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# The Psychology Couch Newsletter

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# Including TRANSGENDER People

## CLINICAL PSYCHOLOGIST ROB HAMILTON

June is LGBTQIA Pride month globally – when lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) people remember the 1969 Stonewall uprising, the first modern protests by members of this community against denial of their human rights and the discrimination they faced. There has been considerable progress since then. Although 56 countries today report greater acceptance of LGBTQIA individuals, it is worrying that in another 57 countries there has been a rise in intolerance. In particular, transgender people face high levels of discrimination and abuse. For this reason, I hope to throw some light on what transgender means and the diverse experiences of trans people, and outline how we to show respect and support to trans members of the community.

Transgender is an umbrella term for people whose gender identity, gender expression or behaviour does not conform with the sex which they were assigned at birth. Gender identity refers to the individual's internal sense of being male, female or otherwise, whereas gender expression refers to the way in which they communicate gender identity to others through their behaviour, dress, voice, body, etc.

Gender and sex are not the same concept. Sex refers to the person's biology, including physical attributes such as chromosomes, hormonal levels, and their external and internal anatomy. Gender is the state of being a man, a woman, both, neither, or of another gender altogether. Gender includes the roles and expectations society assigns to individuals based on their "maleness" or "femaleness". While sex is understood more or less in the same way worldwide, aspects of gender differ widely across different cultures, and have indeed evolved over time. For example, not too long ago it was socially unacceptable for women to wear trousers, or to be the primary breadwinner.

Some people who identify their gender as falling outside the binary constructs of "male" and "female" describe themselves as genderqueer. They may define their gender as falling somewhere along a continuum between male and female, or they may define it as different to both these terms. Some genderqueer people do not identify as transgender. Other categories of transgender include multigendered, gender nonconforming and third gender.

While transgender people are more visible now than in previous decades, they have existed since time immemorial, and have been documented in indigenous, Western and Eastern societies throughout the centuries.

There is no single understanding of why some people are transgender. The diversity of transgender expression and experiences argues against simple or unitary causality. Experts believe that biological factors such as genetic influences and prenatal hormone levels, and early childhood experiences may all contribute to the development of transgender identities.

Transgender people experience their identity in a range of ways and may become aware of their transgender identity at any age. Some can trace their transgender identity and feelings back to their earliest memories. They may have had vague feelings of 'not fitting in' with people of their assigned sex, or wishing to be different to their assigned sex. Others become aware of their identities or begin to explore and experience gender-nonconforming attitudes and behaviours during adolescence or even later in life.

Some people are able to embrace their transgender nature easily, but many struggle with feelings of shame or confusion. Those who transition later in life may have struggled to fit in as their assigned sex, only to later face dissatisfaction with their lives. Some transgender people experience intense dissatisfaction with the sex assigned at birth, their physical sexual characteristics or their gender role. Such individuals are more likely to seek out gender-affirming treatments or surgery.

It is important to state that identifying as transgender is not a mental disorder. A more significant problem may be finding affordable resources, such as counselling, hormone therapy, medical procedures and the social support necessary to freely express their gender identity and minimise discrimination. Other obstacles may lead to emotional distress, including lack of acceptance within society, and direct or indirect experiences with discrimination or assault. These experiences may lead many transgender people to suffer from anxiety or depression at a higher rate than the general population.

Parents of a gender-nonconforming child may be anxious about what this means. Some children express great distress about their assigned sex at birth or the gender roles they are expected to follow from a young age. They may face hostile responses from peers and adults because of their gender expression. What parents believe to be 'just a phase' doesn't pass. Parents in this situation should consult mental health and medical professionals familiar with gender issues in children, to decide how to address the issue. Forcing children to act in a more gender-conforming way is not helpful and can be traumatic. Parents of children who present as transgender often find support from other parents of gender-nonconforming children particularly helpful.

Transitioning from one gender to another is a complex process, and in some cases may involve transition to a gender that is not traditionally male nor female. People who transition often begin by expressing their preferred gender in situations where they feel safe. They typically work towards living full time as members of their preferred gender by making gradual changes. There is no single 'right' way to transition. However, common social changes that transgender people experience may involve one or more of the following: adopting the appearance of the desired sex through changes in clothing and grooming; adopting a new name; changing their sex designation on identity documents; using hormone therapy treatment, and undergoing surgical procedures to modify their body.

This process of transition through medical intervention is usually referred to as sex or gender reassignment, but more recently regarded as gender affirmation. People who were assigned female, but identify and live as male are known as transmen. Conversely, people who were assigned male, but who identify and live as women are known as transwomen. Some individuals who transition prefer to be referred to as a man or a woman, rather than as transgender.

South African law allows transgender people to change their legal gender markers. However, existing legislation imposes barriers on legal gender recognition that deprive many transgender people of accurate identity documents, since it requires medical or surgical gender reassignment procedures to have taken place.

An application to change gender marker must be submitted along with a birth certificate and a confirmation from two medical practitioners that medical or surgical gender reassignment procedures have taken place. Hence, many transgender people cannot obtain legal gender recognition. Interventions may be costly or inaccessible, particularly for poor working class or rural transgender persons, since providers of gender-affirming procedures are usually only in the major cities.

A 2017 survey conducted by the Williams Institute at UCLA to examine attitudes to transgender rights and status in South Africa, found that 42% of transgender respondents feared discrimination because they were transgender. However, the survey found that South Africans were generally accepting of transgender people. For example:

- 49% of study participants reported having seen transgender people, but not knowing them personally
- 20% of participants had personal friends or family members who were transgender
- 72% of participants agreed that transgender people should be protected from discrimination, and
- 58% of participants agreed that transgender people should be allowed to have gender-affirming surgery.



In contrast, a study of transgender youth in South African schools found that transgender learners often face bullying and discrimination from other learners. Transgender and gender-diverse or gender non-conforming learners are also subject to bullying by teachers, including both verbal and physical abuse. It appears that in some settings prejudice has not declined.

How can we support transgender people? Here are some basic guidelines:

1. Use the language or pronouns the transgender person uses for themselves. No two transgender people are exactly the same, and different transgender people may use different words to describe themselves. You should follow the lead of each trans person, as they will best know the language that is right for them. If you don't know what pronouns to use, ask.

Using the wrong pronouns (or mis-gendering) can feel like harassment when done intentionally.

2. Be appropriate and rein in your curiosity. Feeling curious is valid, but details of a person's gender, body and anatomy, you don't have an automatic right to such information. When you meet most people, you probably don't inquire about the state of their genitals or their medication. Such personal health information is private, and being trans doesn't take away the right to privacy.

3. Someone's transgender identity is their private information to share, or not to share. Just because someone tells you that they are transgender does not necessarily mean that they have told everyone. A transgender person may not choose to tell others that they are transgender because it is unsafe, because they're worried they'll be mistreated or fired, or simply because they don't want to share that information.

4. Avoid compliments or advice based on stereotypes about transgender people, or about how men and women should look or act. People sometimes intend to be supportive but unintentionally hurt transgender people by focusing on their looks or whether they conform to gender stereotypes.

5. Respect their identity and refrain from dead-naming them. It's unfortunately not uncommon for trans people to still be referred to by their given (as opposed to their preferred) names. This is called dead-naming, and is disrespectful. Avoid it by asking, "How do you want to be referred to?"

6. Avoid words such as 'real' and 'normal' when talking to or describing a transgender person. Describing someone as a 'former man' or a 'biological man' is demeaning. When you insist on using a former name an individual no longer uses, it symbolizes a preference for your own comfort and can be outright rude, if done intentionally.

7. Politely correct others if they use the wrong name or pronoun for a transgender person. More broadly, it is important to challenge anti-transgender remarks, jokes, and conversations. It may be difficult to speak up. However, vocal and visible support shows transgender people that they are accepted, encourage other allies to speak too, and may help change the minds of people who aren't supportive of transgender people.

8. Understand that you'll make mistakes. Be open and receptive to feedback from trans people about how your language makes them feel.

Steve Bien-Aimé proclaims, "Common language usages should not trample over others who are different." So why not use words that have the power to validate, acknowledge and include transgender people? They deserve no less.



Remember that all people are much more than their gender identity or their gender expression. Don't focus too much on either of them



# 2024 Elections

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Psychology Hons Student (Wits)



For the first time in the 30 years of democracy, South Africa faces its first coalition government.

## WHAT IS A COALITION GOVERNMENT?

A Coalition government exists when two or more political parties (or independent representatives) combine their votes in a legislature or a council, to elect a government, and to support the decisions it takes.

After the ANC experienced a decline in support, the party undertook feverish negotiations to form a governing coalition with opposition parties. The coalition deal includes the democratic-alliance, and the inkatha freedom party.

The ANC and several other parties have agreed to form the government of national unity (GNU). Given that no party received an outright majority in the May 29th elections to form a government on their own, the GNU emerged as the best approach for the country.

Among its priorities, the unity government is set to focus on rapid, inclusive and sustainable economic growth, the promotion of fixed capital investment, job creation, land reform and infrastructure development.

This new government has brought hope to millions of South Africans!







# YOUTH DAY

BY TSHOANELO KILOWAN

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On the 16th of June 1976, countless students peacefully demonstrated against the government's directive to use Afrikaans as a compulsory medium of instruction in schools. However, as the students marched towards Orlando Stadium in Soweto, they were met with brutal force from the police. Due to this excessive force, it is reported that 23 students died from gunfire, and countless others were injured. Among these 23 students was Hector Pieterse, a 13-year-old boy who was killed by gunfire. His death was photographed by Sam Nzima and has become a symbol that demonstrated the brutality of the Apartheid government and the extent to which racial violence permeated the lives of the innocent.

## INTERGENERATIONAL TRAUMA

Although Youth Day is an important event in South African history, it is fundamentally important to recognize that the brutality of this event was not an isolated "incident" but rather a reflection of the reality faced by people of color in South Africa. By acknowledging this truth, the youth of today can better understand how their parents' reality was, and is, different from their own.

The psychological wounds of the past have transcended time, affecting the lives of children today.

The concept of intergenerational trauma is an ever-present factor in the lives of "born free" South Africans. Intergenerational trauma is the idea that parents transfer unprocessed trauma to their children. As a result, children unconsciously live and experience life in the shadow of their parents' trauma.

Despite the reality that "born free" children and adults live differently from their parents and grandparents, intergenerational trauma has created a cycle of unresolved distress that causes them to identify with their parents' trauma. This identification makes it harder for South Africans to focus on healing the wounds of the past. However, through the bravery of South African youth, there is hope for renewal, growth, and healing in South Africa's future..





# Beyond Alcohol Abuse: Examining Wernicke Korsakoff Syndrome's Challenges

## What is Wernicke-Korsakoff Syndrome (WKS)?

Often disregarded by the media, Wernicke Korsak off Syndrome (WKS) is a well known neurodegenerative illness. This syndrome is brought on by a chronic deficiency of thiamine, which results in significant memory loss and cognitive deficits. While long-term dependence on alcohol is often associated with WKS, the sickness may originate from other causes, such as specific medical conditions and deficiencies in nutrition.

## The Causes and Physiology

Research is ongoing to determine the precise methods by which WKS harms the brain. Nevertheless, acute thiamine shortage impairs vital biochemical mechanisms involved in memory retention and recovery, which leads to the death of cells in the brain, microscopic haemorrhage, and the development of tissue that is scarred. Substance abuse and inadequate nutrition continue to serve as the primary contributing risk factors, even if a genetic background might also be involved.

## Symptoms

- Ø Hallucinations
- Ø Long-term lapses in memory
- Ø Significant functional restrictions
- Ø Inability to learning new information
- Ø The creation of false narratives, or confabulation
- Ø Difficulty remembering recent events
- Ø Severe cognitive deficits

## Treatment

Depending on early diagnosis and treatment, the likelihood of recovery from WKS differs greatly. The fundamental component of treatment is the consumption or intravenous injection of thiamine supplements. Taking magnesium supplements is an additional option. Although there isn't a specific prescription for WKS, various psychotropic medications may be recommended to treat related illnesses like lack of sleep, anxiety, or depression.

## **NeuroFrogsticity: A Holistic Approach to Addiction Recovery and Neurological Rehabilitation**

The NeuroFrogsticity program at The Psychology Couch offers a holistic recovery experience for individuals grappling with addiction. This comprehensive approach combines neuroscience, psychology, psychiatry, occupational therapy, and mindfulness to harness the power of neuroplasticity, shifting away from addiction to sobriety. The program includes family involvement, developing connections through group therapy, trauma-informed care, and emotional regulation strategies to foster personal growth and sustainable recovery.

The NeuroFrogsticity program is particularly relevant in addressing the neurological aspects of addiction, such as Wernicke-Korsakoff syndrome. This syndrome is caused by a chronic deficiency of thiamine (vitamin B1) and can result in significant memory loss and cognitive deficits.

The program's emphasis on neuroplasticity and trauma-informed care can help individuals overcome the neurological damage associated with Wernicke-Korsakoff syndrome, ultimately leading to a more comprehensive recovery.

For those seeking a comprehensive and supportive environment to overcome addiction and neurological challenges, the NeuroFrogsticity program at The Psychology Couch is an excellent choice. By combining cutting-edge neuroscience with evidence-based therapies, this program offers a unique opportunity for individuals to heal and thrive. With its focus on personal growth, family involvement, and long-term recovery, the NeuroFrogsticity program is an ideal solution for those seeking a holistic approach to addiction recovery and neurological rehabilitation.

By: Noluthando Kathi Tyesi  
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## Highlights From: *Volunteer Training*

You may or may not have noticed some new faces at The Couch. In May, we welcomed our new volunteers. During their volunteer training weekend, they attended 10 sessions that equipped them with all the knowledge they will need to volunteer at The Couch.



## What Happened

Our amazing admin team (Yolanda Guma, Holly Classe, and Tebello Koloko) took out volunteers through sessions where they learned about the culture of The Couch, their responsibilities at The Couch as well as workshops on managing and creating content for The Couch's social pages. Morgan Davis, a social media content strategist and account manager, also came in and trained our volunteers on creating content specifically for Instagram.



Our volunteers left training feeling prepared, excited and ready to actively take on any challenge they may face throughout the volunteer program.

Therefore a huge thank you to the admin team for putting together such a successful volunteer training weekend and to our presenters for all the effort they put into planning and presenting the training sessions.

We appreciate our new volunteers for participating in the training and wish them the best as they embark on this journey.

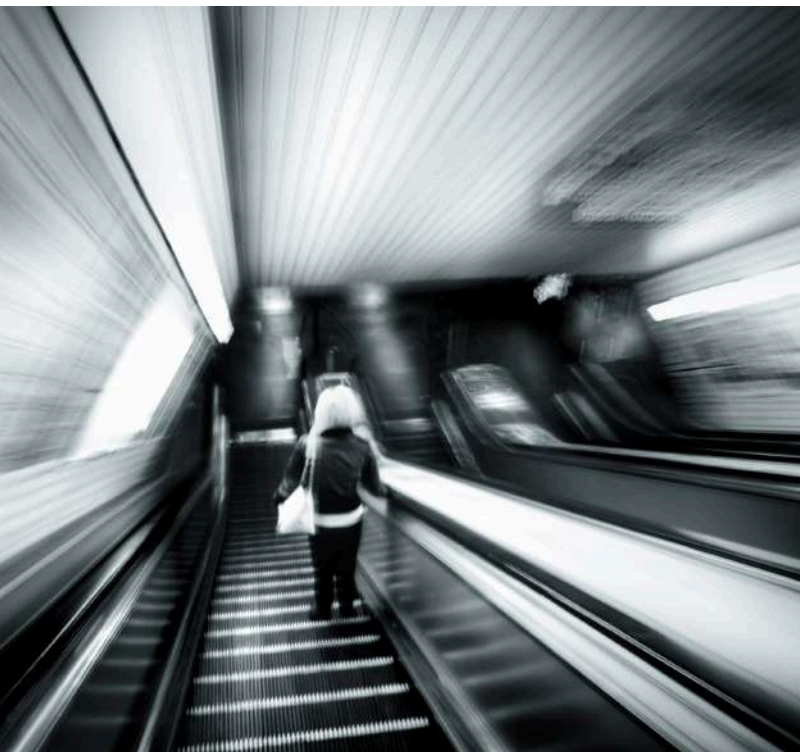
Natola Msidi  
Psychology Hons Student (SACAP)



# THE MIND OF A STALKER

Extracted from an interview with Nisha Rodgerson, clinical psychologist at The Psychology Couch.

Stalking, defined as repeated and unwanted attention or behaviour that causes fear or concern in the victim, has gained significant attention due to its psychological impact and potential for harm. Stalking exhibits a compelling intersection with attachment theory within psychological discourse, positing its emergence from insecure attachment patterns towards an individual. Central to this phenomenon is the notion that separation anxiety plays a pivotal role, significantly contributing to instances of stalking. Another theory suggests that the stalker believes the victim to be in love with them, this is called the "Erotomanic delusion". A profound correlation is highlighted between stalking behaviours and prevalent mental health issues, displaying its complex manifestation within the realm of psychological research and clinical practice.



KIARA GOVENDER  
PSYCHOLOGY HONS STUDENT (WITS)

## THE PSYCHOLOGY COUCH

Stalking behaviour encompasses a spectrum of traits, motivations, and impacts that profoundly affect both victims and perpetrators. Stalkers often exhibit traits such as obsession, possessiveness, jealousy, lack of empathy, impulsivity, and entitlement. These characteristics, coupled with difficulties in accepting rejection or boundaries, can predispose individuals to engage in stalking behaviour.

Various mental health conditions are linked to stalking, including personality disorders (e.g., borderline, narcissistic, antisocial), delusional disorders (e.g., erotomania), psychotic disorders (e.g., schizophrenia), and attachment disorders (e.g., anxious, or disorganised attachment). While not all individuals with these conditions become stalkers, these factors increase the risk.

Stalkers are categorised into subtypes based on their motivations: rejected stalkers seek revenge or reconciliation after perceived rejection, intimacy seekers pursue a relationship despite the victim's lack of interest, and incompetent suitors lack awareness of appropriate boundaries. Resentful stalkers seek to intimidate or punish due to perceived mistreatment, predatory stalkers exert control over multiple victims, and erotomanic stalkers hold delusional beliefs about a reciprocal romantic relationship.

Victims of stalking endure severe psychological consequences, including fear, anxiety, emotional distress (such as depression and PTSD), invasion of privacy, strained relationships, disrupted daily life, physical health issues, and financial costs. Effective responses involve documenting incidents, enhancing safety measures, informing others for support, involving law enforcement, seeking professional counselling, legal assistance, and maintaining vigilance for personal safety.

Stalking behaviour remains a significant societal concern due to its detrimental effects on victims' psychological and emotional well-being. It is important to understand the psychological traits of stalkers, the associated mental health conditions, and the varied impacts on victims. Addressing stalking requires a comprehensive approach including effective collaboration of legal measures, safety protocols, and therapeutic interventions to safeguard victims and promote recovery.

# Throwback to The Couch's 2024 Masters Selection Week Preparation Workshop



Pursuing a Masters degree in psychology is highly competitive, requiring both academic excellence and exceptional interpersonal skills. To help aspiring psychologists, our practice recently hosted a two-day Masters Selection Week Prep Session.

The workshop featured insightful discussions and interactive activities. Clinical psychologist Jon Pedrosa led a session on self-awareness and congruence, stressing the importance of personal authenticity in therapeutic relationships. Participants also engaged in panel interviews with professionals, including psychologists Yumna Zubi, Emma Jesse, Rob Hamilton, Deborah Olusola, Melina Georgiou, and occupational therapist Emily Makhlof, simulating real selection scenarios.

Psychologist Nisha Rodgerson shared techniques for managing anxiety and emotional regulation under pressure. Interactive role-playing exercises allowed attendees to practice therapy sessions, while case study assignments led by Rob Hamilton honed their critical thinking and problem-solving skills.

Psychologist Ryan Cooper's workshop on active listening emphasized the importance of truly hearing and understanding clients. A group discussion activity tested participants' ability to articulate thoughts and engage in constructive dialogue.

The two-day session provided invaluable guidance, leaving attendees better prepared and more confident to embark on their journey toward becoming professional psychologists.

By: Ismaeel Adam  
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Thank you for being a part of our Couch Community. Stay tuned for next time as we share the June Edition of the Psychology Couch Newsletter.

Until next time, as always, our wish for you is to heal, learn and grow.

Get involved and stay in touch via our social media platforms:



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