accommodate them properly; he cannot in any sphere play a full part in the life of the community, whether it be black, white or any other colour. The result of such a situation is that the poor man is again isolated from his environment and develops aberrations in his behaviour patterns.

It is easily possible to multiply these very simple and elementary examples of social dislocation a thousandfold and to quote other more complicated problems, but this is not necessary. In every instance social work has to deal with a problem of the individual and his environment and not with a person who, by reason of a particular skin colour, or the shape of his nose, hair and lips, manifests certain inherent and unalterable characteristics. Whatever his physical characteristics may be, social work is the job of assisting him to maintain effective contacts with his environment, and any trained social worker is equipped with the necessary knowledge for this task in the same way as any medical practitioner is trained to restore and maintain such factors as make for health, irrespective of the skin colour or ethnic origin of his patient. It is as ridiculous to say that a White doctor cannot cure a Black man's tuberculosis as it is to maintain that a White social worker cannot deal with the social problems of a Coloured person.

The implications of the Government's racial theories in the field of social work are dangerous in the extreme. Almost every social work agency not specifically connected with the Dutch Reformed Church—and many that are—work in an inter-racial field, or work among people classified in South Africa as people of a race different from that of the controlling body. Many organizations have no colour bar in their constitutions, and to yet others, an inter-racial nature is basic. Some organizations may have all-White or mixed committees and boards of control, and some, including some of these, have

persons of different ethnic origin on their staff. Some organizations have fairly well developed arrangements for dealing with the various ethnic groups separately, and others make no difference at all. The new proposals would affect profoundly almost every one of the many thousands of registered welfare agencies in the country and would amount to an attempt to unscramble a well beaten and thoroughly cooked omelette.

That there is every chance the impossibility will be tried has been evidenced by the recent legislation which split up the Nursing Council into completely separate White and non-White groups, the whole to be dominated by an all-White council on which the non-White nurses have no say. This has been done in the face of all the practical realities and in the teeth of opposition from all concerned. Disease germs know no racial boundaries and attack irrespective of skin colour, and our medical services have been geared to deal with disease while taking the practical situation as it finds it into account. By enacting the new Nursing Bill the Government has put upon the profession the most intolerable moral stresses, has evoked a completely unnecessary and self-destructing argument as to racial attitudes among nurses, and is imposing upon our hospitals enormous administrative and practical difficulties. If this can be done in the field of health there is no reason why it cannot be done in the field of welfare as well.

If the proposals are to be applied logically, as I take it is intended in the long run, it would mean that almost every charitable institution in the country would at some time or other have to cease functioning and reconstitute itself on completely different lines. Bodies working among Whites would have to restrict themselves only to people who are classified according to the Population Register as White, would have to have all-White committees and employ only White staffs. Since the Group Areas Act envisages separate areas for Whites, Coloureds, Africans, Malays and Indians, it would seem to be logical that there would be five different sets of agencies, each complete from top to bottom, operating strictly within its own ethnic group, and having little or no liaison with bodies operating in the same field with other ethnic groups.

There would, for example, have to be five different bodies dealing with tuberculosis, another five with mental health, another five with cripple care, and another five with child care, to name only four major fields of work. Whatever liaison is

achieved would obviously be at the top level only, under the supervision and guidance of only Whites, who, according to the theories of Professor Cronje and Pauw, do not understand, and cannot be expected to deal adequately with, the problems of another ethnic group. In the 1840's of Great Britain this sort of arrangement would have meant that the working classes of those days would have formed a completely separate group, which would have been expected to carry, operate and finance its own social services. Such an arrangement is obviously absurd and cannot possibly have been envisaged by any but the most bigoted of racialists.

Apart from these constitutional issues, there are also other practical matters to be considered. Charitable agencies exist largely on the donations and subscriptions of their members and interested persons; they have to employ skilled and highly trained staff, some of whom must be of graduate standard; they must work in close contact with each other to prevent overlapping and duplication and to pass on information and new techniques; they have to work in even closer contact with government departments of Health, Pensions, Labour, Social Welfare, Education and Justice. Would the fragmentation of social work bodies into ethnically self-contained groups make these practical aspects of their work easier?

It is obvious to me that those who contribute in cash and kind to any organization want, and are entitled to, some say in its management. In the Union of South Africa very few non-Whites are really in an economic position to donate to and support charities. If Whites are to be allowed no say in the operation of non-White charities and agencies, it stands to reason that they will be loth to contribute, and the charity will either go out of existence, or have to be supported almost entirely by the State. Almost 80 per cent. of the population of South Africa is non-White, and probably about the same percentage of the non-White people lives below the bread line. In addition, the majority of the non-White population of South Africa has (through no fault of its own) not reached accepted standards of literacy or adjustment to modern western standards. It is therefore obvious that the need for social and charitable work in South Africa is enormously greater among non-White than among White people.

Social workers are trained at our universities, and in addition there is a small school of social work for non-Europeans in

Johannesburg. I would estimate that some 90 per cent. of the social workers trained each year are White. If Dr. Verwoerd's theories are to be applied, there would obviously never be sufficient non-White social workers or trained administrators to tackle the enormous task awaiting them. The White social workers now employed in non-White work would have to find other avenues of employment, because there would certainly not be enough White social work for them to do.

The question of contact and liaison with other social work agencies and with government bodies would become almost impossible, firstly, because the plain multiplication of agencies would make liaison impracticable even if it were allowed, and, secondly, because the non-White organizations would experience the same difficulties which all non-White people already experience in making contacts with government departments. The government departments are almost exclusively staffed by White persons, and their attitudes to non-Whites who come to them is already well enough known except in a few notable cases.

It seems that if Dr. Verwoerd wants to put a complete stop to all social and charitable work among non-Europeans, he could hardly choose a more effective way of accomplishing this than by fragmenting all the agencies into ethnic entities. For this would be the effect of such legislation; the relief of distress, the help of the needy, the rehabilitation of the broken down, the re-establishment of man in his environment could not possibly proceed without the help, the work, and the interest of countless thousands of White people. The cessation of such work—even the slowing down of it—would have the consequence of allowing an already disintegrated and di located society in our locations and slums to degenerate into pure chaos. Already the morbidity rates from tuberculosis, gastro-enteritis, and other diseases of neglect, dirt, overcrowding and bad housing are the highest of any industrialized country in the world. In 1942 the Medical Officer of Health in East London reported that the infant mortality rate in that city was over 700 per 1,000 live births, and the figures for our urban locations exceed in general 300 per 1,000 live births. In the context of such statistics, any crippling of welfare work amounts to the assassination of a people. Only in a society with a schizophrenic heart like South Africa, could it be contemplated.