The Couch
Heal. Learn. Grow
Psychology • Psychiatry • Wellness

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The Psychology Couch Newsletter

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The Couch Newsletter

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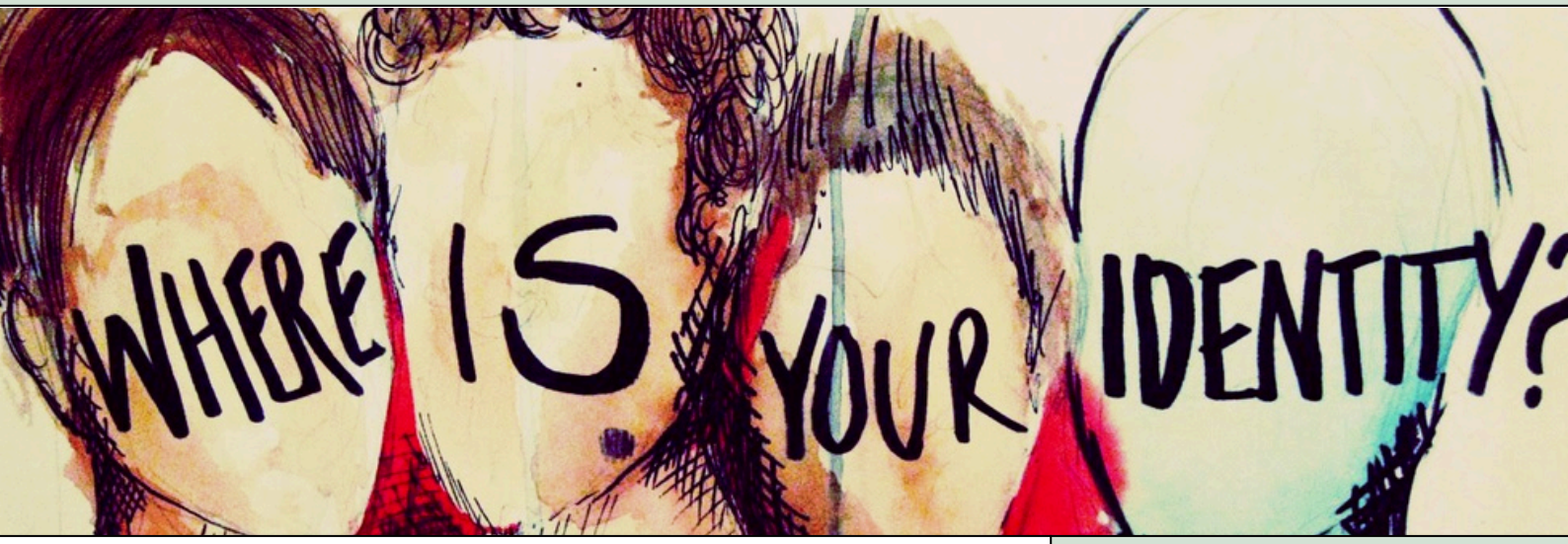

"I am, but I am still becoming":

Identity, mental health and the spaces in between.

"***Identity***" is one of those words that seems easy to define — until you sit with it. It then becomes something uncomfortable, more layered, more complicated and more human.

In psychology, we understand identity as the framework through which we perceive and position ourselves in the world—cognitively, emotionally and socially (Erikson, 1968; McAdams, 2013). However, in reality, identity is less of a framework and more of a fluid, evolving experience. While identity development is often linked to adolescence, many of us, regardless of age, continue to wrestle with who we are, who we have been and who we are becoming.

Cultural context adds a layer that psychology does not always account for. In a country as complex as South Africa— where race, language, tradition, religion and socio-political history intersect daily—the experience of identity can be both enriching and deeply disorienting (Ratele, 2017). We are often negotiating between the expectations of our families, the norms of our communities and the internal call to live authentically. When these do not align, it can quietly fracture our sense of self.

This tension has mental health implication. In clinical spaces, it may represent as persistent anxiety, depressive symptom, low self-esteem or imposter syndrome—at the core of it all, is often an unresolved question: "Do I belong as I am?" (American Psychological Association, 2023).

Many of us are carrying stories that never had space to be told—identities we have had to suppress, perform or reshape in order to feel safe or accepted. For some, it is the conflict between western and traditional healing practices. For others, it is the quiet grief of not being able to speak the language of their ancestor. For many, it is the internalised belief that parts of ourselves are "too much" or just "not enough".

The therapeutic space offers a rare opportunity to explore these complexities without judgement. This also challenges us as mental health advocates, practitioners and as people, to practice cultural humility—to listen and acknowledge what identity means to others, on their terms, not as a checklist but a narrative in motion (Hook, et al., 2013).

Perhaps healing is not about having a solid sense of identity, but rather creating room for multiplicity—for contradiction, for evolution, for becoming and for simply being. We need to create spaces where it is safe say "I am still figuring it out" and remind ourselves, and others, that identity does not need to be fixed for it to be valid. Maybe the work is not always to define who we are, but to unlearn who we were told we have/had to be.

"The individual has always had to struggle to keep from being overwhelmed by the tribe. If you try it, you will be lonely often, and sometimes frightened. But no price is too high to pay for the privilege of owning yourself"
— F. Nietzsche.

May we all have the courage to exist fully—even in the in-between spaces where language falters and belonging is still being shaped. The goal, perhaps, is not to arrive at a final destination of who we are, but to keep becoming— with curiosity, with compassion and with care.

Phindile Xulu
BA Hons in Psychology (UNISA).

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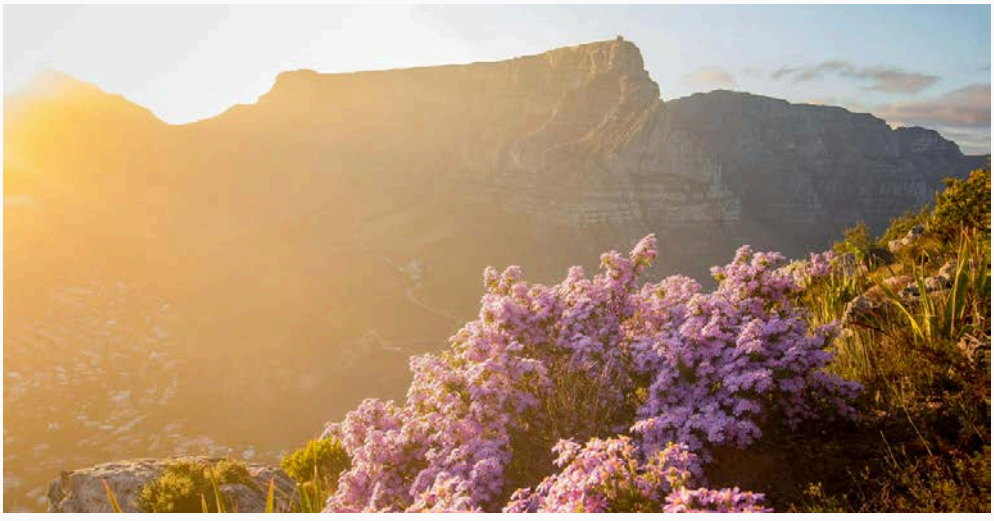
WHO AM I HERE? UNDERSTANDING IDENTITY IN THE SOUTH AFRICAN CONTEXT

Identity in the South African Context: Psychology, Culture, and Belonging"

BY ZANDILE TSHUMA BA (HONS) PSYCHOLOGY

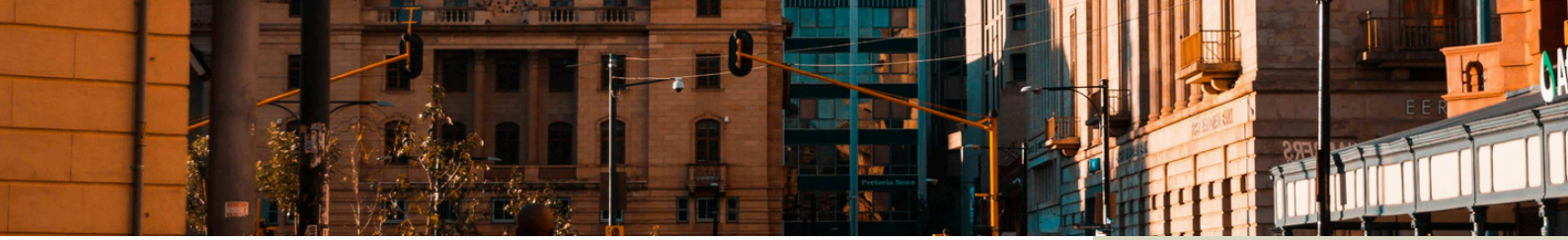
In South Africa, identity is never a simple question, it's an ongoing negotiation between history, culture, language, race, and personal experience. This month's focus is on unpacking how identity develops, how it's shaped by our environment, and why understanding this process is vital for psychological well-being.
Whether you're a student, parent, practitioner, or simply navigating the complexities of being seen and understood, this edition is for you.

Let's reflect, learn, and grow together.



"Knowing yourself is the beginning of all wisdom."

ARISTOTLE



THE HISTORICAL WEIGHT OF IDENTITY IN SOUTH AFRICA

The legacy of apartheid continues to affect how identity is constructed and perceived. Racial categories such as “Black,” “White,” “Coloured,” and “Indian” were not just social descriptors; they were tools of control, separation, and exclusion. Though we now live in a democratic South Africa, these categories still hold power, in schools, job markets, health systems, and everyday interactions. This can lead to internalised messages like, “I need to sound a certain way to be taken seriously,” or “My culture isn’t professional enough for this space.” As Ratele (2014) writes, the residue of apartheid thinking continues to shape how people relate to themselves and others.

THE PSYCHOLOGICAL IMPACT OF IDENTITY CONFLICT:

When people feel they must suppress or edit key parts of who they are to fit into a space, it can lead to emotional and psychological strain. Many young South Africans experience imposter syndrome, a persistent belief that they are not truly competent or deserving, despite evidence of success (Clance & Imes, 1978). This can stem from being one of the few people of your background in a certain space, or from being told — subtly or directly — that your accent, background, or way of thinking isn’t “enough.” These experiences often lead to anxiety, low self-esteem, hypervigilance, and emotional burnout. Psychologist S. Swartz (2002) notes that unresolved identity conflict can become a barrier to psychological well-being, especially when social belonging is lacking.

SOUTH AFRICAN IDENTITY ISN’T ONE STORY — IT’S A SONG MADE UP OF MANY VERSES.

What Can We Do?

Supporting healthy identity development requires action at every level. At home, parents can affirm their children’s culture and language without shame. In schools, teachers can normalize difference and reflect diverse stories in the curriculum. In workplaces, leaders can build psychologically safe cultures where people feel free to speak without fear of being misunderstood or judged. On a personal level, therapy, journaling, and community spaces can help individuals unpack inherited narratives and replace them with truths that empower rather than limit.

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with Clinical Psychologist
Ryan Lorraine Cooper

Ryan Lorraine Cooper

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- Career Development Questionnaire
- South African Interest Inventory
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B.A. PSYCH UNDERGRADUATE STUDENT, UJ

MORE THAN JUST WORDS

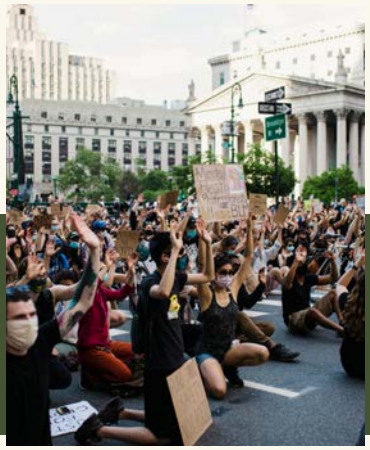
Why inclusive language matters for identity

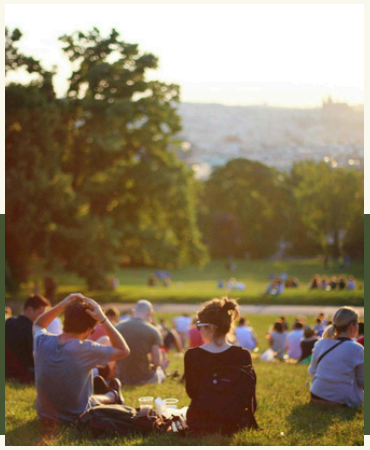
Language heavily influences perception. Social Identity Theory explains how individuals define themselves based on their group memberships, such as nationality, religion, or social class. This theory also suggests how by identifying with in-groups while differentiating from out-groups, people seek to enhance their self-esteem. This can lead to prejudice, stereotyping and favouritism (Social Identity Theory in Psychology (Tajfel & Turner, 1979), 2023). Social Identity Theory helps us understand how aspects such as language form integral parts of our identity within the social world and changes how we perceive and interact with reality.

Exclusive language falls under the umbrella term of microaggressions which can have a devastating impact on mental health. Microaggressions cause stress, which has a negative impact on health particularly in terms of cardiovascular disease and hypertension. Whilst there are many other co-factors that contribute, discrimination is also associated within an increase incidence of mental illness (James-Bayly, 2022). Already existing in a society that is structured around the oppression and invalidation of marginalised communities, why contribute? Simple introductions into your everyday vocabulary can make more of a difference than you may realise.

What is Inclusive Language?

Inclusive language does not mean just being respectful, it means making a conscious effort when using language that acknowledges diversity and promotes inclusion whilst respecting individuals and avoiding bias. The meaning of inclusive language can be understood as language that avoids excluding or discriminating anyone based on their identity or experience (Veruska Anconitano, 2024). It matters more than you think, by use of inclusive language, our everyday interactions can foster a harmonious and empathetic society that acknowledges diversity while uplifting and supporting others lived experiences. While inclusive language may feel like something trivial, there are people who question themselves everyday over their right to exist the same as anyone else because of something they cannot control.





There are many ways to become more inclusive such as using gender neutral terms, things such as referring to someone as a parent rather than a mother or father if their gender is unknown, avoiding ableist language and respecting people's identity and pronouns. Just because we may not understand or agree with something does not mean that we should be rude and disrespectful.

Not knowing or understanding gives you the grace to educate yourself and do better. Inclusive language is not asking for much but it can have a large impact for the person you're including. Being culturally aware within a country such as South Africa can also be a step towards inclusivity, it may seem like a lot in retrospect but in everyday life, inclusivity can become easy to take into account with small changes to ingrained behaviours.

REFERENCES CAN BE PROVIDED

The "Empty Nest" and Identity Loss in Parents

By: Jenna Butow
BSocSci Hons Psychology Graduate

For many parents, child-rearing becomes an all-encompassing identity—central not only to daily routine but to one's very sense of self. Years are spent providing emotional, financial, and physical support; setting boundaries; and creating safety and opportunity. When children eventually leave home to pursue independence—whether for university, work, or personal relationships—this shift can trigger more than just an emotional farewell. It can also result in a profound identity disturbance, commonly referred to as the "empty nest" phenomenon.

While this stage is often expected, its emotional and psychological impact is frequently underestimated. Parents may experience grief, purposelessness, anxiety, or even depression. Importantly, they may also confront a fundamental question: *Who am I now that I am no longer needed in the same way?*

Understanding Identity Loss

Identity is shaped through our roles, values, relationships, and lived experiences. Psychological research into role theory and identity development suggests that when one's primary role is altered or removed, a form of role loss occurs —similar to bereavement. For parents whose lives have revolved around caregiving and nurturing, the cessation of this active role can lead to:

- A sense of redundancy or emptiness;
- Uncertainty about future direction or purpose;
- Emotional disconnection from personal aspirations or passions;
- Dysregulated mood, including symptoms of low self-worth, sadness, or irritability.

This form of identity loss is particularly common in individuals who may have deprioritised career development, friendships, or self-care while raising children. It is also more pronounced in those for whom parenting was a key source of meaning, validation, or stability.

Cultural and Social Dynamics in the South African Context

In South Africa, family structures are often multi-generational, with a strong emphasis on collectivism, extended kinship, and interdependence. Parenting roles may be shared among siblings, grandparents, and community members. While this can offer additional social support, it may also deepen the loss experienced when children leave home, particularly if the parent's role has been amplified by socio-cultural expectations, economic sacrifice, or historical marginalisation.

For parents who have also experienced structural barriers—such as limited access to employment, education, or mobility —their identity as a caregiver may have offered a sense of mastery and meaning. The transition away from this role can, therefore, feel destabilising not only on a personal level but also in relation to one's *social identity and community role*.

The Opportunity for Rediscovery

Despite the discomfort it may initially bring, the empty nest phase is not an ending but rather a developmental transition—a time to explore and strengthen previously underdeveloped dimensions of the self. Psychology recognises this process as part of adult identity reintegration, where individuals consolidate past experiences and reshape their self-concept in light of present reality.

This stage presents opportunities to:

- Reconnect with previously neglected interests, such as creative arts, spiritual practices, or physical wellness;
- Pursue deferred ambitions, including educational qualifications, professional re-entry, or entrepreneurship;
- Deepen personal relationships, whether with a spouse, siblings, friends, or oneself;
- Engage in meaningful community roles, such as mentorship, advocacy, or volunteering.

Crucially, it allows space to shift from identity defined by roles ("I am a mother/father") to identity defined by values ("I value growth, compassion, knowledge, and contribution").

Psychological Strategies for Transition

Here are several strategies that can support individuals navigating identity reconstruction during this phase:

1. Reflective Practice
2. Journaling, mindfulness, and therapeutic conversations can help clarify what aspects of the self were set aside during parenting—and which ones now seek reactivation.
3. Structured Goal Setting
4. Begin with manageable, short-term goals that align with personal interests or long-held desires. This creates a forward-looking mindset and restores a sense of agency.
5. Invest in Personal Development
6. Take up learning opportunities—online courses, workshops, or community classes—to build cognitive stimulation and confidence in new domains.
7. Attend to Mental Health
8. Seek professional support if feelings of grief, depression, or disorientation persist. Psychological counselling can provide a safe environment to unpack complex emotions and build adaptive coping tools.
9. Cultivate a Balanced Self-Identity
10. Recognise that identity is multifaceted. You are not solely a parent, but also a partner, friend, thinker, creator, and community member. This broadening of self-view is key to psychological resilience.

A Final Reflection

While the departure of children from the home marks the end of one deeply meaningful chapter, it also opens the doorway to another—rich with potential for reinvention and growth. There is dignity and vitality in this phase of life, especially when it is approached with intention, support, and openness to change.

The empty nest does not signify emptiness. Rather, it presents space—psychological, emotional, and practical—for rediscovery of self, renewed purpose, and a more integrated identity.

References available upon request.



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healing starts with community. And for that, we are so grateful.

Together, we are nurturing mental wellbeing from the very beginning.

MEN'S MENTAL HEALTH IN SOUTH AFRICA: A SILENT CRISIS

The Scale of the Problem

LSouth African men face a disproportionately high burden of mental health challenges. In 2019, of approximately 13774 mental-health–related deaths, 10861 (about 79%) were men (SA Federation for Mental Health, 2024; South African Society of Psychiatrists, 2024). The country ranks 10th globally for suicide, with a male suicide rate of around 37.6 per 100000 compared to 9.8 per 100000 for women (Affinity Health, 2024; iol.co.za, 2024). Men are four to five times more likely than women to die by suicide in South Africa (IOL Lifestyle, 2024; Times Live, 2024).

Cultural Norms & Stigma

Traditional masculinity—messages like "Indoda ayikhali" (a man doesn't cry)—discourages emotional expression. Boys growing up in this environment learn to suppress vulnerability, leading to emotional disconnection (SAFMH, 2024; IOL Lifestyle, 2024; Psychology Today, 2025). This upbringing contributes to reluctance in seeking help due to shame, fear of ostracism, or being perceived as weak (Unisa, 2024; mobieg.co.za, 2024).

LRoot Causes: Economic & Social Stressors

South Africa's high unemployment (~33%), income inequality (Gini = 0.63), and pervasive violence amplify stress among men expected to be providers and protectors (Activate-Leadership, 2025; Wikipedia, 2024; Activate-Leadership, 2025). The absence of father figures adds to a generational cycle: only 31.7% of Black children live with their fathers, compared to much higher rates in other groups (Reddit, 2021). This fatherlessness correlates with decreased emotional support and higher vulnerability to mental health issues (iol.co.za, 2024; Citizen, 2024).

Consequences: Substance Abuse, GBV, and Mortality

Suppressing emotional pain often leads to maladaptive coping: alcohol and drug abuse, aggression, and risky behaviors (IOL Pretoria, 2024; mobieg.co.za, 2024). These behaviors contribute to higher rates of gender-based violence (GBV) and community violence. Alarmingly, attempts at intimate-partner femicides sometimes result in male suicide within a week (Activate-Leadership, 2025).

STRONG, SILENT, AND SUFFERING: BREAKING THE STIGMA

Gaps in Mental Health Care

Despite constitutional guarantees of access to healthcare, South Africa's mental health system remains deeply fragmented and underfunded, especially when it comes to services for men.

1. **Underfunding and Resource Shortages:**

Mental health receives only about 5% of the national health budget, most of which is spent on psychiatric hospitals rather than community-based care (SAFMH, 2024; Wikipedia, 2024). This means that preventative care, early intervention, and counseling services—especially for men in rural areas—are severely lacking.

2. Geographic Disparities:

Rural provinces such as Limpopo and Eastern Cape are severely underserved, with very few practicing psychiatrists and psychologists relative to the population (Times Live, 2024). The majority of specialised mental health professionals are concentrated in urban centers like Johannesburg, Cape Town, and Durban, making access difficult for men in townships, informal settlements, and farming areas.

3. Gendered Gaps in Treatment:

While there are growing campaigns for general mental health, few interventions are specifically tailored to address men's mental health needs. Campaigns often overlook culturally appropriate messaging that challenges toxic masculinity or reframes mental health care as an act of courage and strength (Psychology Today, 2025; Activate-Leadership, 2025).

4. Lack of Integration into Primary Healthcare:

Mental health screenings are rarely part of routine medical visits, especially in public clinics. Many general practitioners lack adequate mental health training, meaning that depression, anxiety, or suicidal ideation often go undetected in men until it's too late (Unisa, 2024).

5. Workplace Gaps:

Although workplace wellness programs have become more common in corporate environments, they often exclude or under-serve blue-collar male workers in sectors like mining, manufacturing, or farming—industries with high stress, risk of injury, and exposure to trauma (Unisa, 2024).

6. Social Barriers to Seeking Care:

Even when services exist, stigma, cost, and long wait times deter men from seeking help. Many men fear being labeled as weak or "crazy" if they attend therapy or counseling. This is especially true for older generations and in more conservative communities (SAFMH, 2024; IOL Lifestyle, 2024).

7. Insufficient Suicide Prevention Infrastructure:

Although suicide prevention hotlines exist, there is no nationally coordinated suicide prevention strategy specifically targeting men, despite their vastly disproportionate suicide rates (Times Live, 2024).

REAL MEN FEEL: WHY SOUTH AFRICAN MEN DESERVE BETTER MENTAL HEALTH SUPPORT

Pathways to Healing

a. Community-Based Safe Spaces

Barbershops, gyms, and churches are informal yet effective venues where men feel comfortable opening up (Graaff-Reinet Advertiser, 2024). Mentorship programs—like The Character Company—help boys and men build emotional literacy and resilience (iol.co.za, 2024; Citizen, 2024; Activate-Leadership, 2025).

b. Culturally Appropriate Campaigns

Campaigns like Mind Matters podcast, which use relatable public figures, help normalise vulnerability and redefine strength. Messaging should frame asking for help as courageous and action-oriented (Psychology Today, 2025; Activate-Leadership, 2025).

c. Policy & Service Reform

Integrating mental health into primary health care, decentralising services, and subsidising care can improve early detection and access (Wikipedia, 2024; Activate-Leadership, 2025). Training barbers and community leaders in basic mental-health awareness could further reduce stigma (Graaff-Reinet Advertiser, 2024).

d. Free and Low-Cost Resources

Organisations like SADAG and Lifeline offer 24/7 multilingual support. SADAG also conducts rural outreach through projects like Speaking Books (Wikipedia, 2024; SAFMH, 2024). University clinics (e.g., UNISA) and community groups provide affordable counseling (Reddit, 2024).

Men's mental health in South Africa is a deeply rooted, multi-layered crisis—fueled by cultural norms, economic hardship, service gaps, and stigma. Yet meaningful change is possible through community support, cultural reshaping, policy reform, and accessible care. Every conversation, mentorship relationship, peer check-in, or public mental-health campaign moves the needle. It's time to let South African men know: it's strong to speak, to heal, and to be vulnerable.

References available on request

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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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