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Psychoanalytic Community Psychology: Crossing Worlds or Worlds Apart?

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Armed with notions of empowerment, uneasily combined with ideas about the unconscious, we set off to begin a consultation relationship with a group of black, Xhosa-speaking¹, primary healthcare workers in an impoverished shack community in Cape Town. This chapter explores some of the complex issues which arise when attempting to undertake psychoanalytically informed community psychology in South Africa. Some of the challenges we encountered will be highlighted through a discussion of the shifting terrain of power and emotional experience during our intervention.

On the basis of our work it became increasingly clear that psychoanalysis could only be used effectively in community settings when it explicitly recognises socio-political influences and includes these in the object-worlds of our clients. Without recognition of the interplay of power in a variety of dimensions, and without recognition of issues of difference (cf. Kottler, 1990; 1996) between client and practitioner, the intervention may be limited or even harmful.

I shall explore the process of our community intervention, looking at moments of interaction between practitioner and client in a psychoanalytic and political light².

¹ One of many indigenous African languages spoken in South Africa.

² A note on method: This chapter is situated within the case study tradition. As such, the interpretations offered rely heavily on the subjective experiences and reconstructions (from clinical notes) of the author. This paper does not claim to offer objective truths (of which the author, along with others (e.g. Giddens, 1976; Hollway, 1989; Parker, 1992) regards as an unattainable methodology for the social sciences). Rather the aim is to enter debate around interpretations, using these as a starting point for future critical thought around psychoanalytic community interventions. This paper thus offers a retrospective analysis of the process in an attempt to open opportunities for theoretical and practical advances in future community work.

Our point of entry into the discipline of community psychology

The development of community psychology in South Africa is a comparatively recent trend, and arose largely in response to ethical questions raised by psychological practice in apartheid South Africa (Maw, 1996). With a changing political climate, South African psychologists have increasingly called for more relevant practice (eg., Berger & Lazarus, 1987; Dawes, 1986; Kelly & van Vlaenderen, 1997), an emphasis on sharing of skills and greater political consciousness (Berger & Lazarus, 1987). Appeals to psychologists have encouraged a more self-reflexive stance and the need for psychology to 'emancipate itself from its own complicity with oppressive establishments' (Seedat & Nell, 1992, p.191). The idea is that psychologists should begin to 'redefine their psychotherapeutic practice as liberatory rather than curative' (Seedat & Nell, 1992, p.191). Change away from the monopoly of traditional therapy, however, continues to happen in the margins and so-called community psychology remains a largely peripheral enterprise (Swartz, 1996a).

Progressive practice in South Africa has drawn extensively from international literature on community psychology, including notions of empowerment and participation (eg., Orford, 1992; Rappaport, 1987; Serrano-Garcia, 1984; 1990). Such notions encourage clients to 'gain mastery over their own affairs' (Rappaport, 1987, p.122) through interventions driven by community participation. Much has been written about the complexities of achieving meaningful involvement from the community (eg., Edwards, 1990; Riger, 1993; Serrano-Garcia, 1984). Kelly and van Vlaenderen (1997, p.160) argue that 'participation' has become a 'buzz-word' used to legitimise any and all community projects' in South Africa and that this diverse usage has undermined its explanatory value. Referring to Habermas (1984), who suggests that dialogue can only take place when power dynamics are minimised, Kelly and van Vlaenderen (1997) imply that power dynamics are so salient and pervasive in South Africa that minimising asymmetrical power relations is an idealistic goal. Swartz (1996b) adds that the common strategy used by psychologists of disavowing their own expertise in an attempt to value the expertise of the other (eg., Orford, 1992) is equally idealistic since it denies the reality that psychologists are experts and have power. In a 1996 South African conference ('Child & Family Wellbeing: Strategies for Community Partnerships'), discussion often reflected disillusionment with the concept of empowerment and with the idea of 'giving psychology away'.

This suggests a need to find a new way of working in order to free us from tired notions of simple empowerment, and all the clichés this term sometimes attracts. In an attempt to address some of the concerns with naive notions of empowerment, the training clinic has developed a psychoanalytic approach to community psychology based on the Tavistock model of psychoanalytic group and organisational theory (eg., Menzies Lyth, 1988; Obholzer & Zagier Roberts, 1994). It was within this model that the intervention described here was initiated. While some may regard 'psychoanalytic community psychology' as an oxymoron, we aim to demonstrate the possibility of combining psychoanalytic insights with ideals of empowerment and a recognition of the differential nature of power in community intervention.

Colliding worlds: psychology meets primary healthcare

This case study focuses on a healthcare organisation which is situated in a transient shack community in Cape Town. This area has historically received little structural provision to meet basic health needs, including mental health needs. The community was initially constructed under the apartheid regime to be close enough to Cape Town's central business district to provide labour but far enough away for strict geographical boundaries to be created between 'white' and 'black'. Dixon (1997) explores how such a rigid creation of boundaries reinforces identities marked by difference and confirms racist ideology. For him, 'the racial boundary is the geographical emblem of apartheid' (Dixon, 1997, p.24). Most people in the area are Xhosa-speaking and originate from a rural area designated part of an 'independent homeland' for Africans. The organisation is reliant on international donor funding (which at the time was in danger of running out) and the 18 healthcare workers service the needs of about 280 homes in the area. The need is great and all workers regularly work unpaid overtime. All except the co-ordinator live in the area and are often approached by clients after hours. Healthcare workers approached the clinic requesting workshops in psychological skills, which they felt they did not have and increasingly needed in their day-to-day work.

After an initial period of contracting, we agreed to conduct fortnightly workshops aimed at building community workers' psychological understanding of their clients. We positioned the process of learning as one which happens through experience and reflection (Senge, 1990) and in the context of a facilitative relationship (Salzberger-Wittenberg, 1987; Watt, 1994). While we approached the task with the notion of instilling a psychological way of thinking, many workers wanted concrete instructions about what to do. While this was incorporated to some extent, we felt strongly that psychological work could not be approached in a 'cookbook' manner and that part of our aim was to instil self-development and to transfer psychological understanding. We discovered later that the workers had actually hoped we would set up a clinic and deal with the 'difficult' clients ourselves rather than simply facilitate their work in this area. From the outset, then, expectations were different and a middle ground needed to be negotiated.

The content of workshops was planned from week to week. For the first half of the year, we vacillated between what we thought of as process-oriented and content-oriented workshops. We made changes most often in response to our perception of the workers' fluctuating engagement with us: sometimes it appeared that they were eager and responsive while at other times they were rejecting and disconnected. At times they communicated their feeling that we were withholding 'information' and wanted more structure while at others they rejected our information and seemed to want a more experiential form of learning.

After reflecting on this vacillation, we came to interpret the process of disconnection and connection (and the related metaphor we used of 'feeding' and 'spitting out') as a dual process of forming a relationship and a way of working. We felt that the vacillation was not just about structure versus flow, but about a struggle to find a relationship which had a deeper emotional meaning, in the context of broader political and social conditions.

As we continued to work with the organisation, we began to arrive at some understanding of the origins of some of these issues. Since the need in the community was great, the pressure on healthcare workers to provide some kind of caring assistance was considerable. Staff were overworked and provided a broad range of services, including health, those related to mental health, welfare and even those concerned with basic survival needs. It seemed to us that the healthcare workers had responded to their perception of the community's deprivation with a strong desire to fulfil a nurturing, almost parental, role in the community. Their connection to this sense of deprivation was, however, deeply personal: their own lives, both presently and historically, had been touched profoundly by these same issues of poverty and social disruption as those of members of the same community in which they worked. The fact that the organisation was under resourced and the staff overworked served to compound the healthcare workers' awareness of their own deprivation. The emotionally draining nature of their work seemed to result in staff alternating between over-involvement in their clients' lives and needing to distance themselves from the emotional intensity of the demands being made on them. One of the ways in which the healthcare workers struggled to manage the overwhelming feelings generated by their work was to disallow the expression of their own emotional responses. This was maintained through an organisational ethos which discouraged emotional expression and responded to the expression of feelings with shaming and ridicule. Thus, while there are clearly needs within the community for psychological skills, the request for assistance on the part of the healthcare workers also represented a request for emotional support for themselves. In this need for support, however, healthcare workers vacillated between an open expression of their needs in relation to us and a kind of disconnected withdrawal which appeared to be a defence against this.

Language and power issues were also central between facilitators and participants, hardly surprising considering their salience in the broader South African context. Facilitators had the powerful backing of history, holding the privileges of white apartheid South Africa. Because they came from an English academic institution, they held the power of a language which has historically been associated with the formal production of knowledge. Driving into the township from our plush suburban surroundings gave us a sense of crossing worlds, and we always came back feeling hungry – as though in some way we had taken in the sense of deprivation.

Group members, however, had the power to reject or shame facilitators or the workshop process. Perhaps even more powerfully, group members could exercise control through expressions of their ambivalence, positioning facilitators in the less powerful position of trying to guess how to respond appropriately. The multilingual context became a further site of exercising resistance, since participants could actively cut the non-Xhosa-speaking facilitator out by not allowing access to what they were saying. These language issues, however, did not always define the direction in which power operated. For instance, a Xhosa-speaking facilitator was criticised by the Xhosa-speaking group for speaking a different dialect. Conversely, on occasions when differences seemed most marked, real dialogue happened despite these.

The interaction between emotional responses and the operation of power generated a complex process in which we were repeatedly reminded that ‘communities’ are not homogenous, and consist of people. The simple idea that people can be asked what they want and then empowered to get it misses out a range of human resistances, uncertainties and shifts in power. Instead of resorting to fixed ideas about the way in which an intervention should be undertaken, we found it more helpful to adopt ‘a listening position on the boundary between conscious and unconscious meanings’ (Halton, 1994, p.12). Our listening within this had to encompass both emotional expression and fluctuations in the dynamics of power. This opened up the possibility of utilising psychodynamic ideas along with a more politically based body of knowledge. The usefulness of drawing from these two sets of knowledge in combination is explored in the following section through a detailed analysis of a single session.

Emotion and politics come together

In our third session together, one participant tried to introduce a case she was dealing with where a father and daughter were apparently having sexual relations, leading to the daughter attempting suicide. The healthcare worker was quickly silenced by the group and seemed later to be singled out for special criticism from her colleagues. In the next session, the same worker spoke again about her difficulties with this case and our workshop plan was derailed as the group became emotionally engaged in discussing the details in what seemed to be a blaming and rejecting way. The discussion centred around who was to blame for this sexual relationship, which was conceptualised as a wilful act on the adolescent daughter’s part and never referred to as abuse. The child’s mother was blamed for driving the father to seek satisfaction from the daughter because alcoholism made her unavailable to him and because she lazily gave her daughter too much responsibility in the running of the home. The daughter was blamed for being seductive and behaving immorally. Participants were worried about the father, because he was not being taken care of by his wife. No-one blamed the father, in spite of his drinking problems and, surprisingly, no-one appeared worried about the daughter, despite her suicide attempt.

As facilitators, we found ourselves in a moral dilemma about how to respond to values radically different from our own. We thought about introducing input on the effects of sexual abuse designed to encourage the healthcare workers to take up a more empathic and less persecutory stance in relation to victims of abuse. With some thought, however, we decided that this rather impulsive reaction was motivated primarily by a need to contain our own anxieties and express our own judgement in relation to the health workers. We were concerned that this kind of response might in fact close down the possibility of exploring the group’s difficult feelings in more detail. Following psychoanalytic understanding, we believed that if we were able to tolerate the feelings long enough to reflect them, and provide sufficient containment, it would be possible to bring about change (Halton, 1994). In the following session, we provided little formal structure, and participants spoke more about the case. Two new pieces of information were introduced into the discussion and prompted the

healthcare workers to shift from a blaming position to one which registered shock and distress at the abuse. We were told that the daughter was 14 years old and not 18 as they had originally thought. We were also informed that she had in fact made two suicide attempts. Anger began to be expressed towards the father but the predominant feelings appeared to be hopelessness and sadness. The hopelessness was partly provoked by the lack of available structures and the poor services the few resources offered. The social workers were perceived as unhelpful and the police as corrupt. At the end of the session, we were offered coffee for the first time. We interpreted this as a form of nurturance to soothe our pain and thankfulness that we had been able to tolerate the difficult feelings they had expressed in a caring and non-blaming fashion.

In retrospect, a psychoanalytic understanding of this interaction raises a number of issues. By understanding the healthcare workers' initial reaction as part of a process involving the necessary expression of anxiety, aggression and splitting, we avoided criticising their responses and thus opened space for the exploration of these reactions. An intrapsychic and interpersonal understanding cued us to wonder whether their rejection, and later anger, may in fact have been related to their own experiences of abuse. A local women's organisation estimated in 1994 that in South Africa one woman is raped every 34 seconds. Further, more diffuse forms of sexual and physical abuse are a pervasive feature of township life where women often find themselves at the bottom of the ladder of oppression. These experiences would be compounded by the very high levels of crime and violence in this community and the structural violence of poverty and historical oppression.

On an inter-group level, their blaming was also related to the broader dynamics of shaming and blaming each other. Several interactions involved group members publicly shaming each other or us. It seemed to us that the healthcare workers were communicating their own feelings of shame, which are an inevitable part of oppression (Fanon, 1961). On an organisational level, it is interesting that the group colluded in initially projecting blame onto the mother, particularly since the organisation itself and most of its clients were made up of women, most of them mothers. Their representation of the mother as responsible in this situation seemed a way of managing the reality of the constraints on women's capacity to exercise power in this community. They may have also felt that it was necessary to show us the worst aspects of themselves and their community to see whether we would survive.

Perhaps not surprisingly, the open expression of feelings in this session manifested itself in the following sessions with the emotional withdrawal we had come to expect. We expected them to be overwhelmed by their feelings and thus to retreat to a point of rejection, and this is what happened. The healthcare workers began to express a frustration about the lack of easy answers to questions arising in mental health work. What was most striking, however, was their rejection of us. We were accused of withholding knowledge. They wanted the workshop to end early and we were approached by a few people afterwards and told that they had wanted us to set up a clinic and do mental health work for them. They felt that we were cheating them by not doing this.

The feelings evoked by the experience of the work clearly had begun to enact themselves within the context of the consultation relationship. One of the processes this may illustrate involves what could be termed the political transference. In the face of deprivation and helplessness, we had in phantasy taken on the depriving and withholding features of the parent state which had failed to provide for their nurturance needs and perpetrated gross acts of abuse against the community. Perhaps a psychoanalytic listening to the projection of anger onto an unproviding social-work and police force in the previous session would have helped us to hear their anger towards us as well. Because of the difficulty in accusing or retaliating against the political parent, they responded to us transferentially since the feelings being evoked were reminiscent of continuing and formative experiences of abuse in their communal experience, much like individual continuing and formative experiences are repeated in individual therapy (cf. Stolorow, Brandchaft & Atwood, 1987).

The notion of the 'political transference' must also incorporate recognition of reality as well as phantasy. While we may have become withholding because of the projection of feelings of powerlessness and abuse, there was also a strong reality component in that their current community needs were not being adequately met. Anger directed at us may therefore have been projective anger as well as realistic anger which found few channels for expression elsewhere. In this example it is possible to see the way in which the psychodynamic metaphor of 'spitting out' may, in an addition to its intrapsychic defensive function, also represent an enactment of power, demonstrating a resistance to our authority. This kind of understanding enables us to recognise the interaction of emotional, social and political issues on a number of levels to avoid reducing complex issues through either a purely psychodynamic or a purely political approach.

Growing pains: implications for psychoanalytic community psychology in South Africa

The approach advocated in this paper discourages a non-critical application of psychodynamic concepts in a community intervention. Given that this area is new in South Africa, it is imperative that we engage in a continual process of self-reflection in order to extend the utility of our work. We need to recognise the practical, social and emotional complexities of a multicultural community setting and the implications for its interaction with psychoanalytic theory, which is itself complex and often experience-distant (Stolorow et al., 1987). Reflecting on the process of this intervention and on what we struggled to and needed to recognise, I draw some implications which may aid self-reflection in future psychoanalytic community work.

Recognition of power relations

Issues of power and difference which were salient throughout the intervention have been continuously alluded to. Active exploration and reflection of such issues is advocated, since they cannot simply be wished away. It is also suggested that a unidirectional understanding of power fails to consider that, as Foucault (eg., 1975) argues, power is differentially held and all players have access to powerful practices. A diffuse understanding of power helps

practitioners to recognise participants' assertions of power. Further, such recognition may offer a place in which the emotions attached to such issues can be worked through in new ways. For example, a participant physically kicked one of the facilitators in the second-last session. A traditional psychodynamic understanding would draw on processes of aggression and rejection as part of the work of the termination phase. Another layer, however, may have involved an acting out of a reversal of power relations: the township was kicking out the educated outsiders before they had a chance to kick out the township. If such a possibility can be explored and rendered visible, spaces within the matrix of power may be widened for acts of resistance against coercive power.

Since psychoanalysis is itself a powerful discourse, it is equally important to recognise that the language of psychoanalysis may provide yet another point of division and potential enactments of power between facilitators and participants. Psychoanalysis has often been criticized as 'elitist, irrelevant and oppressive' (Maw, 1996, p.80) and can easily be misused to construct the participant's understanding as subjective and the analyst's as fact (Schwaber, 1983), thereby imbuing the analyst with the power of knowing all. For example, the notion of resistance, which Klein (1927 in Hinshelwood, 1989) refers to as the avoidance of a relationship for transference reasons, may be misused to label appropriately rejecting actions. At one point in our intervention, we provided a handout which was thrown away by most participants. While this may have had something to do with an avoidance of relationship with us (in line with our 'spitting out' metaphor), such an interpretation positions us as powerful holders of 'the real reason' and could easily have prevented further reflection. A more likely explanation was that the handout was in English and the metaphorical meaning of the act may have had more to do with a legitimate rejection of the power of English as a transmitter of knowledge.

Recognition of the complexities of the transference relationship

A broadening of the concept of 'transference' is needed in order to incorporate the influence of the punitive parent state in the emotional lives of people. When, for example, workshop participants talk about the importance of 'really being listened to' for the first time, this concept allows the recognition of personal as well as political experiences of being silenced. Such understandings may prevent a psychoanalytic intervention from failure to interact with the realm of the political and from blindness to the need for social action.

Further, those community psychologists need to reflect constantly on what is traditionally called their countertransference reactions, and to bear in mind that they are not exempt from relations and responses to the punitive parent state. It is thus important to think about what motivates us to do community work and what our emotional reactions are to being (often privileged) members of post-apartheid South Africa's 'family'. In one workshop, for example, the white facilitator wrote in newsprint sitting on the floor, when in any other situation she would have done so standing up. This apparent attempt to minimise her power and authority in the workshop may be linked to feelings of guilt and a need to make reparation.

A further dimension of the countertransference involves the view that it provides a source of information about how the client is feeling. These feelings, however, originate in the context of a political history whose impact is constant on intrapsychic life.

Recognition of power in language

The multilingual setting is an important part of almost every community intervention in South Africa. Recognition of, and dialogue with, the differences created by this are central. The multilingual context in this intervention, as is common in this sort of work, was mediated by interpreters who take up a role as arbiters of power. Facilitators initially viewed the interpreters' function in a neutral technical light, paying little attention to interpretation as an interpersonal process (Drennan, Levett & Swartz, 1991). We soon realised, however, that the interpreters were not outside the transference relationship. They helped to shift and influence the power dynamics through joining with the participants, aligning themselves to the power of the psychologists or claiming their own power above both these groups. For example, at times, interpreters joined participants in using language as a means of exclusion by neglecting to translate into English. At others, in line with Drennan et al.'s (1991) assertion that interpreters may claim specialist knowledge about the 'true world' of the Xhosa speaker, they added to or adjusted what the English-speaking facilitator said to make it more 'true'. Further, interpreters found it difficult to be neutral non-participants and frequently used the space to make their own voices heard.

Recognition of the need to refine theory and practice

An important question regarding future psychoanalytic work in community settings involves asking what exactly psychoanalysis is. A relational approach has been drawn upon here and would benefit from further theoretical refinement in line with the needs of community psychology. Psychoanalysis is a heterogeneous theoretical discipline with different and sometimes contradictory understandings. It would be of benefit to strive towards refining theoretical understanding by exploring the way in which the more progressive developments in psychoanalysis might be used systematically to their fullest extent to explore political meanings (Rustin, 1991; Richards, 1989).

A second question regards implications for intervention. The preceding discussion included an illustration of politico-psychodynamic understanding. More exploration would, however, be useful regarding the translation of this understanding into techniques of intervention. Psychoanalytic literature itself is not in agreement on what constitutes appropriate intervention, particularly regarding whether change happens through interpretation or through experience of relationship (Stolorow et al., 1987). In this intervention, change was understood as occurring primarily through the containment provided by the relationship. We were reluctant to utilise explicit interpretations of our psychoanalytic understandings in this intervention, although in retrospect it may be that interpretation would have been possible and that we were prevented from using it by our own anxieties about the exercise of power. These issues need further exploration.

Can psychoanalysis meet empowerment?

While the differences between psychoanalytic literature and theoretical ideas in community psychology appear marked, there are in fact more areas of overlap than may initially be recognised. It is suggested that insights obtained from a psychoanalytic understanding, which gives salience to the emotional worlds of participants, can be subjectively empowering and that, further, an integrated political understanding can also go some way towards empowerment at a social level. Our purpose was to empower participants to deal with their own emotional worlds, individually and in response to their clients. It is also suggested, however, that a self-reflexive and politically aware psychoanalytic practice in community settings also opens possibilities for adding complexity to existing empowerment theory. A de-emphasis from ideologies of self-determination and agency undermines simple calls for people to empower themselves. This opens opportunity for recognition and dialogue with possible intrapsychic and discursive constraints to empowerment. Such recognition allows for more complex understanding and possible negotiation on personal, social and political levels.

Conclusion

Crossing the divide between the epistemological paradigms that have traditionally separated community psychology from psychoanalysis raises questions of both a political and a psychoanalytic nature. It has been suggested that a binocular focus on the interaction between conscious and unconscious levels, on the one hand, and the dialectic between personal and political meanings, on the other, proved useful in the integration of these various concerns into a framework that might adequately respond to the needs of community work. Examples presented from our case study, designed to provide a flavour of the complexities of such a focus, led us to arguing that a psychodynamic approach which explicitly recognises socio-political influences and articulates these with an understanding of intrapsychic, relationship, organisational and community dynamics, as well as a process of self-reflexivity, can provide this type of framework for community work.

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