

# **AN ANALYSIS OF THE DEVELOPMENT OF A LAY RELATIONSHIP COUNSELLING TRAINING PROGRAMME IN GUGULETU**

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**Supervised by Dr. Richard Oxtoby  
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### Dedication

This thesis is dedicated to the memory of two very special women, my sister-in-law, Erni Hacking, and Shiella Mahamba, one of the Family Foundation trainees. Both died in tragic circumstances during the research period. Their joy in life and hope for the new South Africa were, and continue to be, an inspiration to me.

## ABSTRACT

The principles and policies of primary mental health care and developmental social welfare in South Africa have in common a comprehensive, people-centred, equitable approach to addressing the discriminatory practices of the past in a transforming South Africa (Freeman & Pillay, 1997, White Paper for Social Welfare, 1997). The training and utilization of community members to render front-line services in historically disadvantaged communities has been envisaged as one of the strategies which can help alleviate the situation. The Department of Social Welfare sees a particular role for specialist human service organisations in assisting with the development of appropriate capacity-building programmes for this purpose.

This study analyses a training programme in action of one such organisation, FAMSA (Family and Marriage Society of South Africa) W.Cape. The programme involved the initiation of the "Family Foundation", a lay, community-based, volunteer, relationship-counselling service. It is part of FAMSA W.Cape's project to extend its services in Cape Town's townships. It used an adult-learner, experiential training model developed by FAMSA's National Council (1990), which is based on Western therapeutic traditions, into which local training materials and an international developmental perspective were introduced.

The chief aims of the study were to examine the appropriateness and effectiveness of the model in the township context, and to draw out of the process of implementation and the participants, new information and theory, to enrich and improve the model. The study therefore falls under the umbrella of community psychology and action research.

The researcher held the combined roles of trainer and participant observer during the research period from July 1996 – July 1998. A qualitative, "grounded theory" methodology was employed (Strauss & Corbin, 1990), in which audiotaped, transcribed data collected from the first group of trainees in group training sessions and semi-structured individual interviews was thematically analysed. The dominant theme related to the crossing and maintaining or creating of boundaries and structures during the implementation process. The role of support in community developmental work which is widely acknowledged as important (Holdsworth, 1994, Sterling & Lazarus, 1995), was another key theme of the study. A third major theme was that of identity construction. Subsidiary themes of culture, language, gender, power, and participation were interwoven with these. Various theoretical perspectives, predominantly the psychodynamic one of the training model, were used to examine them, assess effectiveness of implementation and make recommendations for future practice and policy-making in this area.

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# CHAPTER ONE: INTRODUCTION

## 1.1 AIMS OF THE STUDY

This study takes a relationship-counselling training programme of "Western" theoretical origin, applies it in the context of African townships in Cape Town under the auspices of FAMSA W.Cape, a registered welfare organisation, evaluates its effectiveness and, in the process, amends it to make it more effective. It has a number of major goals.

Firstly, to explore the interface of these theories with the African context in which they were applied, and to discover from the implementation process what the indigenisation and "Africanisation" of these theories might constitute. Identity issues therefore play a significant role in the study. Community psychology, under whose broad umbrella this study falls, aims to shift the traditionally individualistic orientation of Western psychology towards a consideration of the person, or the programme, **in context** (Orford, 1992). Thus the appropriateness of a Western training model applied in this setting needs to be carefully examined (Turton, 1986). In similar vein, local indigenous approaches argue that "all human service programmes must begin firstly with the people and incorporate the communities' indigenous systems of helping and support" (Normann, 1991, p. 1). This suggests that the trainer will have as much to learn as the trainees. The tension between the two theoretical orientations informs much of the substance of this study. However the term "community psychology" is also understood not as an exclusive field outside of existing psychological practices, but rather as "an **approach** and particular practice which can be adopted by psychologists of all specialities" (Lazarus, 1988, p. 156, emphasis in original). And a plea has been made in psychology that, despite the difficulties inherent in community mental health work in South Africa, it should take up the challenge and risk starting new things, accepting the authority and power of its knowledge base, and if mistakes are made, to make them "as responsibly and reflectively as possible" (Swartz, 1996, p. 5). The study accepts the "authority and power" of the different knowledge bases under which it operated and attempts to analyse the process of "starting new things", hoping to learn from "the struggle between different approaches...and from the diversity and ambiguity of meaning" (Clegg, Hardy & Nord, 1996, p. 8), inherent in this interactive relationship.

The aim of the counselling training programme was to equip people with the skills necessary to deliver a community-based front-line counselling service which would support and extend FAMSA W Cape's existing relationship-counselling services in Cape Town townships. The second goal of the study is therefore to gain a better understanding of those skills in this context, and to analyse the implementation process in order to assess the programme's effectiveness in skills transfer and in launching the service in the community. A third goal is to communicate the experience of implementing this programme and its impact on all role players, so that local knowledge about such interventions may be increased, and the research be made meaningful to others, as has been advocated (Miles & Huberman, 1994, Swartz, 1998).

A fourth goal was to derive recommendations for practice and policy in this field and to detect emergent theory from the analytic process. I employed a participatory, action mode of research for the purposes of this study in which I combined the roles of researcher and member of the training team.

### **1.1.1 The training model**

The training model was based on FAMSA National Council's "Basic Counselling Course" (1990), which draws on various theoretical orientations, including aspects of psychoanalytic theory, particularly Klein's (1946) object relations theory, open systems theory (Roberts, 1994), the cognitive-behavioural approach to counselling of Egan (1986), and on adult-learner theory (Gillette & McCollom, 1995). It is therefore an eclectic training model with the primary aim of providing an experiential learning environment for adults through which counselling skills are taught and acquired.

Like work undertaken with groups and institutions since the early 1980's by the Tavistock Institute in London, the approach takes cognisance of the unconscious features of group functioning, as well as the more conscious, observable aspects, in the belief that firstly, both affect efficiency and stress levels in the group (Obholzer, 1994), and secondly that "social and psychoanalytic perspectives must be deployed **together** if real change is to be effected" (ibid, p. 1, my emphasis).

### **1.1.2 Theoretical framework of the study**

The psychoanalytic or psychodynamic school of thought is understood in this study as representing the belief that "human experience has more than one level, that early experiences of life shape our expectations of people and events in a profound and not necessarily conscious way, and that the concept of unconscious processes and hidden significances is a valuable one in understanding people's personal difficulties" (Hood, 1995, p. 243). The psychoanalytic approach of Wilfred Bion (1961) in his therapeutic work with groups has been particularly drawn on to analyse the effectiveness of the implementation process. Bion considers that group functioning has many of the characteristics of the earliest phases of psychological development, as described by Melanie Klein (1946). Social Identity Theory (Tajfel & Turner, 1979), a social psychological perspective on the formation of groups which holds that individual behaviour "more often than not derives from that (i.e. its social) context" (Tajfel & Fraser, 1978, p.18, my parentheses), has also been employed to consider indications of identity construction in the group, the training team and FAMSA. The concept of "social capital", an extension of social identity theory, emphasising the community cohesion considered necessary for successful implementation of preventive community-based programmes (Kreuter, 1997, in Campbell & Williams, 1998, p. 59), is also explored. The realities of the township context played a major role in the implementation of the Family Foundation training programme, impacting in many directly observable ways on its development, and testing the concept of boundary maintenance which is central to both systemic and psychodynamic theory (Swartz, 1996).

The transformational goals of community psychology, interest in empowerment, in

enhancing community skills and resources, in a recognition of diversity and multi-level approaches, in the promotion of participation, and in advocating equal access to, and provision of services reflected some of the basic intentions of the Family Foundation intervention (Lazarus, 1988, Orford, 1992). Its support for "action" research, in which the prime intention of the research is that it should be of use to the participants (Lazarus, 1988), was congruent with my position in regard to the goals of my research.

Community psychology has been criticised for a lack of adequate theory (Lazarus, 1988, Orford, 1992), but its goals of "giving psychology away" (Miller, in Orford 1992, p138) have been the impetus for other local community mental health endeavours (Holdsworth, 1994, Maw, 1996) which have been concerned with the transformation of traditional South African power relations. Psychology like all other academic disciplines in contemporary South Africa, is being challenged to play an active role in the transformational process towards a democratic society. There is general consensus that "there needs to be a shift to primary mental health and community-based care with greater emphasis on prevention and promotive activities" (Freeman & Pillay, 1996, p. 69), and a greater use of nonprofessional mental health workers to address the gaps in service (Weber, 1990). This study describes one attempt to implement such an approach. It illustrates graphically what has been seen as a central tension in community psychology, namely the call it makes for new ground to be broken and conventional boundaries crossed, which is countered by the strong tradition from psychodynamic and systemic psychology of reinforcing appropriate boundaries - based in the theory that emotional growth occurs best in situations where safe and consistent limits are set (Swartz, 1996). The study suggests that **both** approaches were necessary and useful in attempting to implement the training programme effectively in the township context, as has been found in other local community mental health work (Swartz, 1996).

The different theoretical approaches were used in a complementary way, in order to build a multifaceted, in-depth understanding of the development process in this setting, which would strengthen the critique made and bring about appropriate and real change. They are explored in greater depth in Chapter Two.

### **1.1.3 Community mental health in the South African context**

Research carried out at the Mamre Community Mental Health Centre near Cape Town by Holdsworth (1994), and Maw (1996), has indicated that in historically disadvantaged local communities, psychological consultation work with community health workers requires attention to be paid to the personal psychological needs of the worker, as well as a focus on issues of race, class, gender and language and the power dynamics of the consultation relationship. Attention to these issues has been found to promote the effectiveness of the consultation process and begin to rework traditional power imbalances (Maw, 1996). The insights gained from these studies of the consultation relationship with individual workers have been instructive in the analysis of the group training relationship in the Family Foundation training programme.

### 1.1.4 Impetus for the decision to implement the lay counselling training programme and service

In an article reviewing the aftermath of the Truth and Reconciliation Commission, it was suggested that "South Africa is still suffering from what might be described as post-traumatic shock disorder – not to mention suppurating wounds – created by apartheid. What it needs at this point in its history is a caring society" (Mail & Guardian, 30/4/1999). When a vicious storm destroys the homes of poor people, leaving dead and injured in its wake, and looters take advantage of the traumatic disruption to move in and steal their remaining valuables out of the rubble (Cape Argus, 30/8/99), and when we observe that this callous predatoriness is in an impoverished community forcibly removed under apartheid "Group Areas" legislation from their original homes, then we see signs of social brokenness and evidence of those "suppurating wounds" of apartheid still sapping the fabric of our society. Van der Waal (1996), holds that this structural violence continues to be perpetrated in community, interpersonal and family acts of violence as a direct legacy of the past. If violence is so ingrained in our South African way-of-being, how are we to build a "caring" society? In addition, it has been recognised that reconstructing the socio-economic fabric of our society requires the participation of all South African citizens, but that the years of political, social and economic exclusion and deprivation have undermined people's ability to participate (Freeman & Lazarus, 1996). Calls from different quarters have come for an investment in people to be made as a key focus for this process of reconstruction and development. Thus: "South Africa must invest in people; that is, develop the human capital which is essential for increasing productivity and moving people out of poverty" (White Paper 1977, No. 18166, p. 10). President Mandela in his final speech to Parliament (05/02/1999), spoke of the nation's need for an "RDP (Reconstruction and Development) of the soul". And the ANC's National Social Welfare and Development Plan of 1994 contended that "The extent and intensity of social pathologies in South Africa is such that increased therapeutic counselling services will be required to promote psycho-social healing at a personal, familial and community level" (ANC, 1994, p. 52).

Attempting to create a more caring society out of a past which racialised the concept of caring is a formidable challenge, but the belief that changed attitudes and behaviour are possible is implicit in the therapeutic enterprise, as it was in the implementation of the Family Foundation lay counselling training programme, aimed at providing a caring resource in under-resourced township communities for people with relationship problems. Most importantly it is believed that a **method** of learning and development is required in this context that can "connect individual struggles...with adult learning and the health of entire communities" (West, 1996, p. 68). A psychoanalytic framework potentially provides the opportunity for this kind of learning, through its focus on individual struggles for meaning, the self, and the emotional and relational roots of learning and productivity (West, 1996). The psychological knowledge base that has developed from the investigation and practice of psychotherapy with individuals, and its importance as a **continuing** theoretical and practice resource for community healing to take place in South Africa, must not therefore be underestimated.

### 1.1.5 Suitability of the training approach

Bion's words "Being able to experience emotion is the way the mind mysteriously grows and develops" (quoted in Fisher, 1993, p. 77) suggests that a learning context needs to work with emotional experience if it is to promote mental growth. FAMSA National Council's Basic Counselling Course (1990), aims to teach adults basic counselling skills and promote personal growth and self-awareness through providing an opportunity for acquiring the skills and the self-awareness experientially, in the group context and in relationship to a practice-partner. The assumption being that, through trainees experiencing and scrutinising their own emotions and growing thereby, they in turn would be able to offer this emotional space to their clients. From this perspective, trainees' capacities to understand and empathise with others develop from experiencing their own feelings in similar circumstances (Salzberger-Wittenberg, 1983).

However although this individually-oriented approach is used in many Western-based relationship-counselling training programmes (Dryden & Thorne, 1991), and forms the basis of similar local volunteer programmes such as Lifeline (Rubenstein, 1996, personal communication), its use in the targeted township community may go against the grain of a more collectively-oriented culture, in which group and community needs tend to predominate over individual needs (Pedersen et al, 1989). The liberation struggle in South Africa showed the capacities of a collectively-oriented culture to make personal sacrifices in the national interest and win through to a new dispensation, but Ramphela (1995), has argued that this can be detrimental for the individuals involved. She cites the example of poignant individual and family events such as funerals which became community-owned during the struggle, often overriding the feelings of those most affected. In another context she has claimed "It is not enough to have a non-racial, non-sexist, and non-exploitative society if the importance of individual human beings within that society is not fully considered" (Wilson & Ramphela, 1989, p. 269). The expectation that personal and relational needs should be sacrificed in the broader interest was however, a powerful tradition in the liberation movement. It drew on similar human resources of support for those in need, found, for example, in the activities of "indigenous helpers" in the community (Normann, 1991), which was the background of most of the Family Foundation counsellors. The concept of indigenous helpers is further explored in the Literature Review. Many of the Family Foundation participants had enrolled to do the training as an extension of their already existing helping role in their communities, which covered a range of social concern, extended family, civic, or religious activities, and for some, participation in collective action during the political "struggle" years. The strong tradition of community participation and volunteering fed into their ongoing concern with community social issues, after liberation. It is held that such groups are the "building blocks" of support and service in communities (Normann, 1991, p. 1), and also that they create the "social capital" (Kreuter, 1997, in Campbell & Williams, 1998, p. 59), which can assist in the healing of a damaged society. However, assumptions that indigenous or "natural" helpers will solve the multiple problems in South African townships have been challenged by psychological research which has shown that the personal costs of unlimited self-giving for the sake of the community can be very detrimental, and that community health care workers working in poverty-stricken townships typically experience chronic difficulties in maintaining boundaries between community and

personal needs, and have a high level of burn-out (Binedell, 1993). Models of social helping therefore need to be developed which have the strengths of mutual support and community involvement characteristic of collective cultures and the indigenous helper tradition, combined with the emphasis on personal growth and self-awareness and responsibility, which are the focus of more individually-oriented cultures.

### **Policy implications**

Likewise, the ideological ideals and assumptions of social welfare policy-makers need to be interrogated to ascertain how achievable they are in the reality of the township context. The vision for a new welfare system is presented as "A welfare system which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment" (White Paper, 1977, No. 18166, p. 15). Like "capacity-building" the term "self-reliance" has become part of the standard rhetoric of reconstructive development policies in South Africa which need closer examination if they are not to become meaningless cliches. "Self-reliance", for example, is clearly a critically important component of social reconstruction to counter the low self-esteem and passivity which poverty and structural disadvantage induces, but it runs the danger of becoming a cheap slogan if it underestimates the extent of psychological damage and need for healing of the "self" in disadvantaged communities, the investment in the **human reconstruction** that is needed for functional self-reliance to develop, and the **levels of support** required to achieve this. If the epistemology and practice of Western psychotherapy, which addresses these issues, is ignored and rejected as "elitist", official welfare policies will therefore simply replicate previous disadvantage because the real difficulties and challenges in implementing "a caring and enabling...environment" will be insufficiently interrogated. This study pays particular attention to the nature and extent of the support that is needed to effectively launch a counselling support system in the township context, which may increase people's capacity for self-reliance in the long-run.

### **Psychoanalytic approaches**

The psychoanalytic concepts employed to examine the nature of this support included Winnicott's (1965), notion of "the good-enough holding environment". This concept follows Bion (1961), in positing that group psychology is rooted in the same earliest phases of emotional development as is individual psychology. Just as an infant requires her mother to make a "good-enough" adaptation to her needs to begin to move from total dependence towards greater independence and progress towards emotional maturity and personal integration, so does a group require a good-enough holding environment in which to develop towards integration and maturity of functioning. The good-enough training programme will therefore symbolically "hold the infant" of the nascent group, having the capacity to adapt to changing needs in a specific setting over time, and making space for an appropriate dependency in the initial stages, promoting the process of integration and preparing the group for greater independence later. Winnicott holds that "A group is an I AM achievement, and it is a dangerous achievement. In the initial stages protection is needed, else the repudiated external world comes back at the new phenomenon and attacks from all quarters and in every conceivable way" (1965, p. 149). The study analyses the training process to see whether a good-enough holding environment is established, and to see to what extent maturity of functioning, or integration was achieved. Further, according to Winnicott

## 1.2 CONTEXTUAL BACKGROUND OF THE RESEARCH

The two areas in which the Family Foundation Training Programme was delivered were Guguletu, and - during the second, practical implementation phase - Khayelitsha. Both constitute low income residential areas of greater Cape Town which are a product of racial policies and inappropriate town-planning (Awotona et al, 1996). Participants came from a range of additional such areas including Langa, Nyanga, New Crossroads and Lwandle. Thus the group consisted of people designated under Group Areas legislation to live in the "townships" of greater Cape Town, and hence primarily "black".<sup>1</sup> The townships are the urban legacy of a long history, since the 1830's, of segregation, influx control, forced removals and massive urbanisation. They are characterised, in social terms, by gross overcrowding, severe health problems, poverty, unemployment and violence, and in urban terms, by widespread environmental blight and by a considerable shortfall of every possible social facility and amenity from schools and hospitals, to parks and playing fields, to shopping centres and cinemas. (A brief overview of the historical development of these areas is provided in Appendix 1A, as well as a community profile of Guguletu and Khayelitsha, in order to indicate the importance attached to a holistic perspective on individual and community mental health (Max-Neef, 1991, Binedell, 1993), and the influence of the context on service-delivery decisions.)

### 1.2.1 Existing lay counselling training models in the Western Cape

There is a paucity of academic study done on lay counselling in South Africa (Weber, 1990). There are however a plethora of different training programmes for volunteer counsellors, with some overlap in theoretical orientation, but little co-ordination or cross-pollination of models between organisations. The pressures of practice and the needs of particular constituencies and contexts has led to tailor-made programmes that inevitably reflect the skills and theoretical preferences of the workers involved. Thus psychodynamic theory and the systemic, problem-solving approach of Egan (1986) informs the Basic Counselling Course offered by FAMSA, within an experiential adult/learner framework. Lifeline bases its training primarily on the humanist philosophy and psychotherapeutic approach of Carl Rogers (1961). The Development of Education and Leadership Teams in Action (DELTA) bases its training approach on

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<sup>1</sup> The use of the term does not signify acceptance of such a categorisation of people. This applies equally the terms "coloured" or "white". In this study these terms are used for purposes of clarity in identifying differences in histories and privilege between race groups in South Africa. "Difference" was statutorily entrenched on a racial basis under the previous Nationalist Government, which, while now abolished, continues to reverberate powerfully in our society, and impact on the implementation of interventions such as the Family Foundation programme. It is therefore important to identify differences of historical experience and privilege so that appropriate ameliorative action can be taken (Kottler, 1996). I am aware that my identity as a white English-speaking South African has inevitably shaped my perceptions in implementing and researching a programme undertaken with black Xhosa-speaking South Africans, as it will shape responses to the study, but, following Dawes (1998, p. 6), I consider that "these facts should not...render this voice illegitimate".

the participatory, consciousness-raising critical model of Paolo Freire (1981). Culley's (1991) model of developing an integrated set of communication skills through which to understand process issues between counsellor and client forms the basis of a local Training Manual for Lay Counsellors (Sterling & Lazarus, 1995). The Caring Network, a project under the auspices of the Catholic Welfare and Development Centre, offers a 6-session "Home Carers' Course" for community volunteers which is based on network support theory, with the role of the initiating organisation being mainly that of activist and educator (Korten, 1990).

The extent to which the Family Foundation programme was able to connect with existing initiatives and local networks was an important contributing factor to the effectiveness of implementation, as is later discussed.

Weber (1990, p. 6) argues that it is uncertain to what extent training per se, contributes to the effectiveness of volunteer counselling, and that "the contribution of training programmes may be "superfluous", with other factors being more significant in ensuring that a volunteer is effective". The impact of other factors outside the training programme on the effectiveness of implementation is an important theme in this study, but the value of the training approach is also considered central.

## **1.3 BACKGROUND: FAMILY FOUNDATION**

### **1.3.1 Famsa Western Cape**

#### **1.3.1.1 Organisational profile**

FAMSA W.Cape is one of approximately 4800 registered welfare organisations in South Africa in terms of the Fund-raising Act 1978, and National Welfare Act, 1978 (White Paper, 1977, No. 18166.). The organisation receives a government subsidy covering approximately 60% of its annual budget, raising funds to cover the deficit. It provides a direct counselling service for couples, individuals and families who are experiencing problems in their relationships, as well as training of professional and lay persons and preventive educational programmes in life skills for youth in schools or in the community. It has been in existence for 50 years in the Western Cape and is one of 20 FAMSA Societies, located in the different provinces of South Africa, which are affiliated to the FAMSA National Council. The National Council (amongst other services to its affiliates), co-ordinates FAMSA services nationally, represents its affiliates on provincial and national structures, develops new services, and provides human resource development, as for example in the Basic Counselling Course. This course is used by many FAMSA societies to introduce new social workers to counselling, and was the basis for the Family Foundation Training Course.

According to the White Paper for Social Welfare (1997, No. 18166, p. 33), the training offered social workers in most tertiary education institutions, while preparing them for therapeutic and rehabilitative functions adequately, does not sufficiently equip them to "respond appropriately to the most important social development needs in South African communities". Developmental social welfare was a concept first introduced

by the United Nations in 1989 and is used in South Africa to refer to developmental strategies in line with the principles, goals and plans for action as set out in national welfare policies and programmes (White Paper, 1997, No. 18166). These include: equity, non-discrimination, improved quality of life, participation, investment in human capital, financial sustainability, intersectoral collaboration, decentralisation of service delivery, accessibility, quality services, appropriateness, a culture of human rights as expressed in the Constitution of the Republic of South Africa (Act No. 108, 1996), and the ethic of “ubuntu”, or mutual caring and support (White Paper, 1997, No. 18166, p. 17).

### **1.3.1.2 Restructuring the service-delivery system**

Under the social developmental orientation of these policies, the role of welfare organisations such as FAMSA is seen as utilising their specialist skills to strengthen general welfare services through capacity-building programmes, and to participate in “advocacy, policy formulation, the integrated planning of services, primary prevention programmes through public education, and in providing assistance with the development of appropriate community-based interventions in particular fields”. (White Paper, 1997, No. 18166, p. 20). The government is concerned to promote co-operation between itself and all the various organs and institutions of civil society in a national collective attempt to rectify the gaps and imbalances in past service delivery and to reconstruct social life in South Africa. The amount of work that has to be done to achieve this has already been indicated in the fragmentation that still exists between services at grassroots level, a legacy of racial compartmentalisation under apartheid. This changed approach to welfare service delivery, with all its implications for the subsidisation of services, presented profound challenges to FAMSA, which was effectively rendering a “traditional” therapeutic welfare service. This study describes the process of the struggle to adapt and develop a new identity while maintaining a commitment to the counselling model and the quality of service on which it prided itself and for which it was known.

### **1.3.2 History of Family Foundation**

The Family Foundation Training Course was initiated by FAMSA W.Cape in 1996 with the aim of developing a lay counselling structure to extend FAMSA’s existing counselling service in interpersonal and family relationships in the so-called “township” areas of greater Cape Town. The project had its origins in the endeavour by FAMSA W.Cape to engage with the issues that presented themselves when their counselling services in the townships started to develop, with the appointment of the first black social worker in 1990, a post subsidised by the Community Chest of the Western Cape, one of the organisation’s main financial sponsors (FAMSA, 50<sup>th</sup> birthday publication, 1998).

The counselling approach adopted initially was essentially a clinical one in line with the organisation’s model of service delivery to all clients in need of relationship counselling. However, its effectiveness as the sole means of intervention in the township context began to be questioned by the Manager of Professional Services at FAMSA, and there was concern that a Eurocentric model of treatment was being imposed inappropriately (Hill, 1997, personal communication). Meanwhile a Minister

of Religion working in Guguletu had visited FAMSA's Head Office and made a request for FAMSA to "come to the townships". When the first black social worker left FAMSA for maternity reasons, it was decided to appoint someone in her place who had a "community development" orientation.

She initiated a Community Development Group of concerned citizens in Guguletu which became the nucleus for the so-called "Area Committee". At a constituting meeting held in June 1992, the vision for the committee was seen as being a "Family Life Committee" which would be "the eyes and ears of the community" and would, amongst other tasks, "recruit persons to be trained as sessional family counsellors" (Minutes, 1992, Unpaged). The work would be of a voluntary nature. This vision was close to the principles of capacity-building, participation, decentralisation of services and accessibility, of the social developmental policies later spelt out in the White Paper on Social Welfare in 1997 (No. 18166).

Two community-oriented Basic Counselling Training Courses were run by FAMSA's Manager of Professional Services and the black social worker during 1991 and 1992. The second course, in which I participated, was an extension of the basic model, including common relationship-counselling issues which had been requested by participants, such as sexuality and domestic violence. FAMSA's policy for trainees in the Basic Counselling Course is that they may not practise counselling once trained, without being supervised by a recognised supervisor or organisation. Township-based supervision was therefore offered by FAMSA for the volunteer trainees living there. The task of finding suitable accommodation for the supervision and for counselling purposes was undertaken by the committee and FAMSA staff, and a room was obtained in Sivuyile College in Guguletu. However, the fortnightly supervision sessions were abandoned after six months for various reasons (Hill, 1997, personal communication). The hoped-for community-based group of volunteer lay counsellors did not therefore materialise at this stage. The difficulties of implementation of such services can be so complex that they undermine the best intentions, as was found by a group of mental health professionals on the East Rand (PsySSA, 1997), who attempted to offer psychological and psychiatric skills to the township communities on the East Rand in order to assist those suffering from post-traumatic stress. The problem was to find a point of entry to render the desperately needed services – factors such as the potential danger of travelling in and out of the E.Rand townships, and the amount of time it took, led to consideration of an alternative, more central venue. However this was problematic because the over-burdened counsellors had then to spend time away from their clients. The mental health group concerned asked a poignant question:

"Why is it so difficult to offer professional services to the community especially when the needs of the community seem so overwhelming? Psychologists are constantly being urged to contribute to the upliftment of disadvantaged or traumatised communities and yet their gestures seldom bear fruit". (PsySSA, 1997, p. 14).

The point of entry should be made possible through intersectoral collaboration with organisations such as FAMSA, which have an established community base, and where their particular skills and knowledge base could powerfully strengthen existing interventions. The fact of FAMSA's entry into the townships being at the request of a local Minister and being co-constructed through the interaction of staff working there

and the Area Committee was therefore advantageous for the future development of the Family Foundation training programme.

The Area Committee's role was seen by FAMSA as being the channel to guide appropriate models of service development in the townships. In 1993 a representative of the Area Committee started to attend FAMSA Executive Committee meetings. The committee also participated in interviewing applicants for the social work posts relating to township work. (Minutes, 7/8/95). However, their own perception of their role was less clear and "they floundered for years with their task" (Hill, 1997, personal communication). Attendance at Area Committee meetings fluctuated and there was a lack of a clear sense of purpose and identity, viz:

"The committee experienced a lot of problems during this period (June 1992 – July 1993) for a number of reasons, including staff turnover at FAMSA... a number of committee members dropped out as there were no meetings called... unclear goals, objectives – unclear expectations on both sides – committee and FAMSA" (Minutes, 14/9/93, p. 2).

The phenomenon of turnover amongst black staff at FAMSA's Head Office, which many organisations experienced during this period in South Africa through the opening up of employment opportunities for professionally qualified black people under the new political dispensation, impacted negatively on the attempt to establish a community development orientation at FAMSA. 8 black social workers left the organisation between 1989 and 1995 for career or family reasons. "The project was characterised by loss and survival of loss" (Hill, 1997, personal communication). It became clear to FAMSA that additional support was required if the approach was to be sustained and the organisation therefore decided to create a part-time "Administrative Co-ordinator" post for this purpose, to which I was appointed at the beginning of 1993.

### **1.3.3 Community Development Team**

In 1993 the team consisted of a team leader who had been employed at FAMSA for one year, two newly appointed social workers and myself as part-time administrative co-ordinator. The main community development aspect of the work was a preventive Education for Living life skills programme to youth in schools, which was an ongoing struggle to deliver in the context of periodic unrest in schools at this time (Minutes 17/5/93). There were also attempts to connect with structures such as the Health and Welfare Forums which were in the process of being established in the different township areas, as well as with other community-oriented bodies, such as community radio stations, and to develop appropriate publicity material in order to publicise FAMSA's services. One team member took on the responsibility of attending the Area Committee meetings, but during the course of the year the team decided that they should all attend, in order to try and support the committee (Minutes 5/7/93).

On the clinical side, the counselling of Xhosa-speaking clients took place in the Head Office in Cape Town, with appointments being organised through the existing intake structure in the agency. However, the cost of transport and hence inaccessibility of the Head Office to the majority of township residents prevented an effective service being delivered, and the Area Committee and community team strongly urged that a community-based service be started (Minutes 26/7/93). It was then agreed that a once-

a-week service on a trial basis would be launched, in offices rented from the Avalon Treatment Centre in Athlone and from Shawco in Khayelitsha, which commenced during November 1993. The Athlone service was however never used regularly, whereas the Khayelitsha office was immediately inundated with clients, and a typical case load for the single worker involved, was twelve cases per day (Minutes, 13/12/93). The normal maximum case load for FAMSA counsellors was five cases per day. The nature of the work too was mainly crisis intervention, and hence extremely demanding, with over half being domestic violence cases. In addition the worker had to educate clients about FAMSA's policy of booking appointments, in the context of the norm for community-based organisations being a "drop-in" service, in which clients simply turn up and wait their turn to be helped. She also had to introduce the policy of paying for the service, however little, and receipt payments, as well as screen and refer clients if necessary to other services. Such tasks were not performed by counsellors in FAMSA's Head Office, but by the established infrastructural staff. Counsellors in the satellite offices in the townships therefore had multiple roles to fulfil in addition to their counselling responsibilities. Clients meanwhile, complained that FAMSA was only present one day a week and compared the organisation unfavourably with other organisations who functioned on a daily basis.

This was therefore an extremely demanding, if not overwhelming introduction to counselling in the townships, primarily for the workers involved, but also for FAMSA as an organisation as it struggled to accommodate to township needs and norms for the first time in a systematic way. Attempts to mount the preventive educational programme on Life Skills in local schools in the context of the township educational climate were equally demanding.<sup>2</sup>

The realities of so-called "community development" work were bringing FAMSA face to face with the enormous difficulties of implementation in the township context, and FAMSA's evolving organisational identity during this period reflected the tensions of change and transition towards greater diversity, with many tests as to whether the organisation would, in Winnicott's (1965) terms be able to sustain a sufficiently good-enough "holding environment" for the work to thrive and grow.

One of the tools that assisted in linking the two different worlds together was the fairly detailed record in the form of Minutes I took of community team meetings, which were circulated to the Director of FAMSA as well as to the team members and the Manager of Professional Services. These began to construct a body of knowledge about the

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<sup>2</sup> It was problematic enough trying to keep a consistent school routine going, let alone accommodate a six-session Life Skills programme which did not directly contribute to the laid-down curriculum and was seen as of interest, but not really necessary. Team members spent hours endeavouring to negotiate entry into different schools, promoting the programme, but often finding that even if they had managed to be allocated a specific time slot, this would frequently be ousted by other contingencies, stoppages for various reasons, sports practices, choir competitions, etc. The overwhelming number of pupils who had the opportunity of undergoing the participative programme responded with great enthusiasm – this egalitarian mode of discussion on topics they were concerned about, being a new experience for most, and a common response being "Why can't all our education be like this?" (Post-course evaluations, 1993).

nature of the work at management level which helped increase awareness of the realities of the township context. e.g.

“(Social worker) reported that she had finally managed to pin down the Guidance Teacher at (school) to organising a complete programme (i.e. 6 sessions in the Life Skills Education programme). She would be going twice a week, giving 2 classes per day, commencing on (date). Appreciation for (Social worker’s) persistence in setting up the programme was expressed by other team members. (The team) agreed that actually launching this life skills programme in our community schools is a demanding and time consuming process, and not something that can be counted on to occur in a quick or straightforward manner” (Minutes, 8/8/94, my parentheses).

This apparently mundane reportage communicated the obstacles in the way of implementation and the need for flexibility and support in developmental work. At a community development team meeting held with FAMSA National Council’s Training Manager (12/7/93), the difficulties of trying to combine individual and couple counselling with community development work and the extra support in terms of infrastructure, money, time, personpower, supervision and management that was required in this context were discussed. The Training Manager reported that the focus in Gauteng was on training community members in basic caregiving, through devising a more basic counselling course, which would provide an entry point for FAMSA into communities. This sowed the seed of the idea of doing similar training ourselves, when the opportunity arose.

Between 1993 and 1995 four team members left FAMSA, including two team leaders. This period therefore was one of adjustment to the losses or absences, recruitment and re-orientation of new staff members, and attempted maintenance of the existing services. FAMSA’s Annual Agency Programme (1994-1995, p. 10) continued to express the community development intention, however slow it was in coming to fruition, viz. “To develop resources by recruiting, selecting and training members of the (township) community on an indepth level over one year”. There was discussion in the community development team about the suitability of the Basic Counselling Course for this training, the team leader maintaining that “there was a need for an even more “Basic” basic counselling course” (Minutes, 21/11/94), and the outline of the Family Foundation Training Course, which had been developed on this basis, was obtained from FAMSA E.Rand. However, until such time as the team experienced a period of relative stability, such a project was “waiting in the wings”.

In the meantime, the Athlone counselling venue was terminated due to lack of patronage by clients, and an office in Guguletu was opened during September 1994. In the last half of 1995, team members’ primary work place shifted from the FAMSA Head Office in Cape Town, to the township-based satellite offices now located in the Catholic Welfare & Development Centres in Khayelitsha and Guguletu. The number of days counselling services were offered in both areas had been gradually increased to cope with the need, and to spread the caseload pressure on workers. The team now consisted of five social workers, (one of whom was half-time), including the team leader who had been the pioneer worker in Khayelitsha, and myself as administrative co-ordinator. For the ensuing year the team remained constant, and with a system of community-based counselling having been established and FAMSA’s service better known in these areas, it became feasible to address the goal of developing resources

through the training of volunteer community members. It had taken two years since my appointment to reach this point.

### **1.3.4 Concept of the Family Foundation**

The concept of the Family Foundation, which had been initiated by FAMSA E.Rand in 1992, was a strategy to establish a network of volunteer lay counsellors trained in basic relationship counselling and referral skills, accessible to the 2,6 million people in the E.Rand townships of Boiphatong, Katlehong and Vosloorus (Howes, 1995, personal communication). The vision was that Family Foundation counsellors would be volunteers from the community, equipped through training with sufficient basic counselling skills to be able to listen to a client non-judgementally, with empathy, and maintaining confidentiality, operating in their own community settings, and with sufficient knowledge about local resources to be able to refer them to the appropriate service or recommend the appropriate procedure. It was hoped that Family Foundation trainees would eventually become trainers themselves, and that the Family Foundation would in time develop into a national network under the auspices of the different FAMSA societies.

#### **Procedures in developing the Family Foundation on the E.Rand**

In partnership with FAMSA, social workers employed by E.Rand municipal councils designed the course, (which comprised basic counselling and referral skills, combined with more didactic input on marriage and divorce procedures, and commonly occurring social problems such as domestic violence, child abuse, alcohol abuse, and HIV/Aids). They subsequently implemented the training programme in their own areas and provided supervision of the lay counsellors on a voluntary basis (Howes, 1994). The course did not therefore use FAMSA National Council's more psychodynamically oriented Basic Counselling Course, which was the basic training tool used to introduce new social workers to the counselling of fee-paying clients in a number of FAMSA societies (including FAMSA W Cape). However, it also used an experiential approach to learning and drew on similar theoretical sources such as Egan's (1986) problem-solving model.

A problem encountered during implementation was lack of confidence in the trainers and, arising from this observation, it was clear that particular attention needed to be paid to the support and empowerment of trainers. poor attendance at monthly group supervision sessions (Howes, 1996). By the end of 1995 there were 300 trained Family Foundation lay counsellors in the E.Rand. The project had become known nationally through FAMSA's National Council network, and was a key resource and inspiration for our Western Cape community development team. The possibility of commencing on a Family Foundation training programme in the Western Cape became a real possibility during 1995 and we began to consult directly with FAMSA E Rand about implementing it.

### **1.3.5 Background to implementation of Family Foundation**

FAMSA W Cape's Area Committee had been requesting for some time that community-based follow-up training should be provided for community members who had already done the Basic Counselling Course in 1991/2 in order "to prevent the loss

of skills that had been acquired” (Tsolekile, Marubelela, personal communication). Some frustration with FAMSA was indicated, for example:

“I did a (basic counselling) course almost a whole year....we didn’t put it into practice at that stage.....and even then in the Area Committee, I felt those who had done a counselling course should be used somehow. I felt it was a waste of money and time if they were not used” (Tsolekile, 9/3/97).

In addition, during 1995 a FAMSA team member had participated in the training of “Home Carers” - community volunteers in the “Caring Network”, a project under the auspices of the Catholic Welfare & Development Centre aimed at supporting the emotional health of community members in Western Cape Catholic parishes and township areas, and at the beginning of 1996, after this worker had left FAMSA, the community development team leader took on this role. She also drew in another community team member to observe the training process and acquire training skills (Minutes 26/2/96). Both were therefore acquiring valuable experience in training community volunteers. One outcome of the training given by the Caring Network was the expressed need for further counselling skills’ training by the co-ordinators of the different caring groups, who were struggling to cope with the amount of support required of them by volunteers dealing “at the pit face” with community problems (Schutte, 1995, personal communication). I met with the co-ordinator of the Caring Network and she strongly encouraged our proposal to develop a Family Foundation structure which could potentially provide the Caring Network volunteers with more in-depth counselling skills’ training as well as supervision. This therefore provided two constituencies of people who were directly interested in the kind of training and practice we were considering, namely, the Area Committee members, and Caring Network volunteers.

Finally, on the national policy level, the Draft White Paper for Social Welfare (No. 16943, 1996), was advocating the new concept of “developmental social welfare”, directed towards creating community-based strategies to meet the huge backlog of needs in disadvantaged communities. The training of community counsellors as part of an effective mental health network that would “serve the communities and refer those in need of specialised treatment to other counsellors” was specifically mentioned as one of these strategies (1996, p. 4). State funding for such projects in different parts of the country had already been made, and this meant that the development of the Family Foundation was of strategic and financial importance to FAMSA W Cape.

The outcome of all this was that the proposal to develop the Family Foundation under the auspices of FAMSA Western Cape’s community development team which had already been approved in principle by the Area Committee at a meeting held in March 1995, was finally scheduled to be implemented in the second half of 1996 (Minutes, 5/2/96) and preparations for implementation took place. (See Appendix 1B)

### **1.3.6 Interface with academia**

Towards the end of 1995 I applied and was accepted by the University of Cape Town’s Psychology Department to conduct research on the Family Foundation lay counselling training project for a Master’s Degree in Research Psychology. FAMSA’s Executive Committee approved the research and granted me five paid working hours per week for

research purposes. In return I had to submit regular progress reports to the Executive Committee and provide the organisation with a copy of the completed thesis.

Course work for the Master's Psychology Research programme began at the beginning of 1996. For the module on Programme Evaluation we were required to submit an evaluation of a programme of our choice. I decided to evaluate the "Caring Network" Home Carers' training course, and obtained the agreement of the Co-ordinator to conduct an evaluation based on participant observation. This was a useful opportunity to learn from a successfully functioning community-based volunteer training programme, which had established 50 Care Groups in its 5 years of existence in Catholic parishes or township communities. I was able to compare FAMSA's Basic Counselling Course with the Caring Network training, to try and assess the expressed need in the Caring Network for more in-depth counselling skills training for co-ordinators of the groups, and address concerns we had at FAMSA that the Family Foundation training programme might simply be duplicating training that was already effectively being offered in the region. It also provided the opportunity to practice interviewing and recording skills, which were later used for the research into the Family Foundation programme. The course comprised 6 weekly sessions of 3 hours each covering the following topics: caregiving and the difference between caring and counselling; self-awareness and family of origin; listening and problem-solving skills; the life cycle and development; psychiatric disorders and other common problem areas; hospital and home-visiting; referral. (Caring Network, p. 1, undated). Post-training supervision of the volunteer was not specifically catered for, although it was recommended as advantageous, and the main sources of support were regular monthly meetings, mutual support between members and the Care Group's co-ordinator (Caring Network, p. 25, undated).

The Caring Network made a point of identifying their volunteers as "Home, or Community Carers" rather than "Counsellors". The word "Counsellor" implied a professional status which the Caring Network felt could affect power relations between the community carer and the client. In similar vein, community participants in a lay counselling project under the National Peace Accord Trust (NPAT) who aimed to become an effective mental health resource in Katorus, on the E.Rand, called themselves "Community Support Educators" rather than "Counsellors" (Supplement to Draft White Paper of Social Welfare, 1996). The use of the term "Counsellor" is problematic on an interdisciplinary professional level, as well as in terms of its power connotations, and its adoption in the Family Foundation project may have been inappropriate. However, in view of the fact that FAMSA E.Rand had initiated the project and used this term, the training team decided and hoped, that identification as a "Family Foundation counsellor" rather than simply as a "counsellor", would to some extent counter this.

As a participant observer over the 6-week course which was held in Strandfontein, near Mitchell's Plain, I was made keenly aware of how hungry the participants were for education and training opportunities of this nature, and also that many of them had enrolled for the course to meet personal relational needs, as well as out of a desire to serve their community. The training was a stepping stone at least partially, towards resolving some of their own relationship issues. FAMSA's Manager of Professional

Services had been accurate in her perception that this was a major motivating factor in people enrolling for counselling training. As the Caring Network course continued, it became clear that ongoing support for volunteers would be needed for post-training, as has been shown in training and consultation work with paraprofessionals in the community context (Holdsworth, 1994, Sterling & Lazarus, 1995), and that further counselling skills training would be of benefit to those in leadership positions in the group. This confirmed the relevance of the proposed Family Foundation programme in a similar social context, and assuaged our doubts about FAMSA simply replicating existing trainings. FAMSA, through its more in-depth counselling work with couples and individuals, had some of the resources that were being found necessary in the practice of preventive community development work. In addition I observed that the use of training techniques such as small group discussions and role plays were particularly effective and empowering in this social context, and that the level of learning was enhanced through them. Finally, the attention Caring Network trainers paid to process issues in the group authenticated the skills of listening and caring that were being taught, and modelled these skills effectively for participants. The exposure to Programme Evaluation requirements in the Master's Research Psychology course therefore contributed towards the design of the Family Foundation programme. In addition, reading in the area of Community Psychology with its participatory, empowerment agenda (Orford 1992, Lazarus 1988) and University of Cape Town post-graduate psychology student dissertations conducted under the broad ambit of community psychology (Holdsworth, 1994, Maw, 1996), which emphasized the importance of support for community mental health workers and consideration of language, race, gender and class issues in the consulting/training relationship, also influenced the design of the Family Foundation programme as described below.

The value of interdisciplinary consultation in development projects, which is noted in much of the literature (Sinha, 1993, Berry, 1993), was extremely fruitful for the planning of the Family Foundation training programme. UCT's Department of Social Work suggested that I investigate Human Scale Development (Max Neef, 1991) as an interesting and empowering perspective on community development which was being applied in local community settings. After debating its merits with the training team, it was agreed, as already mentioned, to include the perspective into the training programme.

## **1.4 STRUCTURE OF THE THESIS**

Following the Introductory Chapter, the Literature Review examines the psychoanalytic and systemic framework of the Family Foundation training programme and its connections with promoting democracy. It goes on to describe Egan's (1968) stage-related model of training counselling skills and the adult-learner experiential training model. It then explores the cultural issues of power and control involved in applying a Western training model in a South African township setting, and searches for cultural commonalities which might make a meeting ground possible. Indigenous psychological approaches are also explored, and an outline of Human Scale Development given. The perspective of Social Identity Theory (Tajfel & Turner, 1979), and its role in detecting the social aspects of implementational effectiveness is

discussed. The chapter continues with exploring particular issues relating to FAMSA's areas of service delivery, namely the family and marriage, and family violence, to provide the environmental context for the delivery of the programme. The use of paraprofessionals or indigenous helpers in delivering mental health services in disadvantaged communities is then explored and finally, relevant language issues.

Chapter Three deals with the participatory action research methodology employed for the research and ethical issues involved. Chapter Four outlines the process of implementing the initial stages of the training programme, including the design of the Family Foundation training programme and a profile of participants. Chapter Five contains the heart of the thesis in the thematic analysis of the major themes identified during the data collection process. Finally, Chapter Six discusses the results and make recommendations for the future.

University of Cape Town

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 INTRODUCTION

One of the major concerns of this study is the appropriateness of the training model and its underpinning theoretical framework in the particular context in which it was implemented. This chapter therefore commences with a brief synopsis of the design of the training course, and then describes the theoretical bases of the model and proceeds to explore issues related to its cultural appropriateness. The making of culture in a transforming South Africa is discussed and indigenisation issues and the "Africanisation" of psychology explored. Development strategies are then considered and the perspective of Human Scale Development (Max-Neef, 1991) described. The claim that social as well as psychoanalytic approaches need to be employed together for real change to come about in organisational development has already been mentioned (Obholzer, 1994). The social psychological perspective of Social Identity Theory (Tajfel, 1972) and Campbell's adaptation of it in local contexts (1993) was used as a conceptual tool to explore evidence of identity development amongst trainees, trainers and FAMSA, as well as of "social capital" (Kreuter, 1997, in Campbell & Williams, 1998), and these concepts are therefore briefly introduced.

The literature review continues with a brief overview of marriage and family life issues in South Africa and the training of indigenous helpers or "paraprofessionals" to assist in the rendering of relationship counselling services in disadvantaged communities. The role of language in the cross-cultural context of the training programme is also explored.

#### **Family Foundation Training Course**

The Family Foundation Training course is based on FAMSA National Council's "Basic Counselling Course" (1990). This course draws from two major Western psychological traditions, namely open systems theory as applied to human groups and organisations (Miller & Rice, 1975), and psychoanalytic theory, as it was developed by Klein (1946), Bion (1961; 1962) and Winnicott (1965). Systemic thinking has much in common with Klein's relational (or "object relations") psychoanalytic thinking, and the two can be and often are applied together (Poss, 1995), as is the case in the Basic Counselling Course. A description of key concepts of both approaches is therefore presented below in order to later assess their appropriateness. The primary task of the Family Foundation Training course being the acquisition of skills rather than individual or group therapy, these concepts were used principally as the guiding framework for learning rather than being applied in directly therapeutic mode through the making of interpretations, as would be the case in psychoanalytic therapy. There is however inevitably some degree of overlap, as will become evident later in the study. Egan's (1986) "problem-solving" counsellor-training model which is described below, was also used in the Basic Counselling Course and provided the third major psychological tradition drawn from, namely, the cognitive-behavioural approach. Finally, the

principles of Adult Education were also drawn on in the design of the course. The course therefore represents an eclectic position in regard to counsellor training.

## 2.2 SYSTEMIC AND PSYCHOANALYTIC PERSPECTIVES

### 2.2.1 Open systems theory

Systemic thinking was a development of General Systems Theory (von Bertalanffy, 1956), which posited that living organisms interact with their environments, and are therefore “open systems”. Inanimate matter does not have this capacity and is therefore termed a “closed system”. “A living organism can survive only by exchanging materials with its environment, that is, by being an **open system**” (Roberts, 1994, p. 28, emphasis in original). The theory is therefore primarily concerned with exchange between an organism and its environment, thus with relationship and interdependence (Campbell, Coldicott, & Kinsella, 1994). A similar relational emphasis is also seen in the psychoanalytic theory of object relations (Klein, 1946) which will be described below. “Systemic thinking” is the broad term which has become commonly used when referring to open systems theory. The perspective has shifted “cause and effect” thinking to one which seeks to understand the world by examining the connections between its parts, and it has been applied usefully in many different fields, noticeably in the human context in the fields of family therapy and organisational development, where identifying the connections between people, groups, relationship patterns, events and the wider context can assist greatly in understanding the difficulties of change (Campbell et al, 1994). Systemic thinking is also interested in the degree of “fit” between individual and group or organisational needs, holding that where the component parts of the group or organization are in harmony, smooth and efficient running will result and the whole benefits (Campbell et al, 1994).

Open systems theory holds that “human systems...maintain vitality by importing material across a boundary, transforming that material into life-sustaining products, and exporting some of the products of this transaction back across the boundary to the environment” (Gillette & McCollom, 1995, p. 37). Like a living cell, a group or organisation needs the stimulation of fresh material or inputs, in the shape of people, learning opportunities and the like, to sustain and build its vitality, out of which comes the possibility of interacting with and enriching the surrounding community or environment with the new life that has been generated. The Family Foundation training programme illustrates an attempt to develop such an interactive human system in the area of providing a relationship-counselling service in the township context, and the systemic perspective used in this study therefore pays attention to how the group, FAMSA and the surrounding environment impacted on each other during this process. An important aspect of systemic thinking is that the observer is encouraged to recognize that he/she too, is part of the system, and have an impact on it (Campbell et al, 1994), hence my role as researcher is also scrutinised in the study.

For an exchange to take place, the property of a boundary, or skin, is necessary to separate what belongs, or does not, to a particular system, and to give structure to that

system and regulate its interactions with the environment (Gillette & McCollom, 1995). Therefore, management of boundaries is a crucial function to enable a system to achieve its task (Roberts, 1994). The nature of this so-called "primary" task - defined as "the task it must perform if it is to survive" (Rice, 1963, in Roberts, 1994, p. 29), - will determine how resources are allocated and which activities are prioritised. What the primary task is that must be performed "to survive", and how "survival" is interpreted is not necessarily perceived in the same way by the members of a group or organisation. In the case of the Family Foundation training programme the understanding of the "primary task" shifted and became more complex as the project progressed, and its purposes and identity emerged and clarified. The study traces this developmental process. It is well known that times of profound social change across a broad spectrum such as the present in South Africa, are characterised by uncertainty about boundary definition, which can make every transaction potentially chaotic (Rice, 1976). The implementation of the Family Foundation training programme was no exception, as is described in Chapter Five.

Roberts (1994), however, warns that "Where the primary task is defined too narrowly, or in terms of its members' needs, the survival of the organisation can become precarious" (p. 29). Holding the boundary around a too-narrow definition of the primary task can be life-threatening to the organisation, and a judicious flexibility is therefore necessary. If the primary task of the Family Foundation training was seen exclusively in terms of its members' needs, which included financial as well as emotional and educational needs, FAMSA ran the risk of over-extending itself financially and hence undermining the future sustainability of the programme. In the case of seeing the concern with emotional needs as the primary task, this would have led to a deviation from the skills acquisition intention to a therapeutic one, while a focus on educational needs alone would have deprived the trainees of the personal growth component which was integral to the role of becoming a counsellor. Maintaining boundaries around these issues were some of the challenges faced in the implementation process and are described in the study.

Confusion about what the primary task of an organisation is, may result in the disintegration of the group, or "anti-task" behaviour, which undermines the original objective of the organisation or group. This type of behaviour is usefully examined through Bion's (1961), psychoanalytic insights into "basic assumption mentality", described below, in which the primary task - the reality-based, work-oriented task to which the group is ostensibly committed, becomes subverted by avoidance or resistance in the group. As Roberts (1994), contends,

"Both (tasks) are about survival. The primary task relates to survival in relation to the demands of the external environment, while basic assumption activity is driven by the demands of the internal environment and anxieties about psychological survival" (p. 31, my parentheses).

In systemic thinking, management occurs at the boundary of systems they are managing, so that managers must relate to what is happening inside as well outside the system (Roberts, 1994). To be functioning well in systemic terms, a manager needs a clear grasp of the primary task, accompanied by an alertness to information coming into the system from the external environment, the insight and capacity to ensure that

sufficient resources are available, and the provision of ongoing monitoring of the impact of the system on the organisation as a whole, and the broader context outside. The Family Foundation training programme was managed on a clinical level by FAMSA's Clinical Manager and on a financial level by the Director of FAMSA. The boundaries that were crossed and maintained during the project's development, in each of these areas, were a major feature of the implementation process, as the study recounts.

## 2.2.2 Psychoanalytic theory

Psychoanalytic, or psychodynamic theory holds that unconscious processes drive many aspects of human behaviour, both individual and group (Gillette & Mccollom, 1995). The terms "psychodynamic" and "psychoanalytic" are used interchangeably in this study, both reflecting the interest in unconscious motivation. Making conscious the unconscious is held to promote the capacity to make personal choices rather than being compulsively driven in one's decision-making (Colman, 1984). In the group context, psychoanalytic work done since 1980 in the "Consulting to Institutions Workshops" under the auspices of the Tavistock Institute in London, has demonstrated how interconnected the unconscious aspects of group or organisational behaviour are with the more conscious, observable, functional aspects, and how both affect the quality of group functioning (Obholzer, 1994). The insights of Wilfred Bion (1961), into the internal emotional dynamics of groups, and their basis in the object relations theory of Melanie Klein (1946), have been influential in psychoanalytic approaches to group work, and were extensively drawn on in this study for purposes of analysis. His approach is now described.

### 2.2.2.1 The approach of Wilfred Bion

Bion's central assumption is that – "Being able to experience emotion is the way the mind mysteriously grows and develops" (Fisher, 1993, p. 77). Thus the capacity to **think** is held to develop out of a capacity to **feel**.

Bion held that "the group is essential to the fulfilment of a man's (sic) mental life" (1961, p. 53), but he saw an inherent conflict between the individual and the need to be part of a group which he described thus: "The individual is a group animal at war, not simply with the group, but with himself for being a group animal and with those aspects of his personality that constitute his "groupishness" (Bion, 1961, p. 131). According to him, groups evoke unconscious responses in individual members which to some extent reflect family-of-origin patterns, but more fundamentally demonstrate the psychotic anxieties and defences that are aroused during the early developmental crises of the infant as described by Melanie Klein (1946), and which she claims reverberate throughout life.

Through his psychotherapeutic work with groups in the military during the Second World War, and later at the Tavistock Institute, Bion developed a framework within which to analyse the unconscious aspects of group life. From his observations and interpretations of the phenomenology of the group analytic session, he provided "not a theory but a descriptive analysis or a descriptive synthesis" (Symington, 1996, p. 2). This postulated that groups demonstrated two kinds of behaviour – the ability to

function as a “work group” (a co-operative mental activity focused on achieving the designated task of the group), and a much more emotional, instinctual mode of mental activity, functioning according to three basic assumptions, which led to avoidance of the task. “These opposing tendencies can be thought of as the wish to face and work with reality, and the wish to evade it when it is painful or causes psychological conflict within or between group members.” (Obholzer, 1994, p. 20). In any group the “work group” and the dominant basic assumption group are present together (Symington, 1996). The three basic assumption forms of mentality are not conceived of as distinct mental states so much as positions to which the group involuntarily moves, at any point – particularly at painful or conflictual points (Bion, 1961), and are indicative of a regression into a more infantile mode of functioning. Symington (1996), summarises Bion’s perception of the experience of being an individual in a group thus: “Our individual psychic make-up is intimately related to others, both the tendency to form constructively working groups and the potential, or valency, as Bion called it, for forming any of the basic assumption mental states when in a physical group setting with others” (p. 127).

### **Basic assumption states**

Bion conceptualises three different basic assumption modes of mentality.

**Basic assumption dependency mentality (baD):** The group functioning in this mode acts as though its prime purpose is solely to meet the desires and needs of its members, in which the leader is there to protect the group from facing the realities of their actual task, or from having to take responsibility and work out their own solutions. There is little contact between members in this mode – each depends on an exclusive relationship with the leader.

**Basic assumption pairing (baP):** This is a mentality which looks to the future as holding the solution to the actual problems of the group, avoiding engaging with the here and now, and blindly trusting that a “pairing” of two people in the group, or between the leader and someone outside, will bring about the solution.

**Basic assumption fight-flight (baF):** In this mode, the group sees its primary task as fleeing from, or fighting an enemy (often the task at hand), and the leader’s assumed role is to lead this action, while the group unthinkingly follows.

The functioning of basic assumption mentality is revealed in the way a group ardently and unquestioningly sets about some task or follows some idea as if enslaved to it – there is no place for questioning or criticism, and a blanket of acquiescence - sublime confidence in “having the answer” to whatever the issue is - settles over the group. In basic assumption thinking, “Effective work, which involves tolerating frustration, facing reality, recognising differences among group members and learning from experience, will be seriously impeded” (Obholzer, 1994, p. 23). However, Bion expresses confidence in the work group, and believes effective, co-operative work in a group is possible, in saying: “I attribute great force and influence to the work group, which, through its concern with reality, is compelled to employ the methods of science in no matter how rudimentary a form; despite the influence of the basic assumptions; and **sometimes in harmony with them**, it is the work group that triumphs in the long run” (1961, p. 169, my emphasis).

**Group-as-a-whole:**

Bion believed that “the division between individual psychology and social psychology is based upon an illusion... (and) that what he felt in himself was shared by the members of the group”. (Symington, 1996, p. 135, my parentheses). The assumption in Bion’s work with groups is that an individual group member not only acts on his/her own behalf, but also, through the unconscious, on behalf of the group, or a subsystem in the group. Individual behaviour in a group therefore reflects “a synthesis of interaction with the group’s life and mentality”, and the individual group member is seen “as a vehicle through which the group expresses its life”. (Wells, 1995, p. 54). Our approach in working with the group during the Family Foundation training programme, broadly followed Bion’s model in using the “group-as-a-whole” as the unit of analysis, so that what the individual expresses was taken as denoting “a group configuration” (Symington, 1996, p136), and individual members were seen as speaking not only for themselves, but for the group, via the unconscious. This involved asking ourselves questions like “What is this person carrying on behalf of the group?” in reflecting after the training session on interactions and events that occurred in the group. As a strategy for resolving process problems in groups the “group-as-a-whole” perspective has been held to have an important and cost-effective contribution to make, in contrast with focusing on individual problem-solving (Wells, 1985).

This approach challenges traditional Western thinking with its emphasis on human individuality and the individual’s capacity to make of life what he/she wills, since individuals are instead seen as “interdependent social creature(s), bond-connected, inspired, and in part governed, by the collective forces” (Wells, 1985, p. 124, my parentheses). The link with the interdependent characteristics of systemic thinking, although approached from a different starting point, is clear. The unconscious group life or group mentality which Bion identifies and sees as distinct from that of individual members, occurs through a tacit collusion between members, unknowingly combining in one of the three basic assumption modes described above. Why should this occur? Bion postulates a powerful tension in people when they join or participate in groups, between the unconscious fear of either being swamped by the group and their identity obliterated, or being cast out and rejected by it, therefore isolated in their individuality. Hence there are strongly ambivalent feelings towards the group which are held to be similar to the ambivalent feelings of love and hate an infant experiences for the mother, which are part and parcel of normal psychological development. The group employs similar defense mechanisms to the infant, which are those of “splitting” and “projective identification”, terms used by Klein (1946), to describe the earliest unconscious phases of psychological development in the infant, in which parts of the self that are felt to be unacceptable are disowned or split off, and, in projective identification, projected into another object (a person, attitude, or event) which is unconsciously identified with (Wells, 1995, p. 58). The purpose of these mechanisms being to defend against the intolerability of ambivalence and to reduce complexity and contradictoriness in the relationship by splitting the “good” from the “bad” – thus distorting reality. Healthy psychological development from this perspective, entails becoming more able to tolerate ambivalence and hence “reality”.

Klein (1959), later saw projective identification also as the “feeling of identification with other people because one has attributed qualities or attributes of one’s own to

them" (cited in Wells, p. 61), and it is seen as the basis of the capacity to empathise with others. Cleavelly (1990), attributes a thought-building intention to the projective identification mechanism in projecting intolerable aspects of ourselves into others "in order to relate to them and have them available for thought" (p. 6), so that, in time, there may be the possibility of reintegrating them within ourselves, releasing us from the terror they originally held. This resonates with Bion's (1967c) examination of the process, which is described below. Projective identification therefore has been viewed as having developmental as well as defensive purposes and in a psycho-analytic approach is valued as an important non-verbal means of communication.

Bion argues that in the group context, certain group members have a particular valency for receiving projections from others through projective identification processes, and hence the propensity to take on a specific role in the group. This role hinges on their individual psychological and sociological characteristics (Wells, 1995). Wells (1995, p. 66), gives the example of the tendency, through projective identification, for men in a mixed-gender group to attribute typically "female" qualities such as caring and nurturing to women in the group, and women to attribute typically "male" cognitive or rational qualities to the men – thus making it difficult for them, in the group context, to experience themselves as being whole persons having the capacity for both.

Roles or parts played by particular group members, are embedded in a network of other roles, serving the (unconscious) group life. Thus for example, the "traditionalist" in the group may enable the rest of the group to be "modernists", while carrying their anxiety about change and loss of the "old ways". The danger in such role differentiation, when taken to extremes, is that it can lead to scapegoating, with the group exporting all its "bad" parts, through excessive projective identification, into the scapegoat, who is then rejected and symbolically "sent out into the wilderness" along with all the "badness" the group cannot consciously own. This process is seen to arise typically when the group has experienced frustration or aggression (Wells, 1995, p. 72). Role differentiation and the purposes it served in the Family Foundation group life is discussed later in the study. Cleavelly (1990) describes this rather differently, as an "entrusted experience" (p. 4), in which a particular individual or subsystem in a group is unconsciously designated or entrusted as the most suitable to carry a particular aspect of the group's life on behalf of the group. "The pain is placed in the one who is most able to manage and transform it" (Cleavelly, 1996, personal communication).

### **Container and contained**

Klein's insights into the infant's limited capacity to contain destructive feelings and need to export them via projective identification into the mother – who thus becomes the emotional "container" for those feelings, was extended by Bion into the concept of the mother being a "container" in the realm of thinking as well. If the mother is able to receive the powerful feelings of the infant, and also to think about them and give them meaning, through a process Bion named "maternal reverie", then the infant "internalizes not only a container of feelings but a mind that can hold thoughts" (Salzberger-Wittenberg, 1983, p. 60). Thus the infant, through experiencing repeatedly the mother's acceptance on an emotional and thinking level of his/her overwhelming feelings, gradually finds them less toxic, more tolerable, and is able to think about them him/herself (Salzberger-Wittenberg, 1983). This builds a more reality-based mental

state (Bion, 1967c, cited in Abrahams, 1996). Maiello (1996) has used the term "mdlezana" in her psychoanalytic observation of a mother and infant couple in a Cape Town township, to describe a similar state of maternal reverie, a condition of the mother, which occurred "at the level of song, sound and rhythm.....through the envelopment of both mother and child in a shared, pacifying, rhythmical, musical consonance.....(and) not once during the observations were the mother or the aunt stressed or in a hurry. They did their work around the house in an emotional climate of rhythmical continuity and quietness" (p. 22, my parentheses). The condition of "mdlezana" extending the containment provided by mother and aunt into the structuring of the day and the atmosphere in the house.

Part of the concept of containment in the therapeutic or group training setting lies in providing a containing "space" – both physical and emotional - in which clients, or trainers and trainees feel safe enough to explore, experience, or risk. This involves creating boundaries around a system so that there is the consistency and security considered necessary according to psychoanalytic theory, for emotional growth to occur. Practical and organisational factors such as continuity of the time structure, of the venue for meeting, of therapist or trainers, and of the establishment of a system of norms of behaviour in the group context, would all be seen as "containers" in this sense (Poss, 1995). One of the central tasks of the Family Foundation programme was to establish such "containers".

### **Countertransference**

"Countertransference" is the name given to the psychological mechanism through which projective identification occurs in the psychoanalytic relationship, and it is often conveyed most powerfully through arousing distinctive feelings in the analyst (Abrahams, 1996). These he/she "contains" for the client, in a similar fashion to the mother with her infant, through being aware of them, receiving and trying to make sense of them, and, in the therapeutic context, interpreting them in a way which will enable the client to feel understood in a previously intolerable split-off emotional area, thus facilitating ego integration (Abrahams, 1996). An area which was previously experienced as dangerous and to be avoided at all costs, potentially becomes more bearable and able to be thought about, because contained and held in the mind of the therapist. Countertransference reactions in the therapist are considered a key tool to helping identify the client's most urgent issues (Abrahams, 1996), and Cleavelly (1990) suggests that a countertransference contains "the fragment of the truth" of the client's dilemma. She advocates focusing on the countertransference feeling that has had the most impact on the therapist, because that is the one likely to be the most productive of understanding, and hence growth. In the welter of information that can be gathered during the course of the therapeutic relationship, countertransference is seen as an economical tool to use (Hill, 1997, personal communication). Bion (1961), draws attention to the valid criticism that countertransference feelings may have more to do with "the psychopathology of the analyst than ...the dynamics of the group" (p. 149), but he contends that many interpretations in groups – and some of the most important - rely on the subjective emotional reactions of the analyst and that countertransference plays a particularly significant role in groups through the mechanism of projective identification (ibid). It would be valuable therefore, as Bion suggests, to subject this method to testing by more than one analyst, and in the context of the Family

Foundation training programme, countertransference feelings evoked in the training team were shared during supervision with the FAMS Clinical Manager, and a broader range of subjectivities were therefore brought to bear on the issue, as is described in Chapter Five. This helped contain the possibility of individual bias or psychopathology in the mechanism of countertransference.

Miller (1990), points out the value of working with the countertransference in organisational consultancy work, where: "The way in which the consultant is used and experienced, and also the feelings evoked in him, (sic), may offer evidence of underlying and unstated issues and feelings in the client system: that which is repressed by the client may be expressed by the consultant" (p. 171, cited in Stapley, 1996, p. 182). The extent to which interpretation was used in the Family Foundation training programme was limited, but the use of countertransference as a conceptual tool was helpful in thinking about dynamics in the group and deepened our understanding of working in this context.

### **The good-enough mother**

Winnicott's (1971) term, the "good-enough-mother" was another psychoanalytic insight found valuable in thinking about the training process. Winnicott emphasises the need of the infant to be "held" by the mother physically and emotionally, in order to facilitate the psychological capacity to meet his/her needs more realistically. He holds that there has to have been **sufficient time** for the illusion of "good" mother to take root in the infant – meaning a "good-enough" pattern of receptiveness and dependability in the mother's interactions with her baby - in order for the inevitable disillusionment of "imperfect" mother to be internalised (Abrahams, 1996). He argues that "the perception of the dependability of the mother makes possible the existence of the quality of dependability in the infant" (1965, p. 11). There is a strong emphasis therefore from this perspective, on the responsibility of the mother for the psychic development of her infant.

Pursuing this thought, the therapist or group-trainer would be "good-enough", i.e. able to help a client, or to promote maturity of functioning and dependability in a group of trainees, through responsively and consistently receiving their projective identifications, as does the good-enough mother. Not discharging the feelings reactively, but tolerating a state of uncertainty and unknowing while holding them in mind, reflecting on the countertransference feelings, and then offering them back in an interpretation. Winnicott describes the way the analyst tries to help the self-growth of a patient, as a "holding relationship", similar to that of a mother's in assisting her infant in the earliest phases of life. Colman (1984), argues that it is crucial that a client feels "held" in the therapeutic relationship, and emphasises the vital importance of consistency in terms of punctuality and keeping to agreed meeting times as the outward and visible evidence to the client, of the inner "holding" attitude of the therapist. The more deprived or disadvantaged the client, the more important does this evidence of reliability become, according to him. The implications of this approach in relation to the Family Foundation training programme are discussed in Chapter Five.

In regard to group or organisational growth and change, Stapley (1996, p. 162), uses the term "the **organisational** holding environment" and argues the importance of

developing a “good-enough holding environment” to enable the organisation to adapt to change maturely, responding co-operatively to new ideas and ways of functioning, based on the analogy of the good-enough mother enabling her infant to develop emotionally. Where there is not a good-enough holding environment, the organisation or group will show infantile behaviours, such as splitting, resulting in phenomena like scapegoating, and anti-task behaviour, similar to Bion’s description of basic assumption mentality in groups. Winnicott (1988), sees the ability to tolerate ideas as an aspect of maturity and proposes that “A mature social system (while making certain demands in regard to action) allows freedom of ideas and the free expression of them” (p. 59, cited in Stapley, 1996, p. 156). He speaks too of “facilitating environments” which encourage creativity and people to be more fully themselves (1965), and “involves the individual enjoying what is being done and to feel alive in the process” (West, 1996, p.70).

### **The personal meaning of work**

Noonan (1989) suggests that a psychoanalytic framework is useful for conceptualising success or failure at work, in that work can meet our conscious aims and aspirations, but it is also often looked to to meet deeply personal unconscious needs, which is not very different from our needs in personal relationships. “In these senses work is no different from marriage – in both we are looking for compatibility within a relationship of shared values which still permits individuality” (Noonan, 1989, p. 85). A psychoanalytic perspective views our personal history as deeply affecting our expectations and anxieties about future relationships or experiences so that we relate to other people or situations on the basis of our earliest interpersonal experiences - the so-called phenomenon of “transference” (Stapley, 1996). The closer we are to maturity, coping with the anxieties on which our transferences are based, the better and more realistic the fit will be with the work, or training chosen.

Noonan suggests that this is not only a task for the young adult, but a lifelong process throughout the possible working life of an individual. She holds that in their choice of work people are not only looking for a place where they can exercise the skills and abilities they already have, but also for “opportunities to engage in particular kinds of relationships, to express particular kinds of impulses and to pursue certain kinds of challenges for certain kinds of gratifications” (Noonan, 1989, p. 92), - which reflects, from a psycho-analytic perspective, the need to resolve inner conflict or pain associated with early patterns of relating. Hood (1995), contends that the work or training chosen is often the therapy those individuals need, providing the container for their major anxiety “in a way which results in creative activity and healthy functioning” (p. 252). Looking at the Family Foundation training programme from this perspective, it could be anticipated that the better the match between participants’ personal needs and the programme, the more satisfaction they would experience and the more their major anxiety would be contained, resulting in “creative activity and healthy functioning” as Family Foundation counsellors.

### **Democracy and individual/social maturity**

Winnicott (1965), suggests that a psychological study of the term “democracy” would involve examining the latent ideas in the term, such as that a democratic society is a “mature” society, “allied to the quality of individual maturity which characterizes its

healthy members" (p. 156). A democracy for Winnicott is therefore a developmental achievement indicating maturity in a particular society at a particular time. The term "healthy" applies to a person in whom "according to his or her chronological age and social setting there is an appropriate degree of emotional development" (ibid) – physical maturity being assumed in the definition. There is not therefore a fixed meaning for "health", but it carries the implication of emotional maturity in the individual within a particular social setting. Likewise, the meaning of democracy is not fixed, but suggests a more, rather than less mature social structure in that society.

A society virtually at war with itself during the forty years of apartheid rule as South Africa was, has been precipitated into functioning as a democracy on the basis of a system that radically undermined the tenets of a "healthy" society in Winnicottian terms. Crime levels in the country are one indication of this and are universally condemned as unacceptably high, with one commentator claiming that crime is a national disaster which is not being addressed, and asking where the "war therapy" plan is that is needed in this situation (Mail & Guardian, April, 1999). South Africa is therefore less rather than more capable of the maturity required to maintain a democracy. As Winnicott says "It would be possible to take a community and to impose on it the machinery that belongs to democracy, but this would not be to create a democracy" (p.157). For a democracy to be maintained there needs, from this perspective, to be a sufficient proportion of mature individuals to carry the burden of democratic functioning and contain tendencies in that society that would potentially undermine it. And for Winnicott, it is the "ordinary good home", where good-enough parenting enables the individual to develop emotionally, which produces the maturity required for democracy to become established in a society. He proposes that "the essential of a democracy really does lie with the ordinary man and woman, and the ordinary, common-place home" (p. 160). A policy of non-interference in such families is for Winnicott, the most valuable support that can be given. However, in the context of South African society the "ordinary good home" for the majority of its citizens has been radically interfered with through the migrant labour system and separatist apartheid policies, and excessive strain placed on individual and family functioning (Dawes, 1994). For Winnicott, "It is not possible for persons to get further in society-building than they can get with their own personal development" (p. 167). Following this perspective, there would therefore be a particular need in South Africa today to provide social and educational structures which support individual personal development in the interests of building a sustainable democracy. This may be part of the "war therapy" required for the country as suggested above. Training to acquire counselling skills without personal growth and self-awareness being an integral part of the training, would therefore be a hollow achievement in terms of developing a mature democratic culture in our country. Psychoanalytic perspectives therefore have much to offer the route towards achieving the maturity required for a democracy to function authentically. Training courses such as the Family Foundation training programme, working from a psychodynamic perspective, which have personal growth as one of their specific goals, would therefore be particularly important in South Africa at the present time. Indications of the struggle to achieve greater maturity of functioning in the Family Foundation group and in FAMSA, and how this links with a democratic culture are further discussed in Chapter Five.

Winnicott suggests that democracy can be strengthened by studying the psychology of social and individual maturity, and that the results of such studies should be communicated "in understandable language" (p. 167) to democracies, in order to build an "intelligently self-conscious" society (ibid) which will be the safeguard of the freedom of the democracy. This is one of the intentions of this study.

These then, were some of the rich insights drawn from psychoanalytic theory that were used to analyse and understand the processes observed during the implementing of the Family Foundation training programme.

### 2.2.3 Egan's problem-solving model

Egan's (1986), problem-solving model derives from the cognitive-behavioural psychological tradition of North America, with its more observable, outcome-oriented approach, aiming to make a difference to clients' lives in the external world, rather than working from the inner world outwards, as in psychoanalytic approaches. Egan believes that an eclectic approach to counsellor-training is appropriate and enriching, providing there is an underlying, practically-oriented model to integrate the different perspectives. This model he considers should be a "flexible, humanistic, broadly-based **problem management** model" (1986, p. 7, emphasis in original). Problem-solving approaches are held to be the most successful of the cognitive learning therapies (Mahoney & Arnkoff, 1978, in Egan, 1986), because they cover both cognitive-behavioural and "coping skill" therapies which include "non-cognitive" approaches, such as the psychodynamic.

Egan's model is rooted in a "people-in-systems" approach which has much in common with open systems theory described above. Thus it is concerned with developmental factors in individuals' lives, the life-stages, stage-related tasks and normative crises that can be expected over the life span; social-system factors which impact on individuals' developmental processes; the power of culture, including cross-cultural realities, and the life skills required for effective interpersonal, group and societal functioning. It is close to the tenets of community psychology in this regard, although without the ideological interests and emphasis of community psychology on empowering the disadvantaged, silenced voices in society (Orford, 1992).

Egan's model aims at developing effectiveness or competence in counsellors, by which is understood that "Helpers are effective if they help their clients to manage the problem situations of their lives" (1986, p. 33). It thus focuses on observable improvement and change in the lives of clients, and not primarily on the insight or awareness that would tend to be the focus of psychoanalytic approaches, and on teaching practice-oriented techniques for helpers to promote such changes. A humanistic value system undergirds the approach, viz., "Helping at its best is a deeply human process based on a core of human values" (ibid, p. 59), the core values being those of respect and genuineness. Respect is considered the most fundamental of all human needs and is defined as "an attitude or a moral quality, a way of looking at and prizing people... simply because they are human beings" (ibid.), but it has to be evidenced in action, and is communicated principally in counselling, by the manner "in which helpers orient themselves toward and work with clients" (ibid, p. 60).

FAMSA National Council's Basic Counselling Course employs an adult-learner experiential approach, in the belief that people learn most profoundly from their own experience, if it is made conscious and reflected upon. It is part of the tradition of adult education which sees education as a lifelong process with a liberating purpose and participatory, people-centred approach to the development of society. Its moral base is "in solidarity with people of the South in their efforts towards development" (Fordham, 1998, p. 200), and draws on thinkers such as Paolo Freire (1981), and in the field of community development in Africa, Hope & Timmel (1984). Experiential learning potentially involves all aspects of the person's functioning, including sensing, feeling, thinking, willing and acting – and thus has great potential power to assist people acquire new repertoires of skills and behaviour in new but similar situations. The experiential learning cycle includes specific stages of experiencing, sharing, interpreting, generalising and applying the new learning (Gaw, undated). Through repeated cycles of this process, a learner begins to integrate personal experience with theory and to gain the capacity to apply it in other contexts. Each of the steps of the experiential learning cycle demand "a willingness to own, acknowledge and work with one's experiences, thoughts and feelings" (Gillette & McCollom, 1995, p. 33), which will give access to information about the group, as well as oneself (ibid). The key technique that enables movement from one stage to another is "processing", which refers to the group facilitator or trainer focussing not so much on the content of the group activity or discussion, but **how** it is taking place and being experienced moment-by-moment, in which the facilitator listens for and works with the more latent psychological aspects of group functioning (Benson, 1987, p. 73). The practice of experiential learning is a complex process and requires a high level of skill which is only acquired gradually, through having both experienced and worked at it (Gillette & McCollom, 1995, p. 32). Acknowledgement of this was reflected in FAMSA's specification that anyone training the Basic Counselling Course should have undergone it themselves twice before embarking on training it.

In conclusion, the Basic Counselling Course employs the experiential learning mode, into which Egan's stage-related model of acquiring counselling skills is integrated, the whole underpinned by psychoanalytic insights into self-awareness and personal growth. It is therefore an eclectic model, with the core integrative framework reflecting the psychoanalytic, systemic perspective (Dryden, Horton & Mearns, 1995). Cross-cultural issues which pertain to the appropriateness of the use of this training approach in the township setting are now explored in the literature.

## **2.3 CULTURAL ISSUES**

### **2.3.1 Power and control**

The Family Foundation training course, based as it was on FAMSA National Council's Basic Counselling Course, was a cultural hybrid derived from the psychotherapeutic traditions of the North, delivered in the South. It raises the question of whether the course represents a form of cultural colonisation, perpetuating the old-order dominance of Eurocentric concepts and power relations, in the name of "development" in

disadvantaged communities. Could the setting up of the Family Foundation training programme, with its specific knowledge and institutional base, constitute the establishment of a new form of control over people, of professional imperialism, rather than the avowed intention of reforming a state of inadequate service delivery to the poor? (Foster, 1997, Midgely, 1981). Sampson (1993, p. 1227), argues that "the powerful have not only the idea, but the power to make the idea their own and others' reality". And if this is so, however unconsciously intended, would it not be important, as has been suggested (Foster, 1997), to build safeguards into such interventions to provide protection against the replication of traditional North/South power relations, by including remedial measures such as the promotion of community participation in the change process itself, and recognising existing skills rather than imposing modes of training that ignore such resources? (Foster, 1997, Midgely, 1981). Concerns of this nature and the influence of community psychology's participatory agenda, led to the utilisation in the training programme of a people-centred perspective on development (derived from Third World developmental initiatives) called Human Scale Development, which is described below.

### **The psychotherapeutic tradition**

The Western-based helping system of psychotherapy has been seen as "essentially culture-bound...to the Western bourgeois milieu in which it developed" (Kareem & Littlewood, 1992, p. 8), and its application outside that milieu therefore limited, if not downright suspect, particularly where problems of living may be a consequence of political and economic oppression (Anonymous, 1986). It has been held that:

"Overseas models, especially those with strong orientation to intrapsychic interpretations or those with strong "Western" socio-economic class orientations are not notably useful in the Southern African context" (Cohen, 1991, p. 2).

The failure of a community-based counselling service for working-class clients in Soweto (Turton 1986), is a case in point. Here, indigenous counsellors were so absorbed into, or "culturally encapsulated" in the dominant counselling ideology of their training, that they were unable to identify with their working-class clients, or render a service which was relevant or useful to them. Assumptions about the universal applicability of a particular model of counselling, and the "implicit and explicit values underlying and shaping counselling contributed to the service's ultimate failure to be viable in its setting" (Turton, 1986, p85). Assumptive behaviour can therefore undermine the best-intentioned psychological interventions. This study employs Bion's psychoanalytic insights into basic assumptive behaviour in groups as a conceptual tool to identify assumptive mentality so that the kinds of consequences that arose from the Soweto service described above can be avoided.

### **2.3.2 Universalist issues**

The assumed universalism of the counselling approach in the Soweto intervention was transparently "non-universal". But if we consider the context in which this service was launched, in the midst of the apartheid era when "culture" and "cultural difference" were terms used by the State for the purpose of racial identification and exploitation (Thornton, 1988 in Maw 1996, p. 11), it is probable that the implementation of such a counselling service at that time reflected "struggle" ideology, which stressed the

commonality of our shared humanity and the right therefore, to equivalent services, rather than offering a "culturally different" (i.e. inferior) service to blacks in townships. However, in post-apartheid South Africa, within the context of a human rights culture which is enshrined in the new Constitution (Act No. 108, 1996), denying difference between races is now considered problematic for psychological research and practice, in that "it denies individuals an extremely important subjective experience and their absolute right to speak for themselves" (Kottler, 1996 p. 63, in Maw 1996 p. 11). Furthermore:

"a psychotherapeutic process that does not take into account the person's whole life experience, or that denies considerations of their race, culture, gender or social values, can only fragment the person" (Kareem 1992, p. 16).

Under the present political dispensation it has become more possible for cultural differences such as for example, customary marriage, to be publicly debated (SA Law Commission 1998), in a manner which would have been unimaginable during the apartheid era, when the ideological purposes of such a debate would have been suspect because all such issues were inherently racialised. New possibilities have opened up for the development of an indigenous South African culture which is "a dynamic re-creation...a complex and shifting set of accommodations, identifications, explicit resistance and reworkings" (Littlewood, 1992, p. 8). The Family Foundation training programme, dealing with counselling in interpersonal relationships also offers the opportunity for such debate and cultural reworking, as is described in Chapter Five.

If the assumed universalism of the Soweto counselling service contributed to the failure of that service, are there any universals in psychotherapy which could be said to be relatively culture-free? Psychotherapy has been described as "essentially a conversation which involves listening to and talking with those in trouble with the aim of helping them understand and resolve their predicament" (Brown & Pedder 1980, in Kareem & Littlewood 1992 p. 108). The "psychoanalytic function" has been seen as "the common human capacity to listen, contain, link together and understand one's own and another person's emotional states" (Bion, 1963, cited in Maiello, 1996, p. 27). The principle of promoting understanding to a greater or lesser degree of a problem, on the assumption that this will assist with resolving it, is regarded as a shared characteristic of many different Western psychotherapeutic approaches: "The notion of "insight" is widely used" (Swartz, 1998, p. 182). The work of the Truth and Reconciliation Commission is premised on the assumption that national healing and reconciliation will be promoted through "knowing the truth", and gaining insight into our recent political past. On an individual level, it has been reported that for the victims of gross human rights abuses, to re-live past trauma through telling their stories at the Truth and Reconciliation Commission, without the support of counselling or psychotherapy, has led to symptoms of post-traumatic-stress syndrome in many (Cape Times, 18/2/99). Counselling for victims is therefore acknowledged in principle as a necessary component of the healing process. The country as a whole has been seen as suffering from "post-traumatic shock syndrome" (Mail & Guardian, 30/4/99) in the aftermath of the revelations of the Truth and Reconciliation Commission, which suggests that the support of counselling is needed on a national scale, to enable the country to both acknowledge its tragic past and move on towards the goal of reconciliation set by the

Commission, the notion of “war therapy” already mentioned. Models of community-based counselling such as the Family Foundation programme may provide part of the answer to building the more caring society it is widely considered that South Africa needs.

### 2.3.3 Cultural commonalities

Littlewood (1992) uses social anthropological research to find common threads in other cultures which are reminiscent of European psychotherapy, and makes the point that “All societies make distinctions between desired and undesired states of being and have standardised forms of reconstructing experience, through the response of other people, to return the individual back to the state desired by individual and community alike” (p.42), so that, in its broadest sense, “therapy” is universal. He cites Turner’s (1968) research into healing among the Ndembu people, in which the whole group is healed through one member’s relating the story of their illness (p. 50). This resonates with the reconciling intentions underlying the process of the Truth and Reconciliation Commission. Similarly, systemic thinking stresses the salience of interdependence between the individual, the group and the context, and Bion holds that in a group, the individual can be taken as representing the group, unless this is directly contradicted. The concept of “ubuntu” – “Umntu ngumtu ngabantu” – a person becomes a person through other persons - has been seen as expressing object relations theory in a nutshell, in that it posits relationality as a fundamental characteristic of human existence, and that development towards individual personhood occurs through another/others, including the possibility of reworking psychic damage through another person, such as a therapist (Maiello, 1996, p. 27).

“Cultural awareness” – both of one’s own culture and that of a client’s from a different culture, is widely held to be an essential tool in cross-cultural or intercultural work. (Kareem & Littlewood 1992, Sue, Ivey & Pedersen, 1996). There is also of course, the acknowledgement that every therapeutic encounter is inevitably “cross-cultural” to a certain extent, in that every individual comes with their unique “culture” to the encounter. Littlewood (1992), puts forward the idea of an “intercultural therapy” approach “which involves understanding of both “traditional representations” and “Western” ones – while acknowledging context, which therefore allows movement or synthesis of the two” (p. 50). The theme of synthesis between cultures is further explored below. In the Family Foundation programme, the introduction of Human Scale Development provided a tool to surface and validate “traditional representations” and hence promote the possibility of intercultural dialogue between the different culture bases represented.

The considerable literature on cross-cultural or intercultural psychology over recent years emphasises the importance of psychological interventions being context-specific and culturally self-reflexive (Kareem & Littlewood, 1992, Lee & Richardson, 1991, Pedersen et al, 1989). Equally important is held to be maintaining a focus on power relations and the differentials that operate in human systems (Pinderhughes, 1983 in Kareem & Littlewood, 1992), and having specific knowledge about oppression and its different manifestations (Sue, Ivey & Pedersen, 1996). South Africa is still coming through the consequences of a policy which identified “cultural” difference for the purposes of maintaining unequal power relations, and particular attention therefore

needs to paid to this aspect in the context of a cross-cultural training programme, as already suggested.

### 2.3.4 The emic/etic debate

Universalism has been further explored in the context of the so-called emic/etic debate (Kim & Berry, 1993). The term “etic” refers to “a universalist approach which imposes a particular way of seeing the world (generally, Western) on the data observed” (Swartz, 1998, p. 19). The term “emic” on the other hand “looks at the world-view of the people being studied and sees this as central” (ibid), thus adopting a more relativist position than does the etic.

Kleinman (1977, cited in Swartz 1998), who supports a relativist approach, criticised Western psychiatry for ignoring the individual experience of suffering and imposing its own universalist model of mental health on the world. He suggested that the concept of “disease”, or “the malfunctioning of the body”, represented the doctor’s (biomedical) perspective of the problem, and “illness”, or “the lived experience of suffering”, reflected the patient’s viewpoint – two perspectives which could differ greatly from each other (Swartz, 1998, p. 14). For a doctor to ignore his or her patient’s perspective on the illness could prejudice the effectiveness of the treatment (ibid). The relativist approach therefore supports a cultural theory of illness, which foregrounds the meaning of illness for the patients themselves, and the centrality of cultural interpretation of this meaning. Illness, from this perspective, is not only a consequence of biological disease, as is posited by biomedicine, but is far broader in scope, being determined by cultural, social and psychological dimensions as well (Petersen, 1998). The meaning-centred tradition sees illness therefore as also “being about social, economic and cultural systems as well as self attributions, thereby encompassing both the spiritual lifeworld as well as social and material conditions” (Petersen, 1998, p. 199).

A comparison could be made with the prescription of counselling in Western society as the standard treatment for personal or relationship problems, (such as was examined in Turton’s (1986) study on a model of counselling in Soweto), ignoring models of understanding and helping with this “illness” that already exist in other cultures. FAMSA W.Cape’s counselling services are culturally located within the Western tradition of counselling, which potentially usurps and challenges African traditions of handling family and marital problems through family structures. Applying Western-style counselling unreflectively in this context could have destructive consequences on family relationships for an already troubled couple or individual, compounding their difficulties. A relativist approach to mental health and culture emphasizes the crucial importance of practitioners’ recognising and respecting different perspectives, and exploring the different “explanatory models” that patients have of their illness experiences (Kleinman et al, 1978, in Swartz, 1998, p. 15). Different explanatory models of “illness” in relationships would therefore need to be explored in the context of the Family Foundation training programme. However, according to Swartz (1998),

“the job of the clinician is not only to understand the patient’s explanatory model, but also to negotiate between the professional explanatory model and that held by the patient, so that there can be some common ground and a basis for treatment which will be acceptable to both” (p. 15, my emphasis).

Littlewood (1992), holds that a synthesis between Western and traditionalist perspectives may be possible. Furthermore, it is suggested that where negotiation between models has occurred, greater compliance with treatment may be achieved (ibid, p. 16). This could be extrapolated into the counselling training context to predict that where negotiation around the different explanatory models for helping people in troubled relationships has taken place successfully and a level of common understanding is achieved, it is likely that the new model of helping will be better maintained in the long run. The debate that occurred over a range of relationship counselling issues during the Family Foundation training programme in which differences between trainers and trainees were explored and some commonality reached – actively “reworking culture” as posited by Littlewood (1992) – is illustrated in Chapter Five. This process could also be described in Kim and Berry’s (1993) terms as a “derived etic”, meaning that emerging from the emic, relativist approach, a more universalist, etic position could be achieved, which was not the result of FAMSA imposing a Western explanatory model on the group, but was a joint construct, reflecting the stances of both trainees and trainers. The training programme offered many opportunities for this type of debate and development of greater mutual understanding between explanatory models and hence cultures, which was an exciting and creative aspect of the work.

### 2.3.5 Critical and cultural approaches

Critical theorists hold that a cultural interpretation of illness is insufficient to address the broader socio-economic dimensions which cause disease and illness, and that power relations in a society must be interrogated in order to understand them (Petersen, 1998). This position has also been reflected in cross-cultural psychology, as mentioned above (Kareem & Littlewood, 1992). Keesing (1987) cited in Petersen, (1998, p. 199) contends that:

“Cultures do not simply constitute webs of significance, systems of meaning that orient humans to one another and their world. They constitute **ideologies**, disguising human political and economic realities as cosmically ordained... Cultures... must be **situated**, placed in a context – historically, economically, politically” (Keesing, 1987, p. 161-2).

An integrated approach between cultural and critical theories is considered possible, in which the meaning-centred tradition is extended by acknowledging the ideological component present in all societies (Petersen, 1998). According to Lock & Scheperhughes (1990), cited in Petersen (1998, p. 199), ideology “functions to entrench inequalities in the distribution of knowledge, power and privilege”.

The Family Foundation training programme was an attempt to ameliorate existing unequal social conditions, through developing a specific human-service system examining power relations in the process, while seeking to learn from participants in surfacing and utilising existing knowledges and skills, and empowering community members with the training and support needed to shape and deliver a counselling service. It therefore aimed to integrate both the cultural and the critical perspectives in the process of implementation, as well as in the research conducted on it. In specific areas of skills acquisition such as Domestic Violence, FAMSA’s training was based on a feminist understanding of the phenomenon, which explicitly discourages a relativist position (Sinclair, 1985). This positions the training towards the critical end of the

continuum between cultural and critical theory. Chapter Five describes the challenge of implementing the approach.

### 2.3.6 Indigenous psychological approaches

Returning to the theme of cross-cultural interventions and research, the terms cross-cultural and cross-indigenous have points of commonality but also reflect different emphases in the research (Enriquez, 1979). The use of the FAMSA Basic Counselling Course as a model to train lay members of the communities of Khayelitsha and Guguletu can be considered an exercise in cross-cultural and cross-indigenous psychological approaches.

Cross-cultural psychology has been described as “the scientific study of the ways in which social and cultural forces shape human behavior” (Segall, Dasen, Berry & Poortinga, 1990, p3, in Berry & Kim, 1993, p. 21). – and typically cross-cultural research uses the theories and technology developed in one psychological culture (generally Western) to examine those of other cultures. It can also involve the transforming and adaptation of the imported theories to fit in with the indigenous culture, and may incorporate the views and understandings of the people being investigated. The research conducted in this study would therefore be classified under this definition, as cross-cultural research. This differs from indigenous psychological approaches in the starting point of the research (Enriquez, 1979). Indigenous psychology focuses on the issues and problems of direct concern to a particular community or society using the language, concepts and values of that society to investigate the issue. It is therefore closely aligned in approach with the cultural, meaning-centred tradition, and constitutes “psychology from within” rather than “psychology from without” (Kim & Berry, p. 22 1993). The tension between the two has much in common with the emic/etic distinction discussed above. Cross-cultural and indigenous approaches to psychological research are not, according to Berry (1993) necessarily mutually exclusive, but can be complementary, and it is through the integration of both that the possibility arises of psychological universals being discovered. The discovery of the individualism-collectivism dimension by Hofstede (1980) using a cross-cultural research method, and subsequent cross-indigenous studies by Triandis et al., (1986), confirming this dimension, is evidence cited by Berry (1993), of the potential of such an integration in psychological research (Kim & Berry 1993, p22). Particularly in the context of multicultural settings such as South Africa, there is opportunity to explore an integrated approach. A gradual process of “indigenisation” was observable as the Family Foundation programme progressed, as is described later in the study, which was “visible in the **shaping of a process** rather than in a finished product”( Sinha, 1993, in Berry, 1993, p. 34, my emphasis).

### **Indigenisation of psychology in India**

Indigenous psychologies have taken a position distinct from cross-cultural psychologies in order to foreground indigenous understandings and values, to try to counter the domination of psychological knowledge by North over South, to broaden the psychological territory to incorporate other voices and other methods and thereby change the content and methodology of psychology to be more representative of world cultures (Kim & Berry, 1993). The Indian experience of the indigenisation of its psychology is a useful model for a South Africa psychology which is also attempting to be more representative of its many cultures.

Sinha (1993), traces the beginnings of this process to the achievement of India's independence from Britain in 1947, when as a result of the ending of colonialism, there was a surge of change and diversification in psychological research, a search for more authentically "Indian" topics, but still much within the framework of Western thinking. South African psychology is in a similar phase, with the ending of apartheid and racial domination, and a representative government elected in 1994, but with the cultural legacy of the past still very evident. The second phase of indigenisation of psychology in India, during the 1960's, began to reflect the developmental needs of a country in the throes of profound socio-economic change – thus a more problem-oriented psychology developed, which in the face of economic constraints had to be "research for policy" rather than "research for prestige" (Sinha, 1993, p. 33). So the identity of psychology in India began to change as it engaged with issues of national concern, an identity that is still being constructed as it questions Western psychological knowledges and "their appropriateness in the specific sociocultural context" (Sinha, *ibid*).

### **The indigenisation of South African psychology**

In comparable fashion, the identity of South African psychology is changing as it engages in the challenge of transforming a damaged society, becoming transformed itself in the process, and as has already been made evident, questioning the appropriateness of its conceptual tools and involving itself in policy-making issues to promote that transformation (Foster et al, 1997). Kriegler suggests that the "acid test for (South African) psychology will be to provide acceptable and accessible services, *inter alia* by utilizing natural help-giving networks and indigenization of Euro-centric interventions" (1993, p. 70, my parentheses). Collaboration with sister disciplines such as anthropology, sociology and education in the interests of seeking appropriate solutions to national problems is one aspect of transformation, which extends psychology's identity (Kim & Berry 1993). The Family Foundation programme is an extension of psychology's identity in South Africa in terms of the utilisation of its perspectives under the umbrella of social welfare, in engaging with an issue of national concern. The discipline of social work has also long been concerned about the power of rich states to impose their own image on other countries without regard to their relevance and consequently, with issues of professional imperialism (Midgley, 1981). Locally an "Indigenous Theory and Practice Project" was initiated in 1989 in order to contribute to the process of indigenisation and contextualisation (Cohen, 1991, p. 1). Indigenous theory is defined as:

“informing constructs in providing help and services that are derived from the ‘people’s’ values, beliefs and traditions; the communities’ social and cultural characteristics and the communities’ existing methods and networks for support and helping” (ibid, p. 2).

Indigenous practice is seen as:

“the application of the skills and experiential knowledge of the community in providing help and support and in developing and maintaining their communities combined and integrated with the knowledge and skills derived from appropriate professional knowledge and expertise” (ibid).

Thus from an indigenous perspective, all human service interventions should start from the community itself, while enlisting “appropriate” professional knowledge and expertise, in order to address the issues of poverty, discrimination and powerlessness, which was the initial driving concern (Cohen, 1991, p. 2). The failure of applied indigenous work in the United States of America during the 1960’s and 1970’s has been seen as not so much a failure of theory or practice, but resistance from professionals and the withdrawal of state support, with the opposition coming from groups with political power. Professionals are generally found not to become agents of change easily (Cohen, 1991, Petersen et al, 1998), having through their training become separated from their own roots, and often experiencing difficulty in working with grassroots community workers. At FAMSA, the appointment of a black professional social worker with a specifically community work orientation was a key factor in the development of more appropriate responses in the township context, although the issue continued to be salient, as is described in Chapter Five. Further issues related to indigenous helpers are explored later in the present chapter.

### 2.3.7 The “Africanisation” of psychology

The Family Foundation training programme was also an exercise in recognising in practice, psychology’s location in Africa, and its evolving “African” identity. It has been argued that because psychology originated in “Western” society it cannot be applied in Africa (Anonymous, 1986). The charge of “Eurocentrism” directed against the use of Western psychological approaches in non-Western settings, has been characterised as “code for whites who have not lived under conditions of race oppression and colonisations, and cannot appreciate the world view of those who have” (Dawes, 1998, p. 9). The epithet has evidently stung psychology enough to usefully redirect psychological research towards prioritising black experience, according to Dawes (ibid). Mamdani, in the context of the transformation process of the University of Cape Town’s academic programme, considers that the “study of Africa” should be redefined as “the study of ourselves in a post-apartheid world...without reifying the notion of “self”, without giving it a singular identity” (1996, p. 3). Suggesting that there is not one, essentialist “African” identity, but rather multiple identities, reflecting a range of positions open to all those whose location is post-apartheid South Africa. Dawes (1998, p. 6), warns that the concept of Africanisation too, can be essentialised, which “manufactures a false consciousness of a timeless unitary identity, that ignores differences of class and modernisation that characterise Africa today”. He considers that differences between **modern** and **modernising** societies in Africa might therefore be more important and generative for psychology to analyse than the European/African dichotomy. Evidence of these differences is explored in Chapter Five.

The **applicability** of psychology to its African context is seen as an important aspect of Africanisation (Akin-Ogundeji, in Dawes, 1998, p. 8). Maw (1996, p. 21) fleshes this out by suggesting that:

“It may be that a South African centred psychology is recognisable and identifiable by its community psychology orientation, with an emphasis on processes involving the teaching, sharing and co-reconstruction and invention of psychological skills within a specific context”.

For Dawes (1998, p. 13) the point at issue in the Africanisation of psychology is not so much what the national origin of the psychology is, as the employment of a psychological framework that “best describes and explains the phenomena of interest”, so that productive research and practice in developing communities can result. He contends that it is the **manner** in which concepts are applied and developed that will ensure the success of the Africanisation of psychology’s identity. Close analysis of the manner of implementation of the Family Foundation training programme suggested that a process of indigenisation and Africanisation was occurring, as is described in Chapter Five.

## 2.4 DEVELOPMENT ISSUES

Post-apartheid South Africa has engaged on the formidable task of socio-political and economic reform, with the goals of redistributive justice and socio-economic transformation at the heart of the concept of developmental social welfare as expressed in the National Social Welfare and Development Plan (ANC 1994), and later legislated as state welfare policy (White Paper for Social Welfare, 1997). Thus the ANC’s 1994 Plan states that “Social Welfare within a developmental approach is understood to be a comprehensive, integrated system of social services and benefits, acting as a redistribution mechanism, to bring about a progressive change in the social, economic, political, cultural and physical conditions of people, especially the poorest” (p. 6). The underlying values include a commitment to fair treatment for all, redistribution of resources and opportunities in our society, the provision of accessible, user-friendly services which are planned democratically and participatively with local communities, within a culture of transparency and accountability (p. 7).

Developments in mental health policies in South Africa have reflected similarly corrective intentions, broadening the previous government’s stress on mental illness as the focus for mental health services, so that mental disorders are now held to “almost always relate to more general concerns which have to do with the economic welfare of a family or community, the environment in which a person lives, and the kinds of resources that he or she can draw on” (Desjarlais et al, 1995, p. 15, in Foster, Freeman & Pillay, 1997, p. 41). The view that economic, social and material factors impact significantly on mental health and must therefore be addressed as part of a comprehensive Primary Health Care approach, links the structurally separate Departments of Health and Welfare conceptually. Thus, community-based, participatively planned and implemented, equal and accessible mental health services are now the expressed aim for all at primary health care level (Freeman & Pillay 1997).

The Family Foundation training programme therefore fits broadly within the policy frameworks of both departments.

### **2.4.1 Participation**

Research has shown (Binedell 1993), that there is a real danger that the goal of community participation integral to these corrective policies may be unrealisable for a number of reasons, including “the existing dis-empowerment of communities, the pressing need for transformation in material conditions and the reluctance of mental health professionals to relinquish the power invested in their conventional practices” (Petersen et al in Foster 1997, p. 58). These authors argue that the problems in the way of developing effective participation need to become a focus of the work itself. Accessibility is one of the critical areas inhibiting or promoting participation and a key principle of developmental social welfare, viz. “Organisations and institutions will be easily accessible and responsive to all those in need. All barriers will be removed which have made it difficult or impossible for some people to participate equally in all spheres of life. Special training programmes will be provided to facilitate the development of accessible services” (White Paper for Social Welfare, 1997, p. 17).

Binedell (1993) suggests that “a sense of community may need to be developed before community participation can even be contemplated” (in Foster et al, 1997, p. 58). What is this “sense of community” in a post-liberation-struggle context? It needs re-imagining and creating (Reynolds, 1997), and adult education programmes such as the Family Foundation can potentially provide one forum where such a sense may germinate. This study was concerned with the nature and extent of participation during the training process and its link with a growing sense of identity in the group, which is described in Chapter Five.

Development has also, and more broadly, been envisaged as “an innate and natural process found in all living things” (Community Development Resource Association (CDRA) Annual Report 1997/8 p. 13). In this definition, development workers “do not ‘bring’ or deliver development, but intervene into development processes that already exist” (ibid). This conception shifts the focus from the task of implementing a so-called “developmental project”, to understanding and responding to the developmental process in which one is intervening; from a paradigm of transferring a set of skills or resources, to a paradigm of “facilitating resourcefulness” (CDRA, 1997/8, p. 17). According to this view, an understanding of the process of organisational development and the way adults learn, is critical, and of far more relevance to effecting sustainable development than the specialist knowledge of particular skills. The Family Foundation programme offered counselling skills acquisition as the specialist component of its programme, but the study shows how trainers became “facilitators of resourcefulness” in the group, in, for example, the implementation of those skills in the community.

### **2.4.2 Poverty**

One of the major objectives in development work has been the alleviation of poverty, traditionally understood as making a difference in the material conditions of people’s lives. However it is common knowledge that “after decades of conventional development practice ... governed by this economic perspective, the levels of poverty

in our world – as economically defined – have increased rather than decreased.” (CDRA, 1997/8, p. 22). An ominous aspect of Third World poverty is its increasing “feminisation”, recorded by the UN’s World survey on the Role of Women in Development (Kabeer, 1994, p. 9) and analyses of poverty in South Africa such as the UNICEF/government situational analysis of children (Southern African Development Education Programme (SADEP), 1995), which have shown that women and children are at particular risk. Apartheid policies such as job reservation and group areas compounded the historic social and economic problems of the migrant labour system and contributed to a legacy of material, social and emotional impoverishment amongst black South Africans as a whole (Wilson & Ramphela, 1989). The mental health consequences of the apartheid regime have also been well documented (Dawes, 1985, Vogelman, 1986, in Petersen 1996). And research (Eisenberg 1995, cited in Petersen 1998), has shown clearly that mental illness has its origins in biosocial conditions. Thus an exclusively economic view of poverty alleviation in this country will only address half the problem – as it will in many other countries in the Third World. This has been recognised in the primary health care approach to health services and in the principles of developmental social welfare adopted by the present government, as the White Paper for Social Welfare (1997, p. 18) states:

“Poverty is ...the combination of economic, social, and emotional deprivation which heightens the vulnerability of poor individuals and families”(My emphasis).

However, while the necessary policies are now in place, the challenge is to implement that vision and retain its comprehensive intentions (Petersen, 1998). For this to occur, it is asserted that “broader strategies (are) needed...including intersectoral collaboration, promotion of healthy lifestyles...and empowerment of individuals and communities to increase control over and improve their health” (Petersen, 1998, p. 196, my parentheses). The Family Foundation programme is an attempt to implement an intersectoral, comprehensive, community-development strategy, drawing on the intellectual resources afforded by academic psychological research and the policy principles of primary mental health care and developmental social welfare.

It has been argued that the nature of poverty in South Africa is unique (Wilson & Ramphela, 1989) and that “Poverty is partly a matter of income and partly a matter of human dignity. It is one thing to have a very low income but to be treated with respect by your compatriots; it is quite another matter to have a very low income and to be harshly depreciated by more powerful compatriots. Let us speak then of **human impoverishment**: low income plus harsh disrespect (Hamburg, 309:7 in Wilson & Ramphela 1989 p. 5, my emphasis). The establishment of the new democratic political regime since 1994 has freed the country of institutionalised disrespect, but the emotional and psychological legacy remains, as has been described already, compounded with the reality of high unemployment rates and a struggling economy. Human Scale Development (Max-Neef 1991) with its holistic approach to development was believed to be a useful tool to address the multiple aspects of our “unique” South African poverties, and to strengthen the participatory, empowerment goals of the Family Foundation programme.

### 2.4.3 Human Scale Development

Human Scale Development (HSD), is an extension of development strategies conceptualised originally in the 1975 Dag Hammarskjold Report, "What Now: Another Development" (Max-Neef 1991, p. vii). A re-reading of conventional strategies was proposed in this report, such as that development should be "need-oriented, self-reliant, endogenous, ecologically sound and based on structural transformation" (ibid). Max-Neef, a Chilean economist, led a group of mainly Latin American researchers testing the applicability of these concepts, who were deeply concerned about the failure of contemporary development strategies to improve the life of the poor in Third World countries. His group focused on the concepts of scale, human needs and efficiency in development and aimed to build a base for future "action programmes" which would stimulate the "creativity and energy of local groups, and also stimulate governments to reshape their priorities and their policies" (Clarke, 1993, p. 4). The report they produced on "Human Scale Development" made a considerable impact on governmental bodies in Colombia, Venezuela and Argentina - where the ideas were implemented in various settings - and also on Latin-American community grassroots organisations which responded positively to it (Max-Neef, 1991, p. viii).

#### A people-centred approach

Human Scale Development's basic assumption is that development is about people and not about objects (Max-Neef, 1991, p. 16). It is also concerned that houses are built, jobs are created, and health and welfare services improved, but from a focus which places people as the chief end of the development process, not simply as means to achieve these ends (Network for HSD, 1997). It shares a common conceptual base with other people-centred, indigenous developmental approaches such as Freire (1981), Hope & Timmel (1984), and is "human scale" because of the emphasis it places on development at the local community level, rather than development that is seen primarily as the preserve of large-scale state, business or international enterprise. It therefore also has much in common with the democratic, participatory goals of community psychology. It is development that is based on "the satisfaction of fundamental human needs, on the generation of growing levels of self-reliance, and on the construction of organic articulations of people....of global processes with local activity, of the personal with the social, of planning with autonomy and of civil society with the state" (Max-Neef, 1991, p. 8).

#### Fundamental human needs

Traditionally, indicators such as the gross national product of a country have been used to indicate whether development is "better" in one country than in another. However, if the qualitative growth of people is considered an integral part of development, the best developmental process must be that which increases their quality of life the most, and quality of life is posited by Human Scale Development to depend on the extent to which their fundamental human needs are being met (Max-Neef, 1991). Human Scale Development holds that there are nine fundamental human needs which are shared across all human cultures, and which must be satisfied if sustainable development is to take place. These needs are not hierarchically organised as in Maslow's (1968) model, in which physical needs are at a "lower" and more basic level than the "higher" needs for love, or respect, but are integral and interdependent on each other. While subsistence needs have to be addressed as a priority to sustain life, their relationship

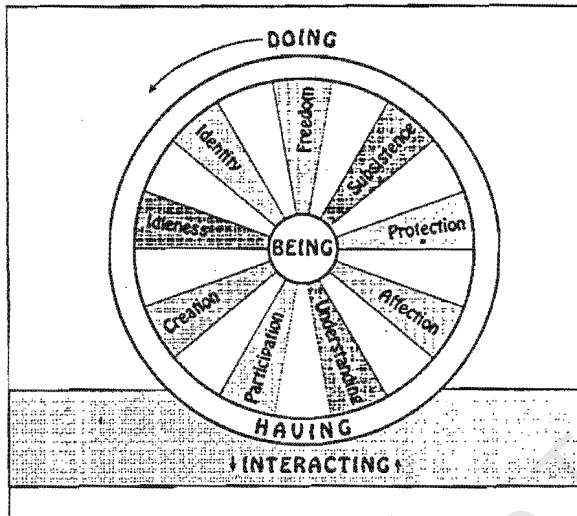
with other needs has also to be taken into account for any development initiative to be successful. For example, the provision of housing for the poor, if it is so shoddily built that walls crack within months, will undermine the intended alleviation of deprivation and frustration amongst the poor, and contribute instead to resentment, despair and apathy. To provide the greatest possible quantity of housing stock at the lowest possible cost as quickly as possible for the poorest of the poor would seem, in conventional development terms an admirable goal. However, Human Scale Development says that unless the social and psychological as well as the material needs are **simultaneously** addressed in development enterprises, the long-term results will be unsuccessful, as has been so patently demonstrated in the failure of conventional strategies to alleviate poverty in the Third World.

The ways in which the fundamental needs are satisfied will change over time and across cultures. Thus "satisfiers" of needs are variable, and culturally defined, continually in the process of being created, while needs remain the same. The nine fundamental human needs posited by Human Scale Development are those for subsistence, protection, affection, understanding, participation, idleness, creation, identity and freedom. The image of a wheel with nine spokes, each representing one of the fundamental human needs, has been developed by Hope (1984) and extensively used in her community development work in Africa, and was also used during the Family Foundation programme (See diagram below). The needs have been described as follows (Clarke, 1993):

- Subsistence: The fundamental need for food, shelter, clothing and water, the absence of which is traditionally definitive of poverty. Human Scale Development broadens this definition in its identification of poverties in respect of other needs as well.
- Protection: The need to be protected from danger, crime, disease, exploitation, and all the major threats to the human body and spirit.
- Affection: The need for warmth, intimacy and respect in relationships.
- Understanding: The need for understanding through education (either formal or informal), - as a young child through adequate stimulation, or as an older person through study, research or meditation, - as well as the need to be understood and accepted by others and hence not marginalised or ignored.
- Participation: The need to be actively involved with others in planning and decision-making in all the various aspects of one's life.
- Creation: The need to express individual and collective creativeness.
- Idleness: The need for "time out" to rest, reflect and "recreate", both physically and spiritually.
- Identity: The need "to know both "who I am" and "whose I am" which comes from having had a clear sense of belonging and participation in a family, peer group and community" (Clarke, p. 11).
- Freedom: The need for collective and personal space in which to develop to our full potential.

If the interrelationship between all the nine needs is accepted, it is obvious that poverty on one dimension will affect a range of other needs as well. For example, in the case of unemployment, lack of income and the ability to provide for family and self, (i.e. satisfaction of the subsistence need), will increase the sense of being unprotected, or deprived of the capacity to maintain and protect one's loved ones, affection needs in the family may be strained because of the crisis, isolation and marginalisation may result from the lack of participation in the work place, and the low self-esteem that is a psychological consequence of chronic unemployment may precipitate an identity crisis and the well-known descent into antisocial or criminal behaviour as a result (Clarke,

1993, p. 18). With unemployment in South Africa estimated at one third of the population, with youth, women and rural people the worst affected (SABC 19/2/99), any job creation scheme, if it is to be a sustainable developmental initiative, must take cognisance of the **multiple** poverties that arise from unemployment.



**The Wheel of Fundamental Human Needs  
Human Scale Development (Clarke, 1993, p. 10)**

### Conventional and unconventional resources

A further Human Scale Development concept is that of “conventional” and “unconventional” resources in communities and in individuals, and it aims to tap into and harness the often unrecognised unconventional resources that already exist in people and groups. It is when there is a combination of conventional resources (money, food, shelter, professional expertise, etc) with unconventional resources (community solidarity, indigenous knowledges, historical memory and awareness, dedication and commitment by outside agencies) that sustainable and self-reliant development can be anticipated to occur. It can be seen that the approach has much in common with indigenous theory and practice as described above.

“Development will occur on a Human Scale where authentic “satisfiers” are sought, and where the needs are correctly understood as closely inter-related and interactive” (Clarke, 1993, p. 14). There are four categories of satisfiers; being, having, doing, and interacting. “Being” part of a training group can satisfy needs for participation, identity and affection. “Having” transport costs subsidised to attend a training course addresses subsistence needs, “doing” counselling may satisfy the needs for understanding, participation and creativity, and “interacting” with the surrounding social environment, for example in community groups, street committees, religious affiliations, can satisfy participation, affection, creativity and identity needs. Human Scale development reminds us that the size of the group, “human scale”, and therefore limited, must be taken into account so that it is conducive to realising these needs.

The aim of using Human Scale Development in the Family Foundation programme was that, through the comprehensiveness of its approach it would contribute both theoretically and practically, within a specific historical and cultural context, towards developing a sustainable and authentic “satisfier” to meet the needs of trainee counsellors, as well as addressing the needs of the community at large for support and guidance in terms of family and couple relationships. In its focus on multiple and interconnected needs, it avoids “psychologising” or individualising problems and thereby diverting attention from social, cultural and economic problems such as sexism, poverty, or racism (Bozalek, 1997).

## 2.5 FAMILY AND MARRIAGE ISSUES

FAMSA, through its title of the “Family and Marriage Society” is by definition identified as an organisation supporting and maintaining “family life” and “marriage”. What these terms mean clearly depends on the theoretical perspective of the organisation, which may vary according to history and socio-political context. Thus FAMSA’s position on “family” and “marriage” at the inception of the organisation fifty years ago, may be very different from its current one. An essentialist perspective on the family and marriage, in which the nature of these institutions is seen as predetermined or God-given, could be said to reflect more accurately its position fifty years ago, whereas today a more relativist perspective could be seen as closer to its position. This illustrates the social-constructivist view that the meaning of such terms is reconstructed over time through changing socio-political realities and power relations (Bozalek, 1997).

FAMSA W.Cape started life in 1948, after negotiations with the Cape Dutch Reformed Church led to the establishment of a “Marriage Guidance Bureau”, under the auspices of the ACVV (Assosiasie vir Christelike Vroue Vereniging). The ACVV were deeply concerned about the break-up of families due to the increasing number of divorces and desertions that were occurring at that time (FAMSA W.Cape, 1998, 50<sup>th</sup> birthday publication). The religious origins of the organisation would therefore have stressed an essentialist perspective on the spiritual significance and sanctity of marriage and its importance for providing a sound basis for family life. FAMSA’s beginnings must also be placed against the backdrop of a South African society which was historically split along racial and class lines and about to move into the era of legislated racial separation under apartheid. The organisation was therefore ideologically identified through its association with the Dutch Reformed Church primarily with the concerns of the dominant, white, mainly middle-class section of South African society, and hence also, its assumptions and beliefs about marriage and family life.

The timing of FAMSA’s inception in the context of world history also clearly impacted on its approach, in that it was launched in the years immediately following the social and political upheaval of the Second World War, and the concerns it was expressing locally about family life and the need for a reassertion of traditional family values, were widely shared in many Western countries. Thus in Europe there was at this time a

“renewed interest in reconstructing ‘family’ life” (Bozalek, 1997, p. 18). Bowlby’s (1951) studies on children who had been separated from their parents during the war led him to conclude that maternal deprivation was traumatic for children, leading to psychological and emotional disturbance, and hence to advocate the importance of the mother’s ongoing presence and availability to her children in the home. This challenged the shift in women’s traditional role at home that had occurred during the war years, through their employment in the national workforce while the men were away at war. But in the aftermath of war, the ideal of the nuclear family, with caregiver mother at home with the children, and breadwinner father at work, was again reconstructed. Bowlby’s ideas had considerable influence on social policies and in the social work profession at this time (Bozalek, 1997, p18). The visit of the founder of the National Marriage Guidance Council in England in 1954 to FAMSA W.Cape was reported to have had considerable impact on the organisation’s activities (FAMSA, 1998). The seminal work being done in psychoanalysis on the dynamics of the mother/child relationship (Klein 1946), was a dominant theoretical influence, shaping the approach of organisations concerned with family issues such as FAMSA.

### **2.5.1 Definitions of the family**

The definition of “family” fifty years ago, in an organisation such as FAMSA, therefore inevitably reflected the current dominant perspective of the traditional nuclear western family, with its assumptions of a male, breadwinner husband and female caregiver wife whose primary responsibilities were the care of the children and the household, and a public (male) domain of work and private (female) domain of home (Bozalek, 1997). The danger in this in the multi-cultural context of South Africa was that such assumptions tend to become the norm against which all family life is consciously or unconsciously measured and valued, and family structures which do not meet the “norm” of the nuclear family are marginalised or considered deviant in some way (Swartz, 1997). In Bozalek’s (1997) study on the family profiles of students from mainly African and Coloured working-class families, 72% of the students reported living in “extended” rather than nuclear families, of very diverse nature in themselves, including “female-headed households, migrant workers, children living with other family members or at boarding school...” (p. 13). Bozalek claims that the idealised model of the nuclear family is less of a reality than a myth “as very few families are constituted this way” (ibid.) In South Africa at the time when FAMSA commenced as a marriage guidance bureau, these “other” models of family life would have been considered less than ideal and marginalised in terms of the current norm of the nuclear family. The essentialism underlying the nuclear family model was compounded by racial segregation in this country, which under apartheid rule cut off communities from each other and hence from experiencing different understandings and definitions of “family”.

However, with the advent of democracy and majority rule in South Africa, previously silenced views are emerging, the diversity of family structures is being recognized, and a gradual process of ideological transformation in relation to the concept of family is beginning to occur. FAMSA, for example has moved from its original unquestioned assumption that the nuclear family was the “natural” and God-given prototype for all family life to a perspective which accepts that family life in multi-cultural South Africa has many forms and each is to be valued. Its mission statement asserts that “There are

diverse types of family life – and all have the right to be recognised” (Annual Report, 1994/5). This is a considerable departure from its original more essentialist position which however does not imply that it is any the less committed to the ideals of mutual respect, trust and support in family life and has adopted a *laissez-faire*, relativist approach. Rather there is an acknowledgement of diversity, and an ongoing attempt to engage with multiple cultural and belief systems, within the parameters of a commitment to human rights principles in intimate relationships (Annual Report 1996/7). This illustrates the process of ideological reconstruction and “cultural reworking” (Littlewood, 1992), earlier referred to.

Diversities in family life in South Africa have, according to Swartz (1997), unique characteristics, due to several factors. One is the country’s ethnic diversity demonstrated in a variety of religious and cultural practices and beliefs which have resulted in a wide range of child-rearing and household patterns. However, “Opportunities for assimilation of aspects of one tradition into another have been limited until the very recent past by separation of groups on political grounds” (Swartz, 1997, p. 5). The development of the Family Foundation lay counselling programme provided a forum where diversity in familial traditions could surface, and the possibility of learning about and assimilating aspects of each others’ traditions could occur.

South African society is also characterised by class division, which in this country is virtually synonymous with racial classification. Thus, “White families, whether English- or Afrikaans-speaking, have historically had access to middle-class opportunities and lifestyle; black families have been confined to the working class” (Swartz, *ibid*). Working-class black families have been subjected to the multiple disadvantages of poverty, poor housing, unemployment, a poor educational system and inadequate health and welfare services, and have had to rely on informal community and family support, in an already overstretched context, while white families in crisis have been able to turn to the state for help (Swartz, 1997). In addition, labour policies which separated black working men and women from their families since the beginning of the mining industry during the late 19<sup>th</sup> century, have taken a heavy toll on black family life. Dawes (1994), notes that a tax was imposed on rural men which impelled them into paid employment on the mines and in the cities, and that women were therefore forced to take on extra responsibilities in their families. Influx control legislation which split many families, exacerbated this tendency. Simkins (1986), cited in Dawes (1994), contends that these families will remain split even after the dismantling of the system. Research work on African families suggests that only a third of African children have both parents at home at any one time (Reynolds, 1997, p. 27), and it is asserted that “It is not as if stable, secure, extended families are caring for these children: care is fragmentary” (*ibid*). More than one third of urban African homes are headed by women, a proportion that rises to 60% in rural areas (*ibid*). Grandmothers, aunts and other female relatives became the chief child-carers in the absence of parents in many families, and the meaning of “family” in the black South African context was therefore radically reconstructed through these policies. Apart from the changes that occurred through “an artificial adaptation to apartheid laws” (Dawes, 1994, p. 3), they also took place “spontaneously in response to urbanisation and modernisation” (Dawes, *ibid*). Urbanisation brought the possibility of financial

independence for women closer, and according to Van der Vliet (1991), many women opted to have children, but to bring them up without help from the father.

## **2.5.2 African family and marriage life**

The implications of all this for the traditional patriarchal structure of African family life and on gender roles in this context have been the focus of several studies (Campbell, 1992, Posel 1991, van der Vliet, 1991). Van der Vliet's (1991) study explores how marriages are constructed in a Grahamstown township, and her respondents indicated that marriage options cluster around two poles, "traditional" (i.e. traditional Xhosa culture) and "modern" (i.e. "enlightened", Western culture) The men in her study tended to defend their positions by insistence on "tradition" being observed, whereas the women attacked their men on the basis of appeals to the "modern" view of marriage (Van der Vliet, 1991, p. 220). She observed that much marital tension and discord was caused around the use and interpretation of these options by both partners. This theme and its consequences for marital and family relationships continues to reverberate in much of FAMSA's counselling work in Cape Town townships. Posel's (1991), study of the way women negotiate and struggle for power within the confines of men's authority also captures the character of gender role struggles in contemporary couple relationships. The struggle was clearly illustrated during the course of the Family Foundation training programme and is described below.

Campbell (1992), describes how expectations of men's roles in their families remain the traditional ones – that they should provide for the material needs of the family, and give guidance to their families, and to the community. But working-class men, affected by a combination of low wages, chronically problematic and inadequate systems of housing delivery for the poor, and high unemployment rates, are unable to fulfill these expectations, and are considered "failures" by their families, who regard their structural disadvantages as personal inadequacy (Campbell, 1992). Men's traditional authority and responsibility in forming community opinion is also considered by Campbell to have declined, as youth continue to assert themselves in community issues, a position which first surfaced during the 1976 youth-led education protests in Soweto. However it also seems that men are attempting to reclaim their power in township communities through for example acting collectively as members of taxi associations against crime in their communities, asserting their right to discipline errant or criminal behaviour while challenging the role of the police and justice system to deal with crime effectively. Meanwhile, intergenerational conflict and marital conflict continue to be persistent themes in township life, and adult men tend to find solace in the conventional resources of drinking and extra-marital relationships which has further alienated and marginalised them from their families (Campbell, 1992).

## **2.5.3 Violence and family life in South Africa.**

While social factors have contributed to these dynamics in black family life, the issue of power and gender relations within families needs further exploration. Van der Waal (1996) argues that domestic violence is part of a hierarchy of structural violence in South Africa, in which the structured violence of the migrant labour system, poverty and racism has precipitated the sense of marginalisation and helplessness in men referred to above, and has led to violence in the home. Thus emasculated male power

has tended to become re-routed into the unacceptable levels of domestic violence and woman abuse currently prevalent in South Africa. Women's organisations, for example, estimate that "A woman is raped approximately every 23 seconds in this country" (Rape Crisis, 1999). Violence against women in South Africa has, according to some research reports, (cited in Whitehead, 1998, p. 4), become so endemic that it is being perceived "as an inevitable, normal and almost acceptable aspect of gender relations", and is "virtually hegemonic in many parts of contemporary South Africa" (Glanz & Spiegel, 1996, p. 5). The link between power and gender relations in South Africa supports a feminist interpretation of the nature of patriarchy and the ideological basis it provides for male violence against women. From this perspective, violence against women is seen as the most potent means men have of retaining their traditional, superior power status over women (Whitehead, 1998). Campbell (1996), holds that both political violence and domestic violence are gendered, and cites McKendrick & Hoffman (1990, p. 201), who assert that "it is within the family that men first learn this behavioural option for conflict management". She contends that violence is a socially sanctioned "recipe for living" for all men in the resolution of conflict, first learned in the family where fathers' violence towards their wives and children is practised and condoned, and that women see male violence and control in the family as "an undesirable but quite unchangeable and inevitable aspect of male existence" (1996, p.213). Challenging this behaviour was not considered an option by the women in Campbell's study, but Whitehead (1998), notes that resistance by younger women to abusive dating behaviour is beginning to occur. During the Family Foundation training programme, there was evidence amongst men in the group that violence against women was considered a socially sanctioned behaviour, which was contested by younger women. The responsibility of training lay counsellors in this area was clearly of crucial importance given the pervasive context of domestic violence, and the process is carefully examined in Chapter Five.

### **The crisis in masculinity**

Campbell (1996), posits a link between a crisis of masculinity in black working class men's identity and the enactment of male violence in the home and in the community. She argues that men's "socially sanctioned power over younger men and women within the family, was often the only arena in which they were able to exercise dominance" (p.206). Older men struggling to maintain power over younger men has been translated in the broader community context, into violent intergenerational clashes which have become ideologically aligned. Fathers and sons from the same family may be on opposing sides across a battlefield in these clashes, with youth tending to identify with the progressive democratic forces and fathers with the traditional forces, as has occurred in the Port Shepstone area of the Eastern Cape (Harrison, 1996, personal communication). Ramphela (1996), in a study on family life in New Crossroads holds that traditional patriarchal practices have been part of the defense system used by many Africans against political oppression, and that "Children... are driven to the conclusion that personal relationships are shaped by the ability of the powerful to enforce their will on the powerless whose fate is to submit"(p. 56). In the Family Foundation training programme, there was evidence of an assumption that the younger members of the group should automatically render services and respect to elders, which was contested by the younger members – confirming some of the intergenerational dynamics described above.

### **A volatile moment**

Contemporary South African couple relationships in the township context are therefore at a critical moment. The new constitution prioritises gender issues, advocating that “all South African women should enjoy a full and equal role in every aspect of its economy and society” (cited in Whitehead, 1998, p. 2), and as already mentioned, through the break-up of African family life under the migrant labour system, and urbanisation, women have been compelled to carry most of the family responsibilities and hence have increased their independence and power (Simkins, 1986, Van der Vliet, 1991). This is confronted by traditional patriarchal assumptions about the roles of men and women, and violence towards women, and male frustration in a context of high unemployment and historic disadvantage across a broad spectrum. This volatile mixture is reflected in the proportion of domestic violence cases which form almost half of the counselling case load in FAMSA W Cape’s satellite offices in Guguletu and Khayelitsha (Community Development Team Minutes, 1994).

Developments in policy making regarding domestic violence in South Africa are strengthening the legal system in dealing with the perpetrators and protecting the victims, and the new constitution (Act 108, 1996), entrenches the right to freedom from violence. However it is generally agreed (Glanz & Spiegel, 1996), that attitudes to domestic violence cannot be changed through a strengthening of the legal system alone, and a more holistic approach to the problem must be adopted, which should include social and educational programmes and support systems for victims within a programme of socio-economic community development and upliftment. Interventions such as the Family Foundation therefore potentially provide the educational and support structures that are recommended. Social Welfare policy on violence against women advocates that a national consciousness about the unacceptability of violence against women be created, a range of support services be provided including legal reforms and improvements to the criminal justice system, and education about women’s rights be undertaken (White Paper for Social Welfare, 1997).

### **Resources for problems in relationships**

A salient issue in the delivery of counselling services dealing with family and couple relationship problems in the black community, is that traditionally all couple and family problems are solved through conferences held with elders of the extended family (Bozalek, 1997, Ntusi, 1992). Phorie (1990), states that the family is still regarded as the chief resource for family and marriage problems. However Phorie and Ningiza (1997, personal communication) suggest that one of the adaptations to city life has been that organisations such as FAMSA are increasingly consulted, as ties with the family loosen and distances and costs prevent easy access to rural areas. The limitations of traditional patriarchal approaches to wife abuse when dealt with in the context of family conferences, have been a grave cause for concern (Ningiza, personal communication), and organisations such as FAMSA can provide alternative options for the victims of domestic violence. Nevertheless, it is standard procedure for FAMSA’s counsellors to make sure that where there is a family problem, the family has already been informed and consulted by the couple or individual, before embarking on counselling with FAMSA.

## 2.6 SOCIAL IDENTITY THEORY

Social identity theory (SIT) is a prominent social psychological intergroup theory which explores the effects of group identity on human behaviour, positing that people tend to group themselves and others into social categories which have a significant impact on their interactions (Tajfel & Turner, 1979). Some of its tenets, as they had been operationalised in research conducted on identity construction with youth in a Durban township (Campbell, 1997), were used to reflect on trends observed during the implementation of the Family Foundation programme.

SIT conceives of social identity as “the individual’s knowledge that he/she belongs to certain social groups, together with some emotional and value significance to him/her of group membership” (Tajfel, 1972, p. 31). A group is defined as consisting of two or more people with a shared social identification, and according to the theory, groups are psychologically formed through interacting cognitive and motivational processes. Cognitive processes leading to group formation are the accentuation of in-group similarities and out-group differences, while the prime motivational factor in the formation of groups is seen as the need for positive self-esteem. The theory is based on the assumption that “individuals strive to maintain or enhance their self-esteem: they strive for a positive self-concept” (Tajfel & Turner, 1979, p. 40), that groups and membership of them have a positive or negative value connotation for individuals, which leads to associated positive or negative social identities, and that a value-based process of comparison with other groups establishes how one evaluates one’s own group. The theory also posits that social change processes, such as the socio-political transformation South Africa is undergoing, have a significant impact on identity formation (de la Rey, 1991), but it insufficiently addresses the impact of the social context on identity construction, according to Campbell (1993).

### 2.6.1 Self-esteem and social efficacy

Campbell’s (1997) case study of the motivational processes underlying social identity formation in township youth has shown that being engaged in “efficacious social action” (Gecas & Schwalbe (1983), interpreted in that context as satisfying socially negotiated criteria for respectability, self-improvement and personal/community empowerment, leads to the positive self-esteem inherent in identity construction. These criteria for social efficacy are held to be shaped by the particular socio-historical circumstances and nature of the group and therefore to vary according to social context (Campbell, 1997, p. 21). The considerable congruency between working-class township settings across South Africa was believed sufficient ground to legitimate using the findings in that study to examine identity issues in the Family Foundation in Cape Town townships, while allowing for local variation and difference.

The impact of the apartheid system on group identities has been strongly identified in past psychological research (Dawes, 1994). The possibility of creating a new identity, impossible under apartheid conditions, of having a “second chance” at oneself, and as a group, through the opportunities being offered in a new political climate, suggested that there was an inhibition, or repression of identity development, and consequently role

confusion (Erikson, 1968), as one of the many consequences of political oppression - which in this new context could be revisited and revised or re-visioned. Erickson's (1968) description of the developmental phase of identity formation in adolescence with its constructive sense of self and hopes for playing a productive role in society, is also of relevance here. He further proposed that while identity formation as opposed to role confusion is the central psychosocial crisis of adolescence, it is also a **continuous** process throughout the lifespan of the individual, and is influenced by the past as well as impacting on the future. The key role of the social context in influencing individual behaviour and identity formation is emphasised by Tajfel (Tajfel & Fraser, 1978, in Campbell, 1997), and the possibility that the social context of the Family Foundation contributed to members engaging in a process of identity construction or reconstruction is explored in the study.

A subsidiary theme derived from social identity theory which has been used to examine the implementation process, is the concept of "social capital" (Kreuter, 1997, in Campbell & Williams, 1998). This is "a relational term which connotes interactions among persons through systems that support and enhance that interaction" and describes "those specific processes among people and organisations, working collaboratively and in an atmosphere of trust, that lead to the accomplishment of goals of mutual social benefit" (Kreuter, 1997, p. 2, in Campbell & Williams, 1998, p. 59). It is therefore a systems-based approach, emphasising the importance of networks which support each other in achieving socially beneficial outcomes. It assumes a certain level of maturity of social functioning in a community, in which such organisations **exist** and are positively operational. Thus from this perspective, it would be critical for the effectiveness of a health-promoting programme such as the Family Foundation lay counselling programme, that organisational bodies such as other welfare organisations, community structures, street committees, local authorities, churches, and others, are actively functioning in the target communities, know about and endorse the intervention and interact with it. The Family Foundation training team was already co-operating with and well-known to the "Caring Network", a mental health support project of the Catholic Welfare & Development Centre in the Western Cape, as described in Chapter One. The Caring Network was based on similar "social capital" conceptual principles, and had a vast body of practical experience with levels of emotional trauma in Western Cape communities experienced during the years of oppression under apartheid, and its subsequent legacies. There was thus an existing and positively functioning local basis for the development of a programme such as the Family Foundation.

Community cohesion, which is characteristic of high rates of social capital, has been shown to be beneficial in the political sphere in promoting more democratic and effective government (Putnam, 1993, in Campbell & Williams, 1998). Looking for evidence of building community cohesion during implementation of the Family Foundation programme would therefore indicate support for democracy, in addition to the Winnicottian perspective already described. It has been suggested that health promotion programmes "will succeed or fail to the extent to which they are able to enhance levels of social capital in their target communities" (ibid). The extent to which the development of the Family Foundation project activated social capital has therefore also been explored in the study.

## **2.7 THE USE OF “NATURAL HELPERS”, INDIGENOUS HELPERS AND PARAPROFESSIONALS**

### **2.7.1 Natural helpers, indigenous helpers and paraprofessionals**

The concept of “natural helping networks”, of anthropological origin, raises awareness of the existence of “networks of reciprocity” functioning spontaneously in communities, which have been credited with the capacity of “holding society together” (Collins & Pancoast, 1976, p. 27). “Natural carers” in communities – people “free from drain” who are on top of their lives and available for others (Collins & Pancoast, 1976, p. 28), therefore able to contribute to the social capital in a community, and whose usefulness could be increased through appropriate training, would be an important potential resource for front-line mental health workers or paraprofessionals. The “Caring Network”, the project from whom many of the Family Foundation trainees originated, grew out of such an approach. Indigenous social welfare approaches have replaced the term “natural helper” with “indigenous helper” as their helping characteristics are considered to originate not only in the helper themselves but also in their indigenous culture and traditions (Cohen, 1991, p. 1). Indigenous helpers are defined as people who support others in a “spontaneous and ongoing way” (Normann, 1991, p. 1), without payment, and out of compassion and concern for their fellows. Help may be given individually, or in support networks such as the extended family, religious groups, neighbourhood groups, or in “stokvels” or “umgalelo”, (the self-help groups, associations and burial societies which are a feature of African traditions) (ibid). Indigenous helpers are considered a vital resource in South Africa because of the huge social deficits there are in historically deprived communities, with few formal professional organisations to meet the needs. Much hope has been vested in them as front-line health workers in disadvantaged areas and as the “building block of services and support in the community” (Normann, 1991, p. 1), as hope was likewise invested in community health workers in the mental health field (Swartz, 1997).

Front-line health workers have usually been regarded as “paraprofessionals”, a term which implies something less than a “true” professional. They have however, been key participants in human service activities internationally, and have played an important role in ensuring the health of large groups of people in need (Brawley & Schindler, 1991). A primary role for professional agencies is therefore seen as providing professional expertise and support to empower indigenous helpers’ or front-line workers’ own experience and expertise. Where they have been employed by a professional agency, it is contended that they should not be confined to a very narrow definition of their role, or be marginalised as a “paraprofessional”, or “auxiliary worker”, but be utilised as “catalysts for changing the policies and organisational structures of the organisation” so that professional services become more responsive to community needs and are more thoroughly indigenised (Cohen, 1991, p. 3). This study explores the process of training indigenous helpers and the impact they had on FAMSA’s services and identity.

## 2.7.2 Community health workers ✓

Surveys have shown that people with mental health problems tend to look for help from community-based primary care workers rather than going to professionals (Holdsworth, 1994). This has also been noted in the delivery of social services where professional social workers, in a context of unemployment and financial hardship, are seen solely as the official route to obtaining grants, with their training distancing them from grassroots people, and the ordinary person preferring to turn to the informal support networks of family and friends, or neighbourhood groupings, for any other help they need (Ntusi, 1992). Research has shown that indigenous helpers are more effective than others in that they have inside knowledge of the context, which is not readily available to outsiders (Brawley & Schindler, 1991). This became apparent during the efforts to launch the Family Foundation counselling service in the community, as is described in Chapter Five. Indigenous helpers are also considered "more effective than professionals in working with certain clients and communities" (Brawley & Schindler, 1991, p. 524). Golden (1991), found that in communities with few resources and inadequate services, and with certain clients, trained paraprofessional volunteer counsellors could offer effective assistance. Other studies endorse the view that lay counsellors can be as effective in certain settings as professionals (Durlak, 1979, Emrick, Lassen & Edwards, 1977, Hattie, Sharpley & Rogers, 1984), but the picture in the literature is a mixed one (Berman & Norton, 1985, Smith, Tobin & Toseland, 1992).

## 2.7.3 Convergence of departmental approaches ✓

By far the majority of mental health problems have been found to relate to depression or anxiety through broken relationships or socio-economic hardship, rather than the psychiatric disorders traditionally the domain of mental health services (Holdsworth, 1994). South African mental health services have therefore been reconceptualised to address these broader needs, one strategy of which is to train community health care workers with appropriate skills, supported by consultation from mental health professionals. South African Welfare services likewise, have been through a change of paradigm towards developmental social welfare, one aspect of which seeks to increase the capacity of communities to care for their own members through training paraprofessionals. An instance of this change of paradigm is the funding that was provided by the Department of Welfare Services for a project training community-based paraprofessional counsellors on the E.Rand (Supplement to Draft White Paper on Social Welfare, 1996). The goal of the project was to provide "an effective mental health resource that will be able to serve the communities and refer those in need of specialised treatment to other counsellors" (*ibid.* p. 4). A dramatic increase in numbers of people counselled for mental health reasons at the local hospital indicated the successful utilisation of these paraprofessional counsellors (*ibid.*). The intersectoral collaboration was clearly of great benefit in the community. In a context of very few mental health professionals, it makes obvious sense to extend the range of potential service personnel through appropriate training programmes (Swartz, 1997). This model has been extended recently (1997) in the intersectoral launching of a lay counselling training programme for HIV/Aids counsellors in the Western Cape, in which trained lay counsellors are employed and paid under contract to the Department of Health, while being supervised by social service agencies, such as FAMSA and Lifeline.

## 2.7.4 Romanticising indigenous helpers ✓

However, while there is justifiable enthusiasm over the use of indigenous helpers and paraprofessionals in specified situations, there have been problems of unrealistic over-optimism attached to community-based workers providing a "solution" to the problem of inadequate mental health or social service delivery (Swartz, 1997). In the health field, the World Health Organization's goal of "Health for all" by the year 2000, which was adopted at the Alma Ata Declaration (1978), led to employment in many parts of the world of community health workers of whom much was expected (Swartz, 1997). Their cultural embeddedness in the communities they were serving, the fact that they were often people considered "natural helpers" and that the delivery of services would therefore be by people in tune with their community, thus avoiding the problems experienced by professionals, were all seen as very advantageous (Swartz, 1997). But it has also been shown to be problematic if not dangerous, to underestimate the level of need in very poor communities, and the consequent pressure that will be placed on indigenous helpers or paraprofessionals for assistance. Binedell (1993) found in her study on community health workers in Khayelitsha that they were "overwhelmed to a degree by their own desire to assist community members who were living in severe poverty" (Swartz, 1998, p. 249). Providing people with counselling skills in this setting may precipitate them into situations which make privacy for their own and their family's lives almost impossible to maintain, and, as Binedell (1993), found, lead to burn-out and a high drop-out rate from such programmes. Holdsworth's (1994), study showed that so-called "natural helper" community health workers found the intrusion on their private lives very difficult to handle, and needed boundaries in exactly the same way that mental health professionals do. Assisting community health workers to set limits and take time for themselves was found to be an important part of her consultation role to these workers by Maw (1996), and "care for the carers" is a theme which is now prioritized in counselling training programmes (Trauma Centre, 1999, Sterling and Lazarus 1995), acknowledging the difficulties and the importance of limit-setting in community mental health work. The problems in the way of achieving this in practice during the implementation of the Family Foundation programme are described in Chapter Five. Freeman (1990, in Holdsworth, 1994), warns of the danger of potentially exploiting front-line workers while rationalizing a lack of resources. Advocacy to address such lacks is therefore essential if indigenous helpers are to be part of the solution to mental health healing in communities.

### Training programmes

In terms of the content of community health worker training programmes Swartz (1997), argues for a basic counselling skills approach, which he feels is more appropriate in a context of few resources than is the capacity to be able to diagnose mental health problems, characteristic of some community health training programmes. Qualitative assessment has shown the impact that listening and caring can have on mental health problems in the community context (Mathews et al, 1994, cited in Swartz, 1997), and the practice experience of the support that trained Caring Network "Home Carers" were able to provide in their communities also supports the basic counselling skills approach.

## 2.7.5 Support for indigenous helpers ✓

Support of community health workers and ongoing supervision of their work is acknowledged to be a vital component of their capacity to manage the work successfully (Holdsworth, 1994, Swartz, 1997, Sterling & Lazarus, 1995). The provision of a training course on its own without the additional elements of supervision and support has been shown to be unlikely to produce sustained benefits (Gibson & Swartz, 1996, in Foster, 1997). A short, brief period of training, as was earlier envisaged as the solution to getting “front-line” mental health workers functioning quickly in these communities (Freeman, 1989) is therefore not realistic. It has been rightly stated that “It is a myth that community work is quick and easy” (Swartz, 1998, p. 252), and the experience in implementing the Family Foundation training programme with indigenous helpers in the community indicated that a costly commitment of time, energy and resources was necessary to sustain the Family Foundation lay counsellors and the project as a whole.

Marion Holdsworth’s (1994), research into the challenges of the consultation and training relationship with community health workers (CHW’s), and her insights into the nature of support required in that context, have been instructive in the group training and supervision relationship with indigenous helpers in the Family Foundation programme, and an overview is therefore provided below.

While the term “supervision” is understood to cover administrative, training and support functions in the human services supervisory relationship (Austin, 1994), the term “consultation” in the mental health field has been defined as “the sort of talk undertaken when one person (the consultant) helps another (the consultee – or a group of consultees) to work effectively, but without taking that work over in any way” (Steinberg, 1989, p. 1, cited in Holdsworth, 1994). The consultation relationship has been seen as a voluntary one (Orford, 1992), whereas the supervisory relationship is not necessarily voluntary. The Family Foundation supervisory relationship was a voluntary one within the framework of a mutually negotiated contract (Appendix 2A). Both consultation and supervision aim to enhance existing skills and knowledge through a constructive interactional process between consultant/supervisor and consultee/supervisee which empowers and supports the consultee or supervisee in their work, and both modes involve training, so the differences between them are small.

## 2.7.6 Work-related and personal support for indigenous helpers

Holdsworth (1994), noted in her literature survey of this topic that a facilitating factor in promoting effective service delivery by community health workers (CHW’s), was the degree to which support was present or not, and that this support included work-related and personal problem aspects. Thus she quotes Clement’s (1987), study on consultation work with CHW’s helping alcohol-dependent clients, which showed that those consultees who received a high degree of work support from their agency managers were much more successful in attending to the mental health needs of their clients than those who did not. She also cites Mgoduso and Butchart’s (1992), findings that inadequate role support can undermine the training and consultation process, and that recognition and support by agencies of CHW’s roles is essential if they are to

succeed. The informal knowledge and life-experience that CHW's bring to their role needs to be validated and utilised during training and, in deprived, working-class contexts, the part that socio-economic circumstances play in generating mental health problems must be accepted as part of the consultation terrain. CHW's may struggle with feelings of role inadequacy, and doubt their own knowledge and skills in handling the diverse problems they are presented with in the community setting, which the training and consultation process should address (Shaw et al, 1978, cited in Holdsworth, 1994). Lack of resources such as privacy or time has also been recognized as potentially inhibiting CHW's ability to practise their skills (Mgoduso & Butchart, 1992), but on the other hand may also lead to overstrain and burnout where CHW's feel driven to respond to desperate community needs at any time of day or night (Binedell, 1993).

In Holdsworth's study all her target consultees said they needed more work-support in coping with the mental health problems of their clients, such as, for example, knowing they were "on the right track" with a particular client. The kind of supervision that focused on checking files and getting statistics rather than assisting with managing cases and offering support, which was one CHW's experience, was criticised. Notable was a lack of sense of support from management for their work - an example being given of transport costs not being paid to attend meetings, or money allocated for organizing tea. The target consultees proposed peer support groups to help them deal with common issues such as sexual abuse, out of which useful networks could, and did, develop for the management of such problems. An important finding was the value consultees attached to support for their personal problems as part of the consultation relationship, often triggered by a client's problem similar to their own, and that managing a personal problem seemed to equip CHW's with greater confidence and motivation in their helping role with clients. This support for the consultee's own emotional difficulties was not seen by the consultant as "providing therapy", although verging on it, but was closer to the "ordinary support" people give each other, and "...they are not going to get it anywhere else, they are in the helping profession and if they don't get it they are going to grind to a halt" (Holdsworth, 1994, p. 38). Consultants all put a high priority on the support aspect of their role with consultees and felt it important that consultation should provide the space for consultees to share personal problems. Finally, there was a perception that potential CHW's attended the training course in the first place in order to meet psychological needs of their own.

Many of these findings were reflected in the supervision and training phase of the Family Foundation programme and are discussed in the section on "Support" in Chapter Five.

### **3.8 LANGUAGE ISSUES**

The Family Foundation training course was presented through the medium of English to a group of trainees whose mother tongue was Xhosa, although fluency in written and spoken English was a requirement of the course. Given the fact that the trainees would be counselling Xhosa-speaking clients this seems a very second-best decision. It was

made mainly because as one of the group of three trainers, I was unable to communicate fluently in Xhosa, and certainly not able to train in it, and also that the training team had all experienced their orientation to counselling at FAMSA through National Council's Basic Counselling Course, in the medium of English, and were therefore comfortable with presenting the new course in English. It was agreed that interpretation into Xhosa would be made whenever necessary during the course. The evolution of language usage during the implementation of the programme is one of the subsidiary themes in the study, and is examined in Chapter Five.

It has been said that:

"If services are to be adequately and properly used by consumers, they must be accessible to consumers not only in terms of location, but also in terms of how they are constructed – and especially in terms of the language of service delivery" (Swartz et al, 1997, p. 168).

As language is the main communication means in the counselling process, and the Family Foundation training course employed the analogy of the counsellor/client relationship as the basis for experiential learning, the course started with a classically South African deficit in terms of its language accessibility to trainees, and that the language of those in positions of authority and power (the trainers) took precedence over those with less power (the trainees). This reflects a situation that still applies in the mental health field generally, where those in powerful positions are generally unable to communicate in indigenous languages (apart from Afrikaans) (Swartz et al, 1997, p. 166). These writers have suggested that language cannot be viewed simply as a technical tool to convey a message, but that it also represents identity and culture, and creates relationships between people, which makes it an issue of the emotions as well (ibid). It would therefore be a crucial component in the training of lay relationship counsellors whose terrain by definition includes the emotions.

Different approaches have been adopted to addressing the problem of language diversity in the mental health field. One of these is the employment of interpreters, where issues of financial sustainability are problematic, and the role and status of interpreters in the health setting has been shown in local studies to be unclear and of low status (Crawford, 1994, Drennan, 1996 a,b, in Swartz et al, 1997). However, much of the literature on interpreting gives it a much higher status and role in identifying advocacy and "culture-broking" functions (conveying an understanding of one culture to another), to it (Swartz et al, ibid). This capacity of the interpreting role is explored in the context of delivering the training programme. A second approach adopted to language diversity in the mental health field has been the use of existing staff to interpret – as was the strategy used in the Family Foundation course. Problems of role overload and resentment arising as a consequence, and interprofessional power relations which have been observed in mental health systems (Swartz et al, 1997), were explored in the Family Foundation training context. It is clear that there are multiple issues involved in addressing diversity in language in the mental health field in South Africa.

## CHAPTER THREE: METHODOLOGY

### 3.1 INTRODUCTION

The aim of the Family Foundation project was to develop an appropriate and sustainable lay counselling structure which would ameliorate the inadequacy of relationship counselling services in townships in and close to Cape Town, under the auspices of FAMSA W.Cape. It was therefore an innovation in service delivery for the agency. The academic research conducted on it was seen as a “partner in development”, in which psychology’s knowledge base as well as that of sociology, social anthropology and education, offered a rich interdisciplinary resource which was drawn on to stimulate and shape the implementation process. The tension of the dual role I held as researcher and trainer, between the practical and moral imperatives to “get a job done” in the deeply disadvantaged context of the township, and the requirements for conducting academic research was found very challenging, but it also generated the space for “thinking”, which has been suggested as one of the most valuable contributions that can be made by researchers in this period of profound social change in South Africa (Swartz, 1998, p. 262).

The research process took place between July 1996 and July 1998. The programme consisted of a ten-session basic counselling training course, followed by six months of group supervision of practical counselling, including additional training sessions. Participants who had fulfilled the attendance and performance requirements then received a “Family Foundation” badge. A contract was drawn up with them, annually renewable, in which participants undertook to provide voluntary counselling services in their communities, with FAMSA providing ongoing supervision and training. Formal research was conducted with the first group of trainees only. Although two groups were trained in this period.

Given that the objective was to develop an appropriate model in a particular social environment, one of the key aims of the research process was to explore what would be learnt in implementing a training programme which originated in Western psychological traditions in this setting, and what changes would be necessary, and what should be retained, to ensure its local efficacy. Crossing and maintaining boundaries was therefore a particular characteristic of the development process. The organisational approach was a willingness and openness to adapt the training programme as seemed appropriate, but with the priority being effective implementation within an agreed budget. One of the main tools used to monitor this process was careful observation of the group training relationship. Other local studies into psychological consultation work with individual community health workers (Holdsworth 1994, Maw 1996), were a valuable resource for theory and practice in this area.

As researcher and one of the three trainers involved, I used participant observation as the basic and ongoing research procedure, focusing primarily on the trainee group, but also on the training team and on FAMSA as a whole. Details of the procedure are

described below. Observation of the training process by the **training team** was also an integral part of the experiential model of training used, and was communicated and discussed with FAMSA's Clinical Manager at regular fortnightly supervision sessions. A consistent forum was therefore provided for sharing of observations, reflection thereon and interpretation of their meaning, and planning for future action. This iterative procedure underpinned the in-practice implementation of the programme. Illustrations of this process will be found in the text of Chapter Five. Observations and information were also regularly communicated to FAMSA's Director for administrative and financial planning and related decision-making purposes. The programme was therefore implemented within a framework of monitoring on managerial, clinical and academic levels. The use of different organisational perspectives as well as the academic one contributed significantly towards effective implementation of an innovation, as is indicated in Chapter Five.

## 3.2 METHODOLOGY

### 3.2.1 Action Research

The above clearly locates my research within the ambit of participatory action research, an area which has had little attention from researchers (Clegg & Hardy, 1996). Action research addresses the relationship between theory and practice directly and requires a degree of emotional involvement and desire to make a difference in the situation being studied (Clegg & Hardy, 1996). It has been defined as:

"An involvement by the researcher with members of an organisation over a matter which is of genuine concern to them and in which there is an intent by the organisation's members to take action based on the intervention", combined with the active participation in the research process by some members of that organisation (Eden & Huxham, 1996, p. 526).

It is the research method of choice for community psychology and the critical social science literature with their aims of conducting "research that is both socially useful and theoretically meaningful" (Lazarus, 1988, p. 175), and achieving transformation in the social environment. In the critical action research approach, the researcher becomes involved in and plays a responsible role in the research situation, learning from it and contributing towards meliorative change, and towards generating theory (Eden & Huxham, 1996). A "participatory" approach is also characteristic, deriving from the adult education movement (See Freire, 1981), and developing countries' experiences of the traditional Western positivist "top-down" research paradigm of the 1950's and 1960's (Lazarus, 1988). In resistance to this, critical social research became directed towards emancipation from the power imbalances inherent in such approaches, and towards strengthening democracy through the active collaboration of participants in the research process (ibid). The extent to which Family Foundation participants "collaborated" in this research process and in practice influenced the direction of the research and/or the development of the Family Foundation programme, is a reflection of the power relations in the project, which is explored at the relevant places in Chapter Five. One of the roots of the perspective of Human Scale Development (Max-Neef, 1991), which was introduced into the Family Foundation training programme, is the people-centred, democratising social research tradition referred to above. Participatory

action research has therefore often been generated by concerns for the liberation and empowerment of groups or individuals (Eden & Huxham, 1996, p. 528). A further characteristic of action research has been identified as "a dual accountability: to the "grassroots" and academic communities" (Lazarus, 1988, p. 177). This tension has already been alluded to above, but an additional accountability existed in the case of the Family Foundation research, which was to the organisational community of FAMSA W.Cape.

The choice of a qualitative research methodology in this study related not only to the purpose of the research, described above, but also to the nature of the research problem. Little was known about the application of the FAMSA W.Cape training model in this setting and qualitative methods are well-known to be useful in exploring new areas, uncovering and attempting to understand the complexity of phenomena which would be difficult to access through quantitative methods (Strauss & Corbin, 1990), and to build or "emerge" a theory about these phenomena (Miles & Huberman, 1994). Most qualitative research has some of the features of naturalistic studies originating in social anthropological and the phenomenological philosophical traditions (Strauss & Corbin, 1990). Thus there is typically a focus on descriptive data in the early stages of the research, sensitivity to the concerns of the participants, a holistic perspective, a search for recurrent underlying themes, and non-standardised measurement methods, such as open-ended interviews, observation, note-taking, audio-taped recording, etc. (Miles & Huberman, 1994). Naturalistic research focuses on small samples purposively selected and studied in depth in their natural context (Guba & Lincoln, 1985).

In these studies the researcher is the main "research instrument" employed, and self-awareness and care on the part of the researcher is therefore a prerequisite (Miles & Huberman, 1994, p. 7). The subjectivity of qualitative research and the perception that this seriously compromises research results has been a key issue for critics of the method (Sechest & Sidani, in Gubrium, 1994, cited in Maw, 1996). However, defenders of the method have asserted that subjective bias can be tested by "corroboration of evidence from multiple, independent sources, a sense of the correctness of the conclusions, and confirmation of the conclusions by people involved in the program" (Posavac & Carey, 1992, p. 214). Others have held that interpretation is inevitably involved in social life whatever the method used (Denzin 1994, cited in Maw, 1996), and hence "subjectivity is not seen as an obstacle which must be overcome, but rather as integral to understanding" (Maw, 1996, p. 37). The constructionist stance holds that "what I describe in my research is in no way existent apart from my involvement in it – it is not "out there" " (Steier, 1991, p. 1), and focuses on the need to examine our own constructing processes, advocating the adoption of a self-reflexive research mode (Steier, 1991). The use in this study of a psychoanalytic perspective – inherently part of the qualitative research tradition - as one of the conceptual tools to examine work-related functioning in the training group, pre-eminently relies on the subjective reactions of the trainer. Bion (1961, p. 149) speaking in relation to the group therapeutic context, holds that "...in group treatments many interpretations, and amongst them the most important, have to be made on the strength of the analyst's own emotional reactions". From a psychoanalytic stance, this is the very material needed to penetrate and understand what lies behind the phenomena observed in the group. Self-reflexivity, of a particular nature, is therefore built into the

psychoanalytic approach. Bion suggests a specific role for psychoanalysis in the examination of anti-work behaviour in the group (or “basic assumption mentality”), which undermines the reality-based “work-group” function, stating that “Many techniques are in daily use for the investigation of work-group function. For the investigation of basic assumption phenomena, I consider psychoanalysis, or **some extension of technique derived directly from it**, to be essential” (p. 154, my emphasis). The psychoanalytic approach used in this study was therefore an extension of a technique developed in the laboratory of the psychoanalytic group therapeutic session (See Ivey, 1998).

### 3.2.2 Action research and scientific rigour

Action research has, in common with other forms of qualitative research (Miles & Huberman, 1994, Strauss & Corbin, 1990), been concerned with strengthening its claims to be “good science” (Eden & Huxham, 1996). Action research is frequently “one-off” research, and because it cannot be repeated is criticised for lack of scientific rigour. However it has the advantage of close involvement by the researcher with a situation which is meaningful to all the stakeholders, and therefore with the potential for subtle and in-depth insight into the situation which it would be difficult to obtain in other ways (Eden & Huxham, 1996, p. 526). These authors have identified a set of interlocking characteristics which they consider together constitute “rigorous action research” and therefore good science, in relation to the study of organisations. In this study the Family Foundation trainee group is understood as “organisation”, and FAMSA is by definition an “organisation”. The characteristics of good action research are:

- The integral involvement of the researcher in change in the organisation;
- The action research results should have implications beyond the action required in the immediate site, or knowledge about the specific situation;
- The development of theory, however rudimentary, is an explicit concern of the research process;
- The design of tools, methods or models must be explicit and shown to relate to the theories informing the design, supported through action research;
- Action research will be concerned with **emergent** theory, i.e. theory developing from a synthesis of data information, and from theory underlying the intervention and research;
- This theory will be incremental, moving through a cycle of developing theory from practice, to action, to reflection, to developing theory (i.e. “grounded theory”);
- A high degree of systematic method and orderliness is required in reflecting on data and emergent theory;
- The exploration of the process to detect emergent theory must be capable of being explained to others;
- The research outcome cannot be defended on the basis of intuitive understanding alone. (Eden & Huxham, 1996, p. 530-34)

These characteristics relate to the internal validity of the action research. External validity comes from the data, but chiefly, from being grounded in **action**, from the role of history and organisational relational patterns (ibid). These authors acknowledge that mastering the skills of analysing qualitative data is not easy and that it takes time for the craft of the action researcher to develop. The level of expertise at my disposal as an inexperienced action researcher was therefore relatively low and there is no formal attempt made in this study to evaluate the effectiveness or rigour of the action research methodology used, but it provided a guiding perspective for the study and some of its

tenets are illustrated in the descriptions of change and the development of emergent theory during the implementation process.

### **3.3 METHODS USED IN THIS STUDY**

#### **3.3.1 Introduction**

A useful introduction to conducting evaluative qualitative research was afforded me during 1996, in fulfilling the academic assignment requirements of the Research Master's coursework on Programme Evaluation, as mentioned in the Introductory Chapter. In many ways the research site of the Caring Network "Home Carers" training course (a project of the Catholic Welfare & Development Centre) which I attended and evaluated as part of the Masters' coursework, was similar to that of the Family Foundation training programme. This was evident in terms of the multiple and not easily quantifiable goals of both programmes, the specificity of the context in which the courses were given, and the use of my own perceptions as the main research instrument (Posavac & Carey, 1992). My work as the administrative co-ordinator of the community development team since 1993 at FAMSA W.Cape had given me the opportunity at first hand to observe the nature of relationship-counselling and primary prevention educational work in local townships, its demands and difficulties, and the enormous gaps in service there were, especially in the most disadvantaged areas, and to unintentionally accumulate research data around the issue, in the form of minutes of team meetings, the recording of which was one of my responsibilities. Furthermore, the exposure to the Caring Network's training course and the theoretical underpinnings for this work with its focus on generating social networks to form the "building blocks" of the transformation process in South Africa, combined with the development of the Family Foundation lay counselling programme by FAMSA E.Rand, provided successfully functioning local developmental models to follow, and, in the case of the Caring Network, to build on. The opportunity to conduct academic research on the development process of the W.Cape Family Foundation programme, which had been gestating gradually over a number of years, seemed an "ideal marriage" of grassroots developmental practice and academia.

#### **3.3.2 Methodological procedures**

##### **Design of the research**

Naturalistic enquiry "cannot be given in advance, it must emerge, develop, unfold... (Lincoln & Guba, 1985, p. 225), and the capacity to tolerate uncertainty about the research design is held by these authors to potentially lead to the best naturalistic research. Exploring the as-yet uncharted territory of implementing the Family Foundation training programme for the first time in the township setting, where the research question was initially opaque and only emerged over time as the training proceeded, and planning was occurring simultaneously with implementation, I resorted to the variety of reflective research strategies of observation, written and audio-taped recording and open-ended interviewing typically associated with indeterminate research situations (Lincoln & Guba, 1985).

### **Data collection and analysis**

Thus formal data collection for the research commenced with the audiotaped recording of the 10 basic counselling training sessions. Only plenary discussions and the small group discussions in which I participated were recorded. This selection was made because the chief unit of analysis and interest, was the "group-as-a-whole" and the issues that emerged there, and a sub-unit was the small discussion group, which it had been found promoted participation in this context (Sterling & Lazarus, 1995), and was an innovation in the training model. Recording of small group discussions was limited to the groups I participated in for language reasons. Another factor in this selection was to avoid intruding on the confidentiality of the paired skills practice sessions where trainees were working with a partner on a personal problem they were experiencing, and finally, to limit the quantity of data collected to manageable and meaningful amounts. The audiotaped recording was listened to and transcribed into a journal as soon after it had occurred as possible. A summary of the session and my impressions of it was then made, also in the journal, and "units of information" or "themes" were identified in the text, named, and noted in the margin (Lincoln & Guba, 1985). The units were items of meaning emerging from the transcribed text, conveying some description, understanding, or action relating to the training session (*ibid*). The perception of "meaning" in this study pertained to the central focus for the research which was the effectiveness and appropriateness of the programme's implementation in this context. The units identified were therefore subjected to a selective, analytic process (Glaser & Strauss' "constant comparative method of analysis", (1967, p. 110)). This theoretical sensitivity to the meaning and relevance of data is associated with "grounded theory" (Strauss & Corbin, 1990). The data selection process in this study primarily reflected the following concerns:

How was the group responding to the experiential training model? Were there signs of learning, including personal growth, and skills acquisition? What degree of participation was there? What about the programme was problematic and what was enjoyed? What was the impact of the external context, including FAMSA, on the programme? What boundaries were being crossed and what maintained? Were there signs of resistance and what was that about? What roles were different people playing, and what purpose was this serving in the group? What was the impact of the programme on trainers? And in addition, guided by other psychological research in this area: What was emerging around cultural, gender, power and language issues?

The summary notes made after each training session, with hypotheses beginning to develop about some of the units of information emerging in the transcribed text, formed the basis of my input at the training team supervision sessions with the Clinical Manager, which as already mentioned was the training team's forum for reflection, interpretation, and planning of action. Discussion at these supervision sessions provided some triangulation for patterns that were being observed and hypotheses developed, and were an important component of the "continuous, iterative enterprise" of the data analysis process (Miles & Huberman, 1994, p. 12). The seeds of theory-making were beginning to emerge from practice, one of the valuable attributes of action research (Eden & Huxham, 1996). This is characteristic also of "grounded theory" which is defined as:

“one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other” (Strauss & Corbin, 1990, p. 23).

The purpose of grounded theory is “to build theory that is faithful to and illuminates the area under study” (Strauss & Corbin, 1990, p. 24), and which tries “to capture as much of the complexity and movement in the real world that is possible, while knowing we are never able to grasp all of it” (Miles & Huberman, 1994, p. 111). The route to building this theory is through using a systematic method of data coding in which codes are progressively revised and made conceptually more inclusive as data collection proceeds, until such time as “meta-codes”, (codes which have explanatory or inferential power), are developed, which synthesize the major proportion of the research data (Miles & Huberman, 1994).

### **Coding procedure**

A coding system was developed for the data collected on the Family Foundation training course, with data relating to each code entered on an index card, a list of which is contained in Appendix 3A. From the 46 codes originally identified, three meta-codes of Structuring, Identity Construction and Support were developed, with sub-codes of Participation, Language, Gender, Culture and Power. The theme of “Structuring” referred to boundary issues as well as the development of professional or physical structures, such as that for the supervision of the trainee counsellors. Each of the meta-codes synthesised substantial proportions of the data collected, and with the sub-codes, provided an important, though not the only, basis for conclusions to be reached in the study about the effectiveness and appropriateness of the Family Foundation Training Programme, and to support the emergent theory. On the back of the index card on which data relating to each code was entered, the sources for the data were coded according to the text or document it was drawn from, page and paragraph itemised, the person concerned and their role entered, and the context of the entry, i.e. whether it occurred during a training session, a supervision session, a preparatory meeting, etc. This was useful in developing the meta-codes and for the draft write-up of the thesis document, for tracing data items back to their original sources for verification and amplification from the text. A sample of the draft research text with references included to the coding system can be seen in Appendix 3B. It was decided to delete such references in the final document due to its laboriousness for the reader.

### **Questionnaire and interview procedures**

A self-evaluative questionnaire was completed at the end of the 10 session training course by the 16 participants, which was followed by an individual semi-structured retrospective interview conducted with each (See Appendix 3C). The interview was based on a semi-structured interview developed by Holdsworth (1994) and extended by Maw (1996) in their local studies on the psychological consultation relationship with community health workers. The use of interviews as a tool to examine issues in the training relationship fits well with the tenets of community psychology and action research, in promoting egalitarian participation and interaction, with the purpose of transformation and improvement (Maw, 1996). However, inevitably interpretation plays a major role in the use of such a technique, and it has been suggested that “data are not being “collected” but rather “co-authored” (Kvale, 1988, in Miles & Huberman,

1994, p. 35). It is held though, that interpretation occurs in even the most structured research method (Miles & Huberman, 1994), and the importance of a self-reflexive approach being adopted by the researcher clearly straddles structured and unstructured research methods.

The interviews with Family Foundation trainees were tape-recorded and transcribed, and analysed using the same method as before, but with the perspective of the central themes now impacting on the analysis. The advantage of conducting the interviews was the confirmation and refinement of hypotheses that were developing, and the strengthening of a broader understanding of the training course. Issues such as the difficulties of limit setting and need for personal support with their own relationship problems, and the quite widespread perception amongst participants that the Family Foundation training might eventually lead to paid work also emerged, thus providing a more holistic view of the training programme than would have been possible otherwise. The interest and satisfaction trainees seemed to take in these interviews could indicate that the Hawthorne effect (Homans, 1965, in Freedman et al, 1974), was impinging on the validity of other evidence of effective implementation of the programme. In other words, that the signs of efficacy were more the result of the attention paid to the trainees during the research process than through their own development as a result of the training. This possibility is further explored in Chapter Five under the theme of "Identity Construction".

Semi-structured interviews partly based on the interview format described above, were also conducted with the "drop-outs" from the training course. Hand-written notes were made of these interviews, and analysis confirmed the tentative hypothesis already made during trainer supervision sessions with the Clinical Manager that their lives were too full and demanding to cope with the extended training programme, and also that the counselling training was not introducing something new and exciting into their lives, a feature noted as important in Holdsworth's (1994) study. One of the drop-outs also said she felt she had done what was necessary in promoting the training amongst the Caring Network volunteers and drawing them into the Family Foundation programme. She was, in fact, building "social capital" for the programme (Kreuter, 1997, in Campbell & Williams, 1998), an asset only fully realised later as it became clear that the Caring Network volunteers developed into the core of the Family Foundation group.

### **Evolution of research design**

The next phase of the Family Foundation programme involved setting up the supervision structure of their counselling work. This took place in monthly 2-hour group case discussion sessions, conducted over 6 months. The decision was made that sufficient evidence had been acquired from the data collection processes thus far to cease the coding method employed during the basic training course. Supervision sessions were therefore audiotaped, listened to as soon after occurring as possible, and summary notes made of the material. The recordings were not transcribed as before but if necessary, this procedure could be reverted to. Listening again to significant audiotaped parts of sessions contributed to the amplification and verification of themes and enlivened the analytic process. This change in the research design reflected a typical situation in naturalistic studies (Lincoln & Guba, 1985), where the design

responds to and emerges from findings at the research site. The issues emerging from the group supervision sessions were shared in our ongoing trainer supervision with the Clinical Manager, feeding directly into practice as before. Self-evaluation questionnaires were completed by each trainee counsellor at the end of this period, and semi-structured interviews were again conducted with them. The results of these interviews are analysed in Chapter Five. The theme of identity construction was strengthened, and perceptions of the particular usefulness of the role of the Family Foundation counsellor in the community, in terms of “being approachable” in comparison with social work professionals, and therefore able to educate the community about the role and use of professionals, emerged.

A “summary report” of my preliminary conclusions (Posavac & Carey, 1992), was shared with the group during 1998. In this I fed back to the group my perceptions of the factors contributing to the effective functioning of the Family Foundation lay counselling programme and requested their comments and feedback. In comparison with the individual interviews conducted before, this strategy was not nearly as rich a source of information, although the importance of future trainees being already involved in community volunteering was stressed as a critical selection factor. There was a sense that the previous strategy of soliciting individual opinions was found more meaningful, taken more seriously, and that individual voices could not emerge as fully in the group context - hence the relatively perfunctory response. It may also have been “out of character” to present the material in this format to a group accustomed to a more personal approach. It however completed a process of participation in the research endeavour which had been one of the aims of the study, as one of community psychology’s tenets, and is considered part of the ethical role of the researcher (Stake, 1976).

#### **Use of multiple methods of data analysis**

In this study the implementation process was analysed using a variety of standpoints and methodologies in an attempt to show that independent measures of the conclusions might concur, and that conclusions regarding practice would be strengthened (Miles & Huberman, 1994). Thus the insights of psychoanalysis, Social Identity Theory, the perspective of Human Scale Development, the “grounded theory” approach, the tenets of community psychology and action research, all directly contributed to the emergent theory that evolved, and to the practice and policy recommendations made. Ultimately it is the researcher who interprets the findings, but it could also be asserted that the researcher, participants and training team together conducted the research, as the implementation process was jointly analysed and acted upon.

### **3.3.3 Ethical issues**

The fact that I was conducting academic research and functioning as a trainer in the Family Foundation training programme simultaneously, was problematic from an ethical perspective (Peshkin, (1985). The likelihood of observer bias due to my own and FAMSA’s vested interests that the project should succeed, as a demonstration of FAMSA’s capacities to work within the developmental social welfare model of the state, and hence ensure financial and moral support from that quarter, as well as from community-minded funders, had to be born in mind. Safeguards against gross bias were considered to be the awareness of this possibility in the researcher and a self-

reflexive approach being adopted, the structure of training team supervision which interrogated "task only" mentality, and the impact of the implementation process itself, which thoroughly and importantly challenged any notions of instant and easy achievement being possible in this context. Issues of confidentiality were involved in the availability of the completed thesis in certain settings. The participants had all agreed before commencing with the training course that academic research could be conducted on the programme, and that their anonymity would be assured. Sections of the analysis clearly identified particular members of the research group, although anonymously. It was decided therefore to make the thesis document confidential in the context of FAMSA W.Cape, and for professional staff use only.

University of Cape Town

# CHAPTER FOUR: LAUNCHING THE FAMILY FOUNDATION TRAINING PROGRAMME

## 4.1 INTRODUCTION

This chapter describes preliminary steps in the implementation of the Family Foundation training programme as a prelude to the thematic analysis of the results in Chapter Five. These steps included needs assessment, selection and enrolment procedures, funding decisions, the design of the training course, and the design of the subsequent practical supervision phase.

## 4.2 NEEDS ASSESSMENT, SELECTION AND ENROLMENT PROCEDURES

Previous research in the mental health field has pointed to a general lack of critical reflection on the psychological consultation relationship with consultees, and that a critical aspect of this is **entry** into that relationship (Holdsworth, 1994). The relationship which was entered into by FAMSA with the Family Foundation group was of a training and supervisory nature, hence with many similarities to the psychological consultation relationship described in local community mental health studies (Holdsworth, 1994, Maw, 1996). In this section, the mode of entry into the training relationship with the Family Foundation trainees is described.

### 4.2.1 Needs assessment

A key procedure for entry into community mental health work, the importance of which is stressed by progressive psychologists, is that of a thorough needs assessment being undertaken before embarking on the intervention (Maw, 1996, p. 69). This protects communities from having programmes unilaterally foisted upon them, with little relevance to their actual needs, while principally serving the unstated agendas of the presenting body (*ibid*). However, no formal needs assessment was conducted prior to embarking on the Family Foundation training programme. This was partly because of the pressure to “get going” with embarking on training, as the project had long been on FAMSA’s community development team agenda, had been formally endorsed by the Area Committee, was supported by FAMSA management, and a waiting list of potential participants was accumulating in the agency. It was as if the project was “waiting in the wings”, impatiently, for us to get on with it. In an informal sense, the first-hand experience of community needs by FAMSA community team workers in the field, as well as the knowledge that we would be meeting the specific training and supervision needs of the “Caring Network” could be considered needs assessment “by proxy”, via a sister organisation in the community, and our own front-line practice.

The absence of a needs assessment procedure however precipitated us into difficulties which might have been avoided if we had opted for this more considered approach. According to Maw (1996), formal needs assessments are no guarantee for producing an ideal intervention, although the level of usefulness for the group concerned can to some extent be more accurately gauged and gross errors avoided.

#### **4.2.2 Selection**

A selection process likewise is part of the entry into the training and consultation/supervisory relationship with the individual or group. Assessment of the suitability of the individual(s) concerned for this type of work (both consultants and consultees) has been seen as an important aspect of the functionality of the relationship (Maw, 1996). Maw (1996, p. 71), recommends that the same criteria as those used for suitability for short term therapy can be usefully adapted to identify suitability of the consultee, which include "A high level of commitment to the process and the assessment of adequate ego strength, which can be assessed by considering past adaptation and functioning". She considers that an in-depth clinical interview to assess ego strength would be inappropriate in the context of the consultation relationship, but that the consultants may still use their clinical judgement to "at least tentatively consider and assess these aspects in the consultee" (Maw, 1996, p. 73). A comparable assessment interview conducted with each potential participant was part of the established selection procedure for participation in FAMSA National Council's Basic Counselling Course, and was therefore a strategy we initially assumed would be part of implementing the Family Foundation training programme. However, for a number of reasons this was not followed.

Firstly, a self-selection procedure had been used by FAMSA E.Rand when it launched the Family Foundation project, based on the rationale that this was the norm for community-based training programmes, and their practical experience that "those who managed to complete the course were the right people for the job" (Howes, 1996, personal communication). This provided practical evidence for the criterion of "commitment" advocated for suitability (Maw, 1996). Secondly, the community development team confirmed that self-selection was the standard procedure for most community-based trainings, and advised adopting this procedure. However, this was countered by the tradition of a careful selection process for prospective FAMSA volunteers who would be functioning within a specific society, as recommended by FAMSA's National Council in its Policy Guideline 91 of 1988. In addition, guidelines for selecting "Community Developers" in a manner honouring local traditions and proposing collective assessment procedures had been circulated to all regional FAMSA societies by National Council in 1995. There was thus a wealth of FAMSA material and know-how available on this issue. The professional guidance of National Council and FAMSA W.Cape in successfully identifying and training suitable relationship counsellors, had to be weighed up against the perception of Family Foundation counsellors as volunteers with a very different role from that of the FAMSA counsellor – i.e. a person equipped with very basic counselling skills and referral know-how, a front-line person in the community and an adjunct to the existing counselling services, rather than a FAMSA counsellor per se. How valid these "differences" were remained to be seen during the development of the programme.

The debate over the selection issue typified the theme of crossing and maintaining boundaries, of holding onto valued professional knowledge and experience and at the same time listening and accommodating to other knowledges and experiences as well, which characterised the implementation process of the Family Foundation training programme. One of the boundaries maintained in the selection procedure was the educational level of a minimum of Standard 8, recommended by National Council (Policy Guideline 91, 1988), and a further requirement was good spoken and written English. Commitment was advocated as a key quality required in a community volunteer, as was generally acknowledged in the field (Howes, 1996, Maw, 1996). It was also agreed that the training process itself would form part of the selection process, another option suggested for community development contexts by National Council (1991).

Thirdly, in the FAMSA community development team there was much confidence about commitment capacities in those who had already shown interest in the course, such as the Caring Network applicants and Area Committee members, who were known to be committed volunteers. Fourthly, the team trusted the community networking process between sister organisations, churches, etc., to produce committed people. Self-selection was therefore felt to be acceptable, because of the knowledge and confidence there was in the community volunteering groups with which applicants were already identified. We were intuitively relying on the existing "social capital" of other organisations, whose approach and way of working in the community was known to us, as a reliable resource for recruitment of appropriate people for the Family Foundation training. It was only later, through the research process, that its efficacy theoretically also became clear. The focus on the individual in the selection procedure used for the Basic Counselling Course was therefore countered by a collective ethos, which finally influenced the decision made. Aside from these considerations, the community development team did not at this stage, have the energy and time it would have taken to devise a more appropriate collective selection procedure. Self-selection was therefore a convenience option to some extent, but also reflected the confidence of the team in specific community groups as reliable predictors, as well as anxiety that the project should not be "out of step" with community norms, and possibly, therefore, rejected. The consequences of the decision to adopt a self-selection procedure impacted strikingly on the training programme, as described in Chapter Five.

### **4.2.3 Enrolment**

A list of twenty-six self-selected people interested in doing the Family Foundation training course had accumulated, and while the Clinical Manager and I were concerned at the large size of the group in terms of the experiential training mode and the size of the venue, a not very large meeting-room in the Catholic Welfare & Development Centre in Guguletu, the community development team leader reassured us that it was better to have a larger number as some were sure to be unable to make it, or might drop out. Information letters explaining the nature of the course and the costs involved, and an application form adapted from the forms used for the Basic Counselling Course, were then posted or hand-delivered to them by the community team leader or myself. The information letter was written in English and the application form was bilingual, at the suggestion of the community team leader who commented that forms in English were often a problem to Xhosa-speakers, as they were associated with legal or

bureaucratic language, often obscure and therefore disempowering (See Appendix 4A). Although these first formal written communications were carefully prepared in consultation with the community team leader in order to make them as accessible as possible, it was clear from later events which are described in Chapter Five, that they were not really understood, and therefore failed as a communication means.

The follow-up work on participants to check on attendance for the first training session was laborious and prophetically informative. I telephoned all participants and discussed the course with them. There were several lengthy discussions about problems with payment of the fee and various difficulties about attendance, noted in the research journal I kept. Thus: "One couldn't pay now, but said in 3 months she'd pay it all. Others could only pay the deposit at the end of the month – not now. (Service organisation) workers unable to pay – we must negotiate with the organisation". For most the financial issue was clearly a pressing one. Attendance difficulties included other pressing commitments, for example, a minister had to take a funeral service and would only be able to arrive late, another had to leave early due to Seventh Day Adventist church commitments, another was unable to attend the first session at all, but said she was committed to coming on the course as a whole. In addition, the taxi war which was taking place in Khayelitsha at the time was mentioned by many as problematic and made travelling to and from Khayelitsha unpredictable and hazardous. I had a foreboding sense of mountainous difficulties in the way of implementing the course. The impact of the context in which we were running the training programme is another of the key themes of this study, and is explored in detail in Chapter Five.

### **Profile of participants**

The predictions of our community team leader about numbers dwindling when it finally came to registration for the course were accurate. 19 people out of the original 26 who had been contacted completed application forms, from which the following information was obtained. Of these 19, 16 eventually completed the basic training course, of whom 4 were men. Ages ranged from 23 years old to 70 years old, with most participants ranging in age between 30 and 50 years old. All the men were married, five of the women were married and there were 7 single women, including two divorcees and one widow. Educational levels in this group ranged from Standard 6 to a tertiary education. 1 person had a Standard 6, 4 a Standard 8, 3 a Standard 9, 3 a Standard 10, and 5 had tertiary education, including two social workers, a primary school teacher, a nurse and a minister of religion. Other occupations included caretaking, child care work, domestic work, being a housewife, and a security guard. One was a pensioner and four were unemployed. The person with a Standard 6 education did not meet the educational requirements, but was one of the Caring Network Home-Carers, a committed volunteer and well-known in his community, and the training team agreed that these characteristics were more valuable for the role of a Family Foundation counsellor than an educational "qualification". The stipulated education level was in any event intended as a guideline rather than an absolute entry requirement.

The group was therefore characterised by diversity in terms of gender, age range, marital status, and socio-economic and educational level. The impact of this diversity is described in the following chapter.

### 4.3 FUNDING DECISIONS

The financial implications of implementing the Family Foundation programme were considerable for a welfare organisation like FAMSA W.Cape. After the design of the training programme had been agreed between the trainers, discussion about how the financial aspects would be managed took place between the Director and myself during the course of our regular monthly meetings. FAMSA's training programmes which were traditionally targeted at professionals, were run on a self-sustaining basis through the fees charged, with subsidisation being negotiable for needy cases. However, in the case of the Family Foundation lay counselling programme it was agreed that full recovery of costs was unrealistic and unacceptable on developmental grounds in view of the poor socio-economic context in which this training was to take place. It would also be out of step with the costing norms of other community-based training programmes. FAMSA had an in-principle position in regard to payment for counselling or training services rendered, on the basis that payment signified the contractual nature of the relationship, according dignity and independence to both parties. A compromise between FAMSA and the participants' financial positions was reached in which it was agreed that participants would be required to pay what was considered a fair charge in this context – to be recommended by the community development team – and at a comparable rate with other community-based trainings such as the E.Rand Family Foundation. Thus the team recommended that an amount of R100 be charged per person for the entire training, including the supervision phase, which was agreed to. Fundamentally, it was accepted that the project would be considered as part of FAMSA's community development outreach work and fund-raising for it would be undertaken. This responsibility was shared between the Director and myself and I drew up a draft budget for fund-raising purposes. The budget included a fee for consultation and input to the programme by a specialist in Human Scale Development. This was an additional, perhaps "unnecessary" expense, but the concept was also perceived by the Director as particularly valuable in this context, and it was therefore agreed to as a "one-off" budget item which in future trainers would present themselves. This type of support for the programme was very significant. Another budget item considered of vital importance by the community development team, and agreed to, was the payment of transport costs of participants to and from the training venue. This was another departure from FAMSA's usual training policy, but closely in line with state social developmental policies (White Paper, 1997, No. 18166).

The discussion and negotiations around financial issues were a crucial component in the implementation of the programme and revealed a similar pattern to other key aspects in its development – such as finding suitable counselling venues in the community – namely that of consultation and negotiation at the grassroots level being closely linked with consultation and negotiation at management level. A willingness to be flexible around FAMSA's traditional financial boundaries and to actively fundraise to ensure the project's financial viability while maintaining FAMSA's financial security, was a critical contribution to the implementation of the project. A fund-raising proposal was jointly drawn up by the Director and myself, and submitted to a local Trust Fund, with whom a follow-up meeting was held. This resulted in approval

for a proportion of the costs being given in late 1996, some months after the course had already begun. FAMSA had therefore risked embarking on the project before receiving assurance about funding. The capacity to risk on a number of levels, and cross established boundaries in areas such as financial, emotional, professional and social, seemed an inevitable and necessary component of this kind of community developmental work, which others had already suggested (Swartz, 1996).

## **4.4 THE TRAINING PROGRAMME**

### **4.4.1 Designing the training programme**

A requirement to become a trainer in FAMSA's Basic Counselling Course is that the trainer must be a practising FAMSA counsellor and must have participated as a trainee in two Basic Counselling Course trainings. All three members of the training team involved in the Family Foundation course complied with these requirements. In addition I had participated in running two Basic Counselling courses with the Clinical Manager during 1995. The agency's supervisory framework to monitor planning and implementation of the Family Foundation training programme consisted of fortnightly training team supervision sessions with the Clinical Manager. At each session we would report back on the previous training session and plan for the next one. Crossing and maintaining boundaries of all kinds was a characteristic feature of these sessions. Supervision would be followed by a practical preparation session when the team prepared the programme in detail for the next training session, allocating different training responsibilities, organising handouts, etc. The creative element in this preparatory work was enjoyable and developed the bond between the training team. It is further explored in Chapter Five.

FAMSA National Council's Basic Counselling Course is now described in order to show how it was adapted in the design of the Family Foundation training programme.

#### **4.4.1.1 Basic Counselling Course**

The Basic Counselling Course (1990) was developed by FAMSA's National Council to train FAMSA social workers and sessional counsellors who were new to the organisation, or other professionals and lay people, in basic counselling skills and the administrative aspects of the work, in order to counsel fee-paying clients with relationship problems. Once trained, counsellors were only permitted to practice if they were being supervised by FAMSA or by another recognised supervisor or organisation. The theoretical basis of the course has already been described in the Literature Review. It aimed to have achieved the following objectives by the end of the course:

1. Learnt and practised the following skills: Listening, empathy, confrontation, self-disclosure, immediacy, conflict resolution and problem-solving.
  2. Experienced in the group process what it is like to be a client in the counselling process.
  3. Experienced and practised the role of client and counsellor.
  4. Experienced personal growth and self-awareness.
- (FAMSA National Council, 1990).

During the training, each trainee has the opportunity of working on a genuine problem which they are experiencing at the time, with a partner with whom they are teamed for the duration of the course. They experience being a client with their "counsellor"/partner, talking through their problem, and then as counsellor, endeavour to put into practice the particular skill that is being taught during that session with that "client"/partner. This method of acquiring skills is based on the belief that "the best way to develop yourself as a counsellor, is through being a client, and learning from the experience" (Basic Counselling Course, 1990, p. 42). This encapsulates the practice of experiential learning on which the course is based.

The trainers each supervise different trainee pairs while they are putting this into practice, to assist them with staying "on task" as unintrusively as possible, and the experience of being counsellor and client is then processed in the whole group, with learnings being identified and written up. Trainers model the role of counsellor to the group, demonstrating the particular skill being taught that session, if possible, but try to avoid being drawn into therapy with the group. The model suggests two trainers for a group of not less than 10 people, and a maximum of 20 participants. Having two trainers provides trainees with the opportunity of projecting parental roles onto the trainers as counsellors, and experiencing different sorts of "parent" or authority figures and increasing their self-awareness through the experience. It provides trainers with a basis of support and ongoing consultation and reflection on the process which promotes containment.

The course is split into two blocks of three and four days respectively. During the first block the training starts with the objective for the session being announced, and then a "vacuum" exercise in which there is simply a statement made by one of the trainers: "Here is a beginning", followed by silence. There are no welcoming words or introductions. This experience is then processed with the group, eliciting the emotional responses first and then thinking about the experience and applying it in other contexts, especially the counselling context, and encouraging the participants to imagine how this experience may relate to that of a client attending his/her first counselling session. This sets the pattern of learning for the entire training course. This first exercise is usually experienced with some confusion and uncertainty, or with excitement and expectation, or irritation, all feelings that can often be present at a first counselling interview or any beginning. So from the start, the feelings experienced are used to learn from and apply in the practice of counselling. This integration of content and method makes the model an extremely powerful one.

Counselling skills are cumulatively built up in succeeding sessions, following Egan's (1986) stage-related approach. The foundational skills of attending, listening and empathising are taught and practised during the first block of the training. Self-awareness and personal growth is an ongoing intention in the programme with the aim of increasing trainees' awareness of themselves and their own aspirations and difficulties, so that they in turn may become more aware of the hopes and struggles of their clients (Basic Counselling Course, 1990).

An important element in the training is what is called 'Unfinished Business'. From the second day onwards, this is a continuous feature, and allows time at the beginning of

each training day for the group to reflect on the previous session, and anything that may be left over or “unfinished” that might block the learning process, and prevent the work from continuing. “Unfinished Business” may and often does, absorb a good deal of time, but it is an example of the priority accorded to processing rather than content-giving in the course. Its functionality as a training method is described in Chapter Five in more detail. The first block concludes with preparation for the two-month separation to come and experiencing and reflecting on the ending of this part of the course.

The second block of training extends the repertoire of counselling skills to include confrontation, self-disclosure, immediacy, and problem-solving, following the same procedure established in Block 1. Self-awareness is also increased especially in the area of conflict and conflict resolution. Issues such as containment, limit setting and caring for oneself as a counsellor are worked with. Finally, the course concludes by dealing with the process of ending, what ending involves in the counselling process, including evaluation, and practising terminating the counselling relationship with the partner/client, and with the group and workshop as a whole. The training ends experientially, as it began.

A characteristic of the course is that group dynamics are intensified through having two concentrated workshops of three and four days each, separated by a gap of two months. The gap provides a separation experience which is of importance for counsellors who will be involved in marriage and divorce work, and in the experience of a break in counselling as a client. The process of being in a counselling relationship, either as client or counsellor, combined with the exercises in self-awareness, builds up into a particular intensity over the successive days of the training, so that the group conflict resolution exercise towards the end of the course can often be a climax in the training, and provide for many participants a highly significant learning experience.

The clear and integrated structure of the training programme and the careful maintenance of time and trainer/trainee boundaries by the trainers, provide the framework for the “safe environment” in which the group can grow emotionally while acquiring counselling skills. Given the excellence of this training model, one may well question why we opted for adapting the course at all in the development of the Family Foundation.

#### **4.4.1.2 Rationale for changes introduced in the Basic Counselling Course**

One reason was that the Basic Counselling Course “Guidelines to Trainers” specifically encourages creativity in planning training sessions (Basic Counselling Course, 1990, Guidelines to Trainers, p. 3) and we also had a precedent for changing the time frame in the FAMSA W.Cape Community Counselling Course which had been run during 1992, on a weekly, out-of-work-hours basis, for a year. This made the course accessible to working people which included members of the FAMSA Area Committee as well as people from different Cape Town communities, such as myself. The year-long duration of the course, in which the group experienced through its members the political and social turmoil of a traumatic year in South Africa’s townships, established a particular bond between participants which, combined with the undertaking made by trainees to

continue voluntarily assisting FAMSA for two years after receiving the training, became the basis for the future development of the Family Foundation.

Having had the experience of being through the Basic Counselling course twice, and training it twice, I was a firm believer in its merits, and had grown and increased my counselling skills in different ways every time I had participated in it. However, the participatory, empowerment agenda of community psychology and action research introduced a new possible slant on the training process for me, one which, as already mentioned, I considered important to include in a community-based training programme. Human Scale Development provided a perspective which endorsed and amplified these aims, and we decided to incorporate it into the programme. In addition, the recently published Training Manual for Lay Counsellors (Sterling & Lazarus, 1995), offered a refreshingly local range of township-relevant exercises, which to my mind, enhanced the aim of indigenising knowledge. Finally, the Family Foundation Training Manual (1996), drawn up by FAMSA E.Rand, provided us with much useful material relevant to front-line lay counsellors in the township context. The basic framework of the training however, remained that of the Basic Counselling Course. Because it had such a coherent structure, it was possible to graft into it a variety of new material without interfering with the basic objectives and spirit of the training.

The participatory nature of the programme's design and of preparatory work done by the training team is described in more detail in Chapter Five.

#### **4.4.1.3 Family Foundation Training Programme**

##### **Counselling as a helping strategy**

Counselling or therapy as a helping strategy in human relationships has been discussed in the Literature Review. FAMSA National Council's Basic Counselling Course provides two definitions of counselling, as follows:

1. "Counselling is not merely a skilful use of conversation techniques to manipulate people.....but a deep human encounter in which man or woman is willing to put his(sic) own light and darkness at the disposal of others who want to find a way through their confusion... (Nouwen, *The Wounded Healer*, 1990).
2. Counselling is giving the client an opportunity to solve his(sic) own problem(s)."  
(Basic Counselling Course, 1990, p. 59).

The first definition highlights the possibility of a profound interpersonal encounter in the counselling process, with the equally profound responsibility of transparency and vulnerability on the part of both counsellor and client. The second definition addresses the power relations inherent in counselling and the temptation on the part of the counsellor to take over responsibility for the client. Taken together, the two definitions represent a credo of the respect for human beings which is considered by many to be the basis of the counselling endeavour (Egan, 1986, Rogers, 1961). Although the intention of the Family Foundation lay counselling structure is not to provide ongoing depth counselling, but a frontline crisis-intervention-type service, the underlying values of genuineness and respect for self and others apply equally. As has been suggested in the Literature Review, perhaps even more so are these attitudes required in the township context where legalised disrespect under apartheid undermined people's sense

of themselves, and where it has been claimed that the need for emotional healing will remain for many years to come (Wilson & Ramphele, 1989).

The definition of counselling given by Sterling & Lazarus in their Training Manual is that it refers "to a process in which one person (the counsellor) helps another person (the client) to find a way to deal with a problem. The goal is to help the client find his or her own way to deal with the problem" (1995, p. 1). The empowering intention and simplicity of this definition places counselling as an attainable goal for ordinary mortals. It continues "we see counselling as mainly involving a set of skills to do with listening, reflecting, clarifying and summarising" (1995, p. 2). The more pragmatic focus of their approach combined well with the greater experiential intensity of the Basic Counselling Course, and I considered that the two models complemented each other, and would therefore enhance a training experience in this context. It will be noted that the four skills mentioned above are included in the Family Foundation training programme, linked with similar skills of the Basic Counselling Course to which they are logically connected (Appendix 4B).

### **Timing**

The time structure of the course was changed from two blocks of three or four consecutive days, to 10 weekly or fortnightly three hour sessions, which was the norm for other community-based training programmes such as Lifeline, the Caring Network, Rape Crisis. The frequency of meetings was to be decided participatively with the trainees at the first meeting. The desire to indigenise FAMSA's traditional training format and to make it as similar as possible to other community-based interventions, motivated the training team. This also influenced the choice of a Saturday for the training, which the team thought would be acceptable to the majority of people, and the decision was to start at 1 p.m., to allow for domestic chores or other responsibilities such as attendance at funerals, to be accommodated. Thereafter, a six-month training supervision period was envisaged, during which counsellors would put the skills into practice.

### **Training sessions**

The ten training sessions were divided into two parts, the first seven sessions introducing basic counselling skills, using the Basic Counselling Course as the foundation as described above, and the final three containing more didactic material around marriage and divorce, domestic violence and child abuse. The material in the first two sessions introduced the Human Scale view of development, presenting the concept of nine fundamental human needs rather than Maslow's (1968) hierarchical theory of human needs, which was used in the Basic Counselling Course. The fifth session presented a Human Scale Development view of conflict resolution.

The objective of this section of the training was:

"To tap into the non-conventional resources that are already there within community...and to mobilize additional non-conventional resources...by providing a "greenhouse" experience that offers expertise and training for the participants to become effective and self reliant agents of family counselling and support....so that the fundamental human needs of parents and children are satisfied together with the needs of the counsellors" (Clarke, 1996, personal communication).

The impact of the Human Scale Development perspective during the training programme is described in Chapter Five.

The final three sessions of the training course were to be planned in consultation with the group in terms of what they considered the most urgent counselling issues in the community to be. However, on reconsidering this, the training on Marriage and Divorce was felt by the training team to be an essential part of their knowledge base as relationship counsellors, and was therefore scheduled as a fixed topic on the programme. The "consultation" process about the remaining two sessions was more in name than in deed, as the proposal to deal with the topics of grief counselling and domestic violence, both of which we considered of vital importance for counsellors, was made by the trainers, and the group seemed happy to concur with this. The relative power of the trainers to make these decisions and the authority granted them by the group, made genuine participation on these issues unrealistic. It will be seen later in Chapter Five, that where genuinely participative decisions were made, power relations were relatively equal in regard to that situation.

The training programme (Appendix 4B) states that it is tentative, and that any changes that may need to be made will be negotiated with the group. This followed the Basic Counselling Course model, and conveyed the contractual, consultative ethos employed, suggesting that the programme could, if necessary, be shaped by mutual agreement, and alerting the group to this possibility. Such statements implicitly conveyed the participatory and empowering intention of the training process.

#### **Adaptations to the training course**

Appendix 4C is a copy of the third training session, including adaptations. One procedural adaptation was that trainers did role plays, in this case around a listening exercise drawn from the Sterling and Lazarus (1995) Training Manual, who recommend that trainers do role plays to demonstrate skills. This was a change from the Basic Counselling Course where trainers do not demonstrate in this way and any role plays are done by volunteer trainees. The power differential between trainer and trainee is strengthened rather than diminished in the Basic Counselling Course, and the issue of leadership and authority consequently heightened. Sterling and Lazarus on the other hand (1995, p. 21), hold that facilitator role-plays, especially done in the early stages of training, demonstrate that facilitators are also capable of making mistakes, which participants are asked to notice and point out, "encouraging them to feel more able to criticise the facilitators as the course progresses and providing a model for constructive feedback to each other which they will later be doing in small groups". The approach aims to flatten power relations and democratise the trainer/trainee relationship. However, the group may have been given a mixed message about trainer authority through the use of two different training approaches. The Caring Network training programme I had observed during 1996, and the Family Foundation E.Rand both recommended the strategy of using role plays as well as small group discussions to promote participation, and Sterling & Lazarus (1995, p. 7), suggest that "the nature of the content requires that participants feel as safe and trusting as possible and, no matter how much trust already exists in a group, most people find it easier to work in smaller units". We therefore made use of small groups as recommended by these sources. This was another structural adaptation of the Basic Counselling Course, in which work is

done on an individual, paired or whole-group level, and where the safe environment in which people are willing to risk is provided by psychological containment and maintaining boundaries. The introduction of these changes did not fundamentally alter the training mode of the Basic Counselling Course but contributed to the emerging Family Foundation training identity which is described in more detail in Chapter Five.

The Family Foundation training course added to those of the Basic Counselling course (on p. 77) three new aims which show the implementational and indigenising intentions of the programme, as follows: They were to have

- Gained some knowledge about specific problem areas in counselling.
- Learnt about Human Scale Development.
- Begun to develop the Family Foundation.

## **4.5 THE SUPERVISION PROGRAMME**

### **4.5.1 Introduction**

As has been discussed in the Literature Review, the need for support of community health workers is generally acknowledged as crucially important (Holdsworth, 1994, Sterling & Lazarus 1995). Supervision as a structural element in that support system has however only recently begun to be integrated into community-based volunteer counselling training programmes in the Western Cape run by NGO's such as FAMSA and Lifeline, and it is not yet universal. The need for supervision has evolved as a consequence of the role that these organisations' volunteer counsellors are performing in the community, and in the situation where short-term, crisis-oriented counselling is the chief focus of the work. It has been found in practice that simply training people to acquire skills is an insufficient solution to the problem (Schutte, 1996, personal communication). As has already been discussed in the Literature Review, the severity of relationship problems in the township environment in a context of high unemployment and crime rates which feed into the unacceptable levels of domestic violence and child abuse, make engagement with this area extremely demanding. Hence there is a particular necessity for a structured support system to sustain the volunteer counsellors and monitor the work they are doing. Evidence of this need has already been given in the Introductory Chapter, in the Caring Network's request for more in-depth training in counselling for township-based Home Carers, as well as supervision of their work. Thus 8 trained Caring Network volunteers joined the first group of Family Foundation trainees, and were the largest sub-group of the 14 people who graduated at the end of the training and supervision period.

### **4.5.2 Supervision structures**

FAMSA W.Cape stipulates that people who have qualified in the Basic Counselling Course are only permitted to practice if they are receiving supervision from a recognised organisation or individual. An attempt had already been made to start supervision with one group of trained community volunteers, (members of the Area Committee), but had fallen through for various reasons, as related in the Introductory Chapter. The Family Foundation E.Rand originally included ongoing group

supervision as part of the project, but found that it was not attended regularly, whereas training workshops were. They therefore offered several training workshops per year on topics of particular concern to the Family Foundation counsellors, and found these were well attended. Supervision continued to be provided for those requesting it on a one-to-one basis, but was not maintained as a scheduled group activity. Instead, peer supervision and informal consultation and supervision with trainers when necessary took its place (Grobler, FAMSA E.Rand, 1999, personal communication).

By the end of 1998 there were 380 Family Foundation counsellors on the East Rand, so a more extensive network and therefore peer support-base for counsellors had been established than in the Western Cape where the growth was much slower, with only 22 trained counsellors at the end of two years. Clearly different models of service were evolving in the two areas, which reflected differences in the constituency of people trained and organisational approaches to implementation. Thus on the E.Rand, most Family Foundation counsellors were people with a tertiary education, teachers, nurses or ministers of religion. They therefore had considerable educational and professional peer group resources. The W.Cape group was educationally and socially far more diverse, as has already been indicated. The use of the Basic Counselling Course in the W.Cape as the principal training model was also an instrumental factor in generating a different perception of the role of a Family Foundation counsellor – closer to that of the social worker than the E.Rand perception. Existing social networking processes and locally expressed needs also influenced the evolving identity of Family Foundation counsellors in the W.Cape. The identity issue is explored further in Chapter Five.

### **4.5.3 Developing a supervision structure**

Supervision in the management of the human services has been seen as encompassing administrative, educational and support functions, and the practice of supervision has been conceptualised as an interactional process between supervisor and supervisee, in which a positive relationship is developed through the creative blend of the administrative, educational and support functions by the supervisor, and the creative use of the supervision by the supervisee, so that optimal service results (Austin, 1994, p. 14). This insightful perception of the relationship is illustrated in detail in the analysis of the supervision process in Chapter Five. The process of developing an appropriate structure emerged organically through our own experience as a training team, of the training and educational aspects of our own supervision with FAMSA's Clinical Manager. Through reflecting in team supervision sessions on aspects such as the readiness or suitability of trainees for the counselling role, on the effectiveness of structures such as small groups and role plays, etc., we began to develop an assessment and decision-making capacity on which we could draw for our new, and as yet untried, supervisory role. This "supervision apprenticeship" process is described in some detail in Chapter Five.

### **4.5.4 Designing the supervision programme**

To supervise the trainee counsellors' work we needed to have access to the content of it. We decided to use a group case discussion model, which we had all experienced at FAMSA, to train the counsellors in basic case presentation skills, making use of the genogram to which they had already been introduced, as a summarising tool for

information, and provide a format for presentation which included a summary of the problem, client feelings, counsellor feelings, process and outcome. In this way we hoped that the impact of the work on individual counsellors would be addressed, and support provided through the sharing of ideas and information in the group. We intended that case discussion would be the main focus of the two-hour monthly supervision session held again, on Saturdays, and that each counsellor should present one case every month, with telephone consultation in between as needed. We decided to break into small groups for this purpose, each facilitated by a supervisor, because of the positive results we had observed from its use during the training course. A plenary session was planned to follow this, in which key observations by the supervisors on counselling experiences in the small group would be shared, and a sounding board for counselling issues or concerns in the group as a whole created. The administrative skills of record-keeping was an additional training task. Chapter Five analyses the issues that arose from this process. It was decided to schedule extra training sessions on the areas of child abuse and HIV/Aids counselling, important areas which had not been covered during the training programme, and which the trainees would be faced with in the community context. Input on the procedure of acquiring an interdict in the case of domestic violence was requested by trainees and was therefore also included. As in the Training Programme, time for "Unfinished Business" was allocated at the beginning of each session, in order to maintain the tradition established in the training course of working experientially with the here-and-now. The structural design of the Supervision Programme and its effectiveness is discussed in Chapter Five. An example of the programme can be found in Appendix 4D.

#### **4.5.5 Implementing the supervision phase**

The supervision period, for which a contract was negotiated with the trainees, commenced at the end of January 1997 at the Catholic Welfare & Development Centre in Khayelitsha. One of the 16 graduates of the training course, a man, had to drop out due to a change of job which prevented him attending sessions on Saturdays. This was a sad loss to the group and reduced the number of men to 3. The 6-month training/supervision period was completed on the 14 June 1997, at the end of which evaluation forms were completed by the group, and 14 trainees received a Family Foundation badge which entitled them to continue the practice of voluntary counselling under ongoing supervision from FAMSA. One trainee had also not met the supervision attendance requirements to earn a badge. Her particular relationship with the Family Foundation is described in the next chapter. A revised contract for the ensuing year was then drawn up with the 14 lay counsellors.

# CHAPTER FIVE: IMPLEMENTATION: THEMATIC ANALYSIS

## 5.1 INTRODUCTION

One of the characteristics of action research is its concern with a system of **emergent** theory, i.e. theory which synthesizes what has emerged out of the data and its connection to the theories driving, or informing, the intervention (Eden & Huxham, 1996). As discussed in Chapter Three this study used a “grounded theory” approach to data collection (Strauss & Corbin, 1990), which aims to reflect as faithfully as possible the complexity and richness of the research site in “emerging” theory from it. The connection of the data to the underlying theories of psychodynamic and open systems thinking which informed the Family Foundation training and practical supervision programme is explored, and the theories used as a conceptual tool to assess the nature and effectiveness of the intervention in terms of developing an appropriate, short-term lay counselling structure in Cape Town townships. This was additional to the analysis of the data as described in Chapter Three.

The theme of “structuring”, which is defined below, was the key theme in the analysis of the process of developing and implementing the Family Foundation training programme and the subsequent lay counselling structure. It related closely to the crossing or maintaining of boundaries acknowledged to be a central tension in community psychology (Swartz, 1996). The analysis also revealed a process of cultural reworking in the training group and in FAMSA. This is reflected on in the light of the underlying theories and their applicability and usefulness in this context are explored. Two further major themes emerged from the data, namely those of “identity construction” and “support”, which are also explored, principally through social identity theory and psychoanalytic thinking. They provide additional perspectives on the development process as well as on the emergent culture. The three major themes of the study inevitably overlap with each other at points and are interwoven with subsidiary themes of indigenisation, participation, power, culture, gender and language. The chapter therefore consists of the description and analysis of multiple, interconnected themes which were integral to the entire development process of the Family Foundation lay counselling training and practice programme with the overall aim of evaluating the effectiveness of the programme and adding to the theory underpinning the model. In approaching the material thematically in this way, certain areas are examined in relation to all three major themes in order to capture the phenomena as comprehensively as possible.

The basic concepts underlying each of the three major themes will firstly be presented, followed by the detailed analysis of the data, as observed during the training and practice-supervision process.

## 5.2 BASIC CONCEPTS

### 5.2.1 Structuring

The term "structuring" refers in this study to the use or maintenance of existing structures or the establishment of new structures to ensure an effective relationship-counselling training programme involving township-based volunteers and the subsequent implementation of a lay counselling community-based service. The structures have physical, organisational, training and supervisory aspects. An "effective" relationship-counselling training programme is understood as one in which trainee counsellors engage with the experiential training process used to acquire counselling skills and show the capacity for personal growth and self-awareness. This is assessed by the fulfilment by trainees of attendance requirements, by ongoing on-site evaluation by the training team of trainees' participation, in consultation with FAMSA's Clinical Manager of the programme, and by responses to the individual interviews with trainees conducted after the end of the initial training phase. An "effective" lay counselling service is understood as one in which trained lay counsellors have started actively counselling on a voluntary basis in their communities under contract to FAMSA and are receiving regular supervision for their work. Attendance and participation factors are again used to assess effectiveness, including factual evidence of counselling work being done. An assessment of client satisfaction with the counselling service was beyond the scope of the present study and must therefore be structured into the next phase of the project's development. The chief tool for assessing effectiveness comes from Bion's (1961) concept of "work group mentality", in which group behaviour demonstrates either reality-based engagement with the current designated task, or conversely, avoidance of the task, which is characteristic of "basic assumption mentality". The approach is described at greater length in the Literature Review.

The Family Foundation lay counselling training programme consisted of two phases, the first being the training course to acquire basic counselling skills, and the second being the implementation of the practical counselling service in the community. The "structuring" theme therefore focuses on evidence of Bion's (1961) "work group mentality" in the group, as well as evidence of resistance to it, in regard to the counselling skills training course, and to the implementation of practical counselling.

The stated objectives of the Family Foundation Training Course were set out on page 77. The objectives of the practical implementation phase of the programme are included in the Contract drawn up with trainees at the beginning of this phase and can be found in Appendix 2A. In summary, they were to:

1. Assist trainees to put their counselling skills into practice in the community in appropriate venues, and to acquire record-keeping skills
2. Provide monthly group supervision sessions of practical work.
3. Publicise the work of the Family Foundation in local community structures and network with related organisations.
4. Provide ongoing training in specific areas of concern such as HIV/AIDS.
5. Evaluate trainees' performance and award those who have met the requirements with the Family Foundation badge.

6. Provide ongoing supervision and training to counsellors wishing to continue doing voluntary counselling under FAMSA's auspices.

Certain key episodes showed the intervention of "work group" mentality into "basic assumption" mentality, which is taken in this study as indicating developmental growth and progress in the group or project as a whole.<sup>3</sup>

The areas in which the struggle between work group and basic assumption mentality and hence between development or resistance to it emerged most strongly during the basic counselling skills training course, were those of attendance and time-keeping, culture and gender. The analysis of these areas revealed also a process of culture-in-the-making. The resulting culture formed the basis of the next phase of implementing the practical counselling service, and the maintenance or not of work group mentality in this context is also examined.

### 5.2.1.1 Attendance and time-keeping: Theories of time

Psychoanalytic thinking on punctuality in time-keeping and consistency and regularity of therapeutic or training sessions, is that they are the outwards signs of an inner attitude or capacity to "hold" or "contain" the client or group, providing the boundaries needed for the safe environment in which emotional growth can best take place (Swartz, 1996). Being able to keep to time boundaries would therefore be a crucial aspect of running a psychodynamically-oriented training course, and it has been found in psychoanalytic work with deprived clients, that the more deprived the client, the more important it is to maintain consistency of time and attendance schedules (Colman, 1984). It would therefore potentially be a particularly significant aspect of training in the historically deprived context of the township. This understanding of the psychological meaning of working within a time frame, and the practice of keeping to time boundaries, was faithfully modelled for us during our own training in FAMSA National Council's Basic Counselling Course, and was therefore a model we intended emulating in running the Family Foundation Training Programme. It posed considerable challenges in implementing the programme in the township context.

It has been suggested that a by-product of Western industrialism is a "quantified, commodified image of time" (Hassard, 1996, p. 583) - time is limited, time means money, time is a valuable commodity - and temporal rigidity in the modern work place has replaced the time flexibility and focus on task rather than production, that

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<sup>3</sup> Work group mentality is characterised by "the need to develop rather than to rely upon <sup>3</sup>the efficacy of magic" (Bion, 1961, p97) and is willing to face pain and difficulty rather than evade it, while basic assumption mentality involves an unconscious collusion in the group to avoid or resist reality and the problems it poses. Bion does not take a judgemental stance in relation to basic assumptive thinking, but views it as an inherent aspect of a group's emotional functioning, reflecting the "spontaneous, gregarious quality" (p136) of individual behaviour in groups - and its more infantile and immature tendencies - which can either impede or support the development of the more reality-based, mature mode of work group thinking. He contends that in the long run, work group mentality triumphs over basic assumption mentality because ultimately the group has to come to terms with reality (p169), and he therefore has an optimistic view of its potential for development. His perspective is discussed at greater depth in the Literature Review

characterised earlier rural economies. The local syndrome pejoratively known as “African time” - meaning a laissez-faire approach to “clock” time - could perhaps be viewed as one of the transitional difficulties a rural-based society has in coming to terms with this commodified view of time in an industrial economy. Viewed psychodynamically, it could also be seen as one of the forms of resistance to the coercive socio-political order that was experienced by the majority of South Africans under apartheid. However, “African time” is a highly adaptive approach in a context where enforced waiting in queues for long hours - for transport, medical attention, to collect pensions, etc., is a reality of everyday life as it is in historically disadvantaged communities in South Africa - and its effectiveness as a survival technique should not be underestimated. Looked at in Human Scale Development terms it could be counted as one of South Africa’s “unconventional resources” in the transformation of our society towards democracy, as has been demonstrated in the recent second democratic General Election where people were willing to wait patiently yet again, for hours, in order to cast their votes. Achieving one’s goals or managing tasks must from this viewpoint, take just as much time as they need to take - which would be decided by the necessities of collective life rather than the dictates of the clock (Hassard, 1996).

#### **Collective versus individualist approaches to time: “Care” and “justice” views**

Such an image of time would be extremely problematic when confronted with the precise temporal structuring of the Family Foundation training programme, and the values we attached to time management stemming from the psychoanalytic perspective of our training model. It is also asserted that “So that individuals may function adequately in society they must... come to terms with the temporality which underlies social organisations” (Hassard, 1996, p. 590). For a country like South Africa which consists of modern and modernising societies (Dawes, 1998), perceptions of temporality cannot be monolithic. Different cultures would also prioritise different kinds of temporality - thus collective societies place a higher priority on loyalty and interdependence on the group, and by implication on keeping to group, or collective temporalities, whereas Western, individualist societies value individual autonomy and responsibility (Pedersen et al, 1989). It is said that in collective cultures “respect for social role and status...and anxiety over the disapproval of others” is the major moral emotion (Shweder, Malaptra & Miller 1987, in Pedersen, 1989, p. 128), in contrast with individually-oriented cultures in which freedom, rights and justice are prioritised, and guilt is held to be the main moral emotion. The complexity of South African society reflects both these orientations, with different communities at different points along the continuum. The “Africanisation” of an intervention such as the Family Foundation training programme would therefore reflect the tension between these differences.

The Family Foundation training programme originates in the individually-oriented culture of Western society, while the Family Foundation trainee group come from a more collectively-oriented culture. Most of the Family Foundation trainees had a personal history of ongoing involvement in volunteer community activities, and were therefore strongly rooted in the collective ethos. It could therefore have been anticipated that decision-making by them about consistency and punctuality in attending a training course taking place in the community - primarily for one’s own individual benefit - would be problematic when confronted by the internal and external pressures to be in solidarity with family or the community by their presence at a

funeral, community gathering or meeting. Pedersen et al (1989) propose that a “care” perspective, reflecting the relational responsiveness and responsibility of collective cultures should be adopted in resolving multicultural dilemmas of this sort, along with a “justice”, human rights perspective, **in dialogue** with the community concerned. It will be shown later in the study how the “care” perspective is closer than might be anticipated to the psychoanalytic approach used in working with this dilemma in the training programme. The challenge of confronting individual and collective responsibilities in the training context provided a fine learning experience for trainee lay counsellors and trainers in the multicultural transforming context of contemporary South Africa.

It was the conflict between different understandings of the meaning of maintaining time structures which presented us with the challenge through which we learned so much. Good time management from the perspective of the training model, would be characteristic of reality-based “work group” mentality as described by Bion (1961) in contrast to basic assumption mentality in which “Time plays no part....it is a dimension of mental function that is not recognized. Consequently all activities that require an awareness of time are imperfectly comprehended and tend to arouse feelings of persecution” (p. 158, my ellipses). How to develop an awareness of time which would not be experienced as persecutory but would promote acceptable levels of punctuality and attendance during the training process, while maintaining a “care” perspective in relation to community responsibilities, was a more arduous exercise than we had imagined, but one which led us along the path towards an “Africanisation” of our model.

### **5.2.2 Identity construction**

The theme of identity construction in this study is derived from Social Identity Theory (Tajfel & Turner, 1979), as it has been applied amongst Durban township youth by Catherine Campbell (1997). Campbell (1993, p. 46), has defined identity as “the sum total of the answers one would give to the question: Who am I?”. A distinction between personal identity (what makes me unique) and social identity (what groups I belong to) has been posited by traditional social psychologists (Hogg 1992, in Campbell, 1993). However, critical social psychology holds that identity is fundamentally social in nature although this does not imply that the individual is simply passive in the face of the socialisation processes. Rather, “Human beings are actively involved in the on-going task of constructing and reconstructing their identities as they move from one social situation to another” (Campbell, 1993, p. 46).

Key ideas of Social Identity Theory as interpreted by Campbell therefore include the importance of the role of social context in influencing identity formation, and the precipitation of active identity construction during times of changing social conditions which is motivated by “a fundamental human need for positive self-esteem, self-efficacy or empowerment”(Campbell & Williams, 1998, p. 63).

The political achievement of liberation from apartheid and the establishment of the new South African Constitution and a Bill of Rights (Act No. 108, 1996) opened peoples’ imaginations to new possibilities across a broad front, including conceptions of the self.

Following the theory, indications of identity construction amongst the trainees would show:

- That the Family Foundation group had become of value and emotional significance to them, and
- That the training and role of a Family Foundation counsellor was perceived to be socially efficacious in their communities, which would build the self-esteem underlying identity construction.

This in turn, would provide evidence of the personal growth which was one of the objectives of the training model. The evidence of identity formation amongst trainees as it emerged through the analysis of the Family Foundation programme was an important component in beginning to understand the apparent paradox that a group of people ranging in economic terms from being poor and unemployed (although not the poorest of the poor) to middle-income professional people, living in crime-ridden poverty-stricken townships, should continue to participate in a relationship-counselling training and practical programme involving stressful voluntary work in their communities. Participants showed evidence of being en route to a new conceptualisation of their identity, as individuals, as men and women and as a group, which is explored particularly in the areas of language, culture, participation and gender. A similar process was observed in the Family Foundation training team.

#### **Efficacy-based self-esteem and identity construction**

Campbell's (1997) study on Durban township youth showed that being involved in "efficacious social action" (Gecas & Schwalbe, 1983) - as understood in that context - contributed to the self-esteem that leads to identity construction. The criteria for self-esteem involved in that study were respectability, self-improvement and personal/community empowerment. Similar criteria were held to be operative in the older-age Family Foundation training group. A process of identity construction was observed which suggested that there was a common underlying principle at work in both contexts, which straddled age and regional differences, which supported Erikson's (1968) contention that identity construction is an ongoing process throughout life, and the assertion that identity construction is actively engaged in by people as their social context changes (Campbell, 1993). The Family Foundation was a new social group for participants and trainers alike and therefore offered an opportunity for identity construction, for adults of all ages.

The influence of social change on identity formation was noticeable also in FAMSA as an organisation. Under the influence of the shift of direction by the State towards the concept of "developmental social welfare" in the reconstruction and development of previously disadvantaged communities (White Paper on Social Welfare, 1997), and the growing exposure to conditions at grassroots level in the townships through the work of the FAMSA Community Development Team, as well as the experience of initiating the Family Foundation, FAMSA was in the process of revisioning its identity as a service organisation. It has been recommended (Seedat & Nell, 1992), that where psychological interventions such as the Family Foundation training programme are introduced, organisations need to provide mechanisms to address the inevitable internal uncertainties and fears associated with change, so that innovations are not identified with a loss of control or power (p. 192). When an entire agency is attempting to move

into a new developmental phase as was the case with FAMSA at this time, it is clearly critical to address the uncertainties and anxiety associated with organisational transformation and provide facilitative structures to analyse the process and support appropriate change. FAMSA was involved in just such an exercise at the time of writing. Organisational change is intrinsically difficult and from a psychoanalytic perspective, often accompanied by resistance (Obholzer & Roberts, 1994). It is recommended that the personal investment in maintaining old systems, even when the need for change is acknowledged, has to be understood and worked with, or the possibilities for change will be diminished (Swartz et al, 1997).

The Family Foundation counselling programme had an important role to play in identity construction in FAMSA in so far as it contributed towards building efficacy-based self-esteem in the organisation, promoted its public profile as working within the officially recommended framework of developmental social welfare, and began a process of "Africanisation" of its identity and service-delivery. A subsidiary theme in this section is that of language, whose connection with identity has been so powerfully demonstrated in South African history. The interweaving of power issues is clearly an integral part of this theme (Swartz et al, in Foster, 1997), and is also analysed. This section therefore aims to explore evidence for identity construction across a variety of levels in the training group, amongst trainers and in FAMSA.

#### **"Social capital"**

The concept of "social capital" which has evolved from Social Identity Theory has been proposed as a useful base from which to evaluate the success of health promotion programmes (Kreuter, 1997, in Campbell & Williams, 1998). This broadens the focus of evaluation from the individual group or organisation outwards to the social systems in which it is placed and suggests that "the extent to which target communities have organisational systems that support the intervention, and the extent to which these are activated" (ibid, p. 59), is likely to predict the success or not of the intervention. Therefore the extent to which the Family Foundation programme was actively linked with and endorsed by local and other structures would be an important social indicator of effective implementation. This is also explored in this chapter.

### **5.2.3 Support**

"Support" is understood in this study as any action or process conducted by FAMSA, the trainers, the trainees or persons/institutions in the external context, which supports and encourages the training and implementation process of the Family Foundation lay counselling project. It is envisaged as an interactional process arising out of the new human system being developed in a particular context, and occurring on conscious and unconscious levels. The nature of support given is described and its contribution towards the effectiveness of the training and practical supervision phases of the Family Foundation programme is discussed. As in the section on "Structuring", the term "effectiveness" refers to trainees' capacity to engage in the experiential training process and show evidence of personal growth, and during the practical implementation phase, to commence with practical counselling in their communities. A subsidiary theme which runs through this section is that of "participation", which is understood as the active taking part by all those involved in the different phases of the Family Foundation

programme, and evidence of a participatory developmental mode, or not. The role that language played in this is also explored.

It has been suggested that when psychologists “with ... little self-reflection” train other practitioners in “counselling skills” they may simply be training them to be poorly skilled counsellors (Gibson, in Swartz, 1996 p. 12). For skills training to be effective, part of the responsibility lies in providing adequate support so that practitioners “have the emotional space to continue with their work in a humane way” (ibid). Support for community health workers is widely acknowledged as important if their work is to succeed (Holdsworth, 1994, Sterling & Lazarus, 1995, Swartz, 1998). Holdsworth’s (1994) study showed that this support has work-related and personal problem-related aspects, as already discussed in the literature review. Although community health workers are based in a health rather than a welfare model of service, the reconceptualization of mental health and welfare services under the new South African political dispensation has meant that the underlying principles driving health or welfare interventions aimed at addressing mental health and psycho-social problems in historically deprived communities, have much in common. Indications of the support needed in the community health worker role have therefore been useful in examining support needs in the closely allied role of the Family Foundation volunteer counsellor.

Was adequate support provided during the Family Foundation training programme? This section briefly presents characteristics of the experiential adult-learner model of training which potentially support trainees’ learning processes. In the Thematic Analysis of support which follows, the psychoanalytic concepts of containment and the facilitating environment, work-group and basic assumption mentality (Bion, 1961, 1967c, Winnicott, 1971), and the holistic developmental perspective of Human Scale Development (Max-Neef, 1991), are used to elicit and illuminate evidence for work-related and personal support occurring over the duration of the research period. Previous research as referred to above (Holdsworth, 1994), is also enlisted for this purpose. Areas examined in the Thematic Analysis include support for the assessment of trainee suitability for the counselling role, support for skills acquisition capacities, the design of training and supervision sessions, the support role of spirituality and commemorative or celebratory rituals, support for personal needs including financial and career needs, and the support role of academic action research.

#### **Adult-learner experiential training model**

In regard to the training model used, support for the future role of Family Foundation trainee counsellors was inherently integrated in the group training and supervision relationship. The nature of support relates to the metaphor used for the training, in which the group is understood as being the “client” to the trainers’ role as “counsellor” in the training relationship, as has already been described in Chapter Four. Trainers make use of basic counselling skills in the group during the training process so that trainees directly experience them, very similarly to the way a client would in a counselling session. Individual counselling however, is not the aim, but providing the enabling and containing emotional environment in which trainees can experience being a client, and also a counsellor, is. It was clear however, that the experience of being listened to by trainers, as if to a client, was a deeply important – and needed – experience by trainees in this context, which is discussed again later. In this sense,

training sessions were performing some of the work of a therapeutic encounter. Skills practice sessions with their counselling partner were “processed” experientially, working with trainees’ feelings during the experience. Their responses were then used to link with the situation outside in counselling a client, or in their families, or the community, which supported the application process in the outside world. The model’s focus on process issues rather than content, during the training, is based on the belief that “process-awareness makes for greater clinical skill” and that connecting what is happening in the group to the process of counselling, or to marriage and family issues, etc., is “a most powerful way of teaching and learning about the trainees themselves, and these life processes”(FAMSA National Council Basic Counselling Course, 1990, Appendix 2, p. 1). The model of training thus supported the possibility of and opportunity for a depth of personal experiencing and growth for trainees. The inclusion of supervision after skills training differentiated it from other counselling skills-training programmes in the provision of ongoing support to trained counsellors.

## 5.3 THEMATIC ANALYSIS

### 5.3.1 Structuring

#### 5.3.1.1 Introduction

The first section of this analysis is concerned with factors which were **external to the actual training programme**, hidden within the implementation process and impacting significantly on it. The analysis of the data on attendance and punctuality factors during the basic counselling skills course was the starting point for identifying the structuring theme. Additional contributory factors emerging from the data were:

- Trainer inexperience.
- The impact of the township context.
- Ambivalence towards the programme in FAMSA, and amongst trainers and trainees.

These factors are explored and reflected upon in terms of the effectiveness of the training course, and indications of changing attitudes and behaviours and of work group mentality are described. Attendance and punctuality factors during the subsequent practical supervision phase are then examined and compared with the evidence from the training course phase and this section concludes with the analysis of the process of organising counselling venues during that phase. The second section views structuring in the context of **the training methodology used**, and on the process of instituting evaluative and practical administrative procedures. Adaptations made in all areas are chronicled in an ongoing way in the text. The third section examines **the culture and ideology** of the training programme in interaction with that of the training group. The achievement – or not – of work group mentality is used as the prime tool to assess effectiveness of trainee engagement with the training process and practical implementation of the counselling structure.

### 5.3.1.2 Attendance and punctuality during the training course

The Family Foundation Training Course is structured to enable participants to learn how to counsel experientially with a practice partner as described in Chapter Four. Absenteeism therefore has serious consequences on the effectiveness of the programme, as those whose partners are absent are left without the opportunity to practise the new skill, or to receive counselling for their problem. Implicit in the model is the value and meaning attached to individual counsellor reliability and consistency (Colman, 1984). Table 1, below, summarises the pattern of attendance and punctuality during the ten-session basic counselling course, as elicited from the data.

Training sessions	1	2	3	4	5	6	7	8	9	10
Trainee attendance:	20	23	22	21	15	17	15	17	17	15
No. of trainees late	4	2	6	5	3	4	1	1	-	1
Sessions starting on time				*	*	*	*	*	*	*
Sessions finishing on time		*	*			*	*	*	*	*

**Table 1. Patterns of attendance and punctuality.**  
(\* indicates punctuality)

At the first training session, punctuality and attendance at all sessions were adopted as norms by the group. Discussion about attendance if an unavoidable emergency arose led to a qualifying of this norm in which it was agreed that in an emergency a person could miss a session – but only one could be missed out of the ten sessions. At the second session a handout listing dates and times of meeting was issued to each participant.

As can be seen from Table 1, the number of trainees attending the training course increased from 20 at the initial session to 23 at the second session. In the first session, 5 people who had applied to do the course and had confirmed that they would be attending the first session on being telephone-contacted, did not arrive. No apologies or explanations were sent. One person arrived unexpectedly who had not applied before. At the second session there were 7 new faces amongst the 23 who attended – including 2 of the 5 expected applicants, and 5 new people who were part of the “Caring Network”, a sister organisation also training community volunteers with whom FAMSA had a close working relationship, and who had heard about the course from one of their members who attended the first session. 3 people who had attended the first session dropped out - indicating a process of self-selection occurring at that session.

This situation has been described in detail to convey the sense of shapelessness and unpredictability that pervaded the first two training sessions in terms of attendance, in spite of the nature of the course having been described in a letter to everyone who had applied to do it, and having subsequently confirmed with each applicant the date and time of the first session. Time seemed not to mean the same thing to us as FAMSA trainers, and the group, and I compared this beginning painfully with the orderly way

such a course would have started in FAMSA's Head Office in Cape Town. It presented me with my first major learning experience; a feeling of intense anxiety and despair - that we were attempting the impossible - and the inappropriate - in this context and that two such different worlds could never be held together. This feeling surfaced frequently during the course, and was one I came to understand better as we proceeded, through examining it from a countertransference perspective, which is discussed later. Some containment at these initial sessions came from the philosophical attitude of my co-trainers to this apparent chaos, their familiarity in coping with similar experiences in community work, and their unruffled confidence in continuing with what we had started.

### **Drop in attendance**

Looking at Table 1, it can be seen that attendance by trainees at the 10 basic counselling training sessions dropped from 21 in Session 4 to 15 in Session 5, and fluctuated between 15 - 17 for the remainder of the 10 training sessions. The cause of the sudden drop in attendance between these two sessions, whilst there were several contributing factors, can be attributed primarily to a change in the meeting date for Session 5 negotiated with the group during Session 4.

The event precipitating the decision to change the date was the fact that 12 of the 21 trainees belonged to the "Caring Network", who informed us at this session that an important Caring Network function was scheduled on the same date as the next Family Foundation training session, which would be a problem for them. As trainers we felt a particular debt of gratitude to the Caring Network for promoting our training programme amongst their members so successfully, and therefore wanted to support their activities, just as they had supported ours. We therefore agreed to a change in our own programme and postponed the next training session by a week. It was as if unwittingly we laid a trap for ourselves in being seduced into the role of indulgent mothers, satisfying our own needs to be accommodating and supportive of the group, and allowing a boundary to be broken without working through the possible consequences, and losing 6 participants in the process. It was an example of Bion's basic assumption dependency mode, in which we as trainers colluded implicitly with the dependency needs of the group to have their problem solved by us, as their leaders/parents, collapsing our structure to accommodate theirs, protecting them from facing the difficulty they presented of a double booking on the same day, and encouraging dependent behaviour - as was demonstrated in their expectation of receiving a "reminder" before the next session - which until this episode had not been requested. Bion holds that in basic assumption dependency mode, the group's primary task is to satisfy everybody's needs and desires and that the leader of the group becomes the focus of a pathological type of dependency which prevents growth (1961, p. 147).

From a psychoanalytic perspective we were unable to contain or "hold" the group adequately at this point, which no doubt contributed to a loss of confidence and security about the course, and a loosening of the commitment to continue, with some members dropping out as a result. The group also requested at the fifth session that we "review" the relevance of the course to find out why so many people were absent, which is a further indication of their sense of doubt and insecurity. Colman's (1984), view that

the more deprived the client the more important it is to hold onto agreed time schedules seemed to be born out in this context, where deprivation across a broad front had been collectively experienced for decades, and where a change of date resulted in the shattering loss of a quarter of the participants.

An aspect of the design of the programme that contributed to problems of attendance was the scheduling of ten fortnightly sessions, which meant that the course took four and a half months to complete. The decision to meet on a fortnightly basis, made participatively with the group, extended the length of the programme and also increased the possibility that external factors might impact on regular attendance.

### **Punctuality**

Table 1 shows the struggle there was with punctuality during the training course, in terms of participants arriving on time, and sessions beginning or ending on time. The first three sessions started after the scheduled time, 4 people arriving late at the first two sessions, increasing to 6 at the third session and 5 at the fourth, their lateness varying from 10 to 30 minutes. This suggested that motivation levels were uncertain amongst these individuals as well as the struggle with other commitments on a Saturday. This is further explored below. The last four sessions indicate an improvement in timing in general. How was this achieved and what did it mean? Factors relating to inexperience, the nature of the context, the training programme itself and ambivalence towards the course are discussed and the ensuing process to come to resolution of the time issue is then described.

It is significant that training sessions started on time from session 4 onwards, and that there was a drop in the number of participants arriving late from session 7 onwards to the end of the course. When the trainers were able to commence on time it seemed trainees also became able to be more punctual. The group was prepared at session 9 by the one participant who was late at session 10, for her late arrival. An increased awareness therefore of the importance of punctuality and capacity to arrive on time developed over the duration of the course.

In the Family Foundation Training Course trainers endeavour to model the role of counsellor to the participants' role of client in the learning process, maintaining the professional boundaries between them as far as possible. Demonstrating containment in the counselling relationship is therefore implicitly conveyed through the capacity of the trainers to observe time structures and model punctuality themselves. As already noted, the first three sessions started late and the first, fourth and fifth sessions ended late for reasons which are discussed below, but the record shows the struggle trainers as well as trainees had in dealing with time.

#### **5.3.1.2.1 Trainer inexperience**

This was the first attempt by FAMSA W.Cape to run a basic counselling training programme in the township setting, and it demonstrated the challenges inherent in making the connection between the self-contained efficient infra-structure in the Head Office in Cape Town and the lack of this in Guguletu, where the training was conducted. We ideally wanted to create the same well-organised, comfortable and contained working environment which we as trainers had experienced in doing the

Basic Counselling Course in town, without the infra-structural back-up that would have been available to us if we had run the course there.

### **Working in Guguletu**

What this meant in practice was having to supplement the existing environment at the community centre in Guguletu with additional "props" such as a clock, heater and small tables, bringing a flip chart and all the training materials for each session, and also handling the financial and administrative tasks such as registering participants, issuing receipts and taking money for fees paid, paying out transport subsidies and doing the catering and washing up afterwards. These are all typical features of community development work but aspects we at FAMSA were unprepared for. FAMSA Head Office supported the programme through fund-raising and providing administrative assistance with drawing up the training programme and photocopying handouts. But in order to run the training programme in this setting we had to develop a mini-administrative/financial and catering system as well. We therefore had multiple roles and the ideal of maintaining a clear boundary between ourselves, as trainers/counsellors and the participants/clients, was compromised from the start. It also added considerably to the amount of time required to prepare, which we underestimated, and pointed to the importance of management skills as well as training skills in projects of this nature.

The payment of money at each session to participants who needed it for transport costs was initially an uneasy task for us, uncomfortably reminiscent of the charity hand-outs of traditional social welfare, and of the dependencies and disempowerment that are well known to result. It may well have contributed to a certain dependency in the group, and skewing of power relations, in that we had access to the financial resources which the group needed. Expectations may also have been set in motion through this policy, and several participants said during post-training interviews that they hoped that the training with FAMSA would produce "sweets", or financial remuneration at some stage, although we emphasised the fact at the commencement of the training that there was no job offer attached to doing the course. However the training team's perception that in a context of high unemployment, community volunteering was often seen as being exploitative and that payment of transport costs would signal recognition by FAMSA of the value of the volunteer's participation, as well as the reality of financial need in the group, took priority over the risks of dependency and a skewing in power relations developing. It has been said that "Voluntary labour given for the common good may be perceived as a long-term investment for a return in the form of status and possible payment" (Ramphele, 1991, p. 41), and there may well have been this perception amongst Family Foundation trainees. Ramphele (*ibid.*) has also suggested that "people living on the edge of survival in a highly competitive socio-economic milieu tend to act as "economic beings", and their actions are guided by a rational assessment of how best their interest would be served in both the short and the long term". There were indications that this applied especially to the unemployed or under-employed group members.

### **The design of the training programme**

Inexperience also contributed to sessions ending late. Each session lasted four hours with a break for tea half way through. The major factor in finishing late was the design

of the programme, which introduced Human Scale Development and material from the E. Rand Family Foundation Training Manual as well as from Sterling & Lazarus' (1995) "Teaching Lay Counsellors: A Manual for Trainers", into FAMSA National Council's Basic Counselling Course in addition to the issues felt to be of particular relevance in relationship counselling as described in Chapter Four.

The training method adopted in the Basic Counselling Course as has already been mentioned, prioritises working with process over content, in the belief that a focus on process enhances clinical skill (Poss, 1990). This is the fundamental goal of the Basic Counselling Course, and means that processing may take more time than has been allocated for it, in which case part of the content of the course will be sacrificed. (Poss, 1990). The E.Rand Family Foundation Course, although it is also concerned to raise levels of self-awareness in lay counsellors, has a more didactic mode, with less focus on processing and more on equipping lay counsellors with the knowledge base and self-awareness needed to address short-term crisis family and relationship needs in the township setting. The Family Foundation Course attempted to straddle both models, in the belief that the most effective crisis intervention counselling requires an experiential training as presented in the Basic Counselling Course, supplemented with more didactic material drawn from the E.Rand Family Foundation Training Manual (1994), in areas relating particularly to couple and family relationship issues. The focus on process therefore emulated the Basic Counselling Course method more closely, but as is later indicated, the course had a strong didactic element as well.

It was clear from the very first session that the programme was overcrowded and pressurised, attempting to achieve too much in too little time, with exhaustion amongst trainees and trainers being consistently noted in the data. An additional half hour, negotiated with trainees, was added on to three of the ten sessions to try and cover the material. Between 10 and 15 minutes only was allocated for the tea-break in the first four sessions, which the tiredness recorded in the group showed was far too short, especially in such a full and personally demanding programme. In addition, interpretation into Xhosa wherever it was felt necessary was an important aspect of the programme but also added to the length of time of each session and was not allowed for sufficiently. The programme had some of the characteristics of force-feeding an infant perceived to be malnourished, an assumption that had some basis in reality, but perhaps also reflected our reparative needs and desire to provide "the best food possible". We erred on the side of overfeeding, but our urgency was checked by protests from the group and the space given to reflecting on the training process during supervision with the Clinical Manager.

Consequently the structure was revised for the second group of trainees in 1997, with all ten sessions being allocated to the acquisition of basic counselling skills (Appendix 5A), and the other aspects being included in the practical supervision training period. Improved time structuring led to less pressure and exhaustion for all, in the implementation with the second group.

### **5.3.1.2.2 Context**

#### **Transport, crime and violence factors**

Transport factors impacted continuously on punctual attendance. The distance travelled, time taken and different types of transport people had to use was one issue – participants from Lwandle, near the Strand had to take the train to Bellville station, a forty minute journey, and then a thirty minute trip by taxi to Guguletu which often entailed waiting till the taxi was full enough to depart. Taxi violence in Khayelitsha was endemic during 1996 when the course started, and as half the participants came from Khayelitsha, they frequently had to wait a long time to catch a bus instead, and there was always worry about their safety if any of them happened to be late. The group decided that it would be safer if the training course took place in Guguletu, in spite of the lengthy travelling for the Lwandle participants, rather than in Khayelitsha because of the taxi situation.

Crime and violence impacted on the programme in various ways. An upswing in violent murders in the New Crossroads area led to one participant dropping out because she was involved in a group of women organising against crime in her area, another arrived late, traumatised after a shooting incident on the bus she was travelling on from Khayelitsha. Other incidents which occurred during the course demonstrated the character of the social context in which the trainees would be working – one participant's close friend had just lost her four-month old baby who was killed by her boyfriend, and two members had daughters who were in hospital after being brutally battered by their partners.

#### **Community versus individual needs**

Family and community responsibilities were another factor in punctuality and attendance. In response to the question during the first session "What did you have to leave behind in order to begin this training course?", there was a veritable deluge of needs and situations that had been left behind – including attending a family funeral, being at church (a Seventh day Adventist), the family's washing, children at home alone, work. There was a powerful sense of the huge difficulty of extricating themselves from the demands of their everyday lives and community responsibilities in order to participate in this course. Most had multiple commitments, eight being female heads of household and twelve already involved as volunteer "home carers" for the Caring Network. The focus and attention we paid to punctuality and attendance carried the latent message that trainees' individual presence in the group was valued, and considered critically important for themselves and the group as a whole, which confronted the assumption that community and family needs must inevitably take priority over individual needs.

As Ramphela (1995) has suggested, individual needs can be abused by community demands, as occurred in the politicisation of funerals during the apartheid era. The conflict between a justice perspective of individual rights and a care perspective of community responsibility was dramatically evident in the first session, and became an ongoing dialogue throughout the training as we struggled to co-construct a common ground, acknowledging both positions (Pedersen, 1989). The development of a mechanism or structure to address this dilemma and discuss the nature of the training, led to the institution of a pre-course preliminary meeting in future groups. In this

meeting applicants were asked to consider their family and community commitments very carefully against course expectations of regular attendance, and only to make their decision about participation after negotiation with all concerned. This provided a structure in which a more realistic assessment of both the demands of the course, and their current responsibilities could be made, although other motivating factors such as perceived job opportunities and an increase in social status, or needs for a support group, could always override rational decision-making processes.

### **Choice of day for training**

The choice of Saturday as the most suitable day for the training to take place by the group also proved problematic in terms of attendance and punctuality – because Saturday was the day for funerals, community functions, shopping, paying accounts, doing the washing, and when the children were out of school and at home. Saturday was therefore also a “work-day” – not one participant mentioned Saturdays as a day for recreation or rest.

### **Bereavement and Funerals**

Death and attendance at funerals was a consistent factor in attendance and punctuality rates – two of the late arrivals at the first session were due to attending funerals, two were late at the third session for the same reason, one was absent at the fifth session due to her husband’s funeral, one trainer was absent from the seventh session because of a family funeral, and two shared their recent family bereavement at the ninth session.

#### **5.3.1.2.3 Ambivalence**

From a therapeutic perspective, lack of punctuality may be indicative of psychological ambivalence. Exploring the theme of ambivalence would therefore potentially promote understanding and the capacity to deal with the problem of unpunctuality. Bion (1961) holds that there is a powerful tension in people when they join or participate in groups between the unconscious fear of being overwhelmed by the group and their identity smothered, or being cast out and abandoned in their individuality. These feelings are very similar in character and intensity to the ambivalent feelings of love and hate that an infant feels towards its mother which are part and parcel of its normal developmental process (Klein, 1946). The type of thinking associated with this state when it occurs in the group context is what Bion called basic assumption mentality. And beginnings, whether in life as an infant or at the start of a new group such as the Family Foundation Training Course, are classically the site where primitive fears and hopes are aroused and basic assumption thinking occurs. Ambivalence has however also been understood as that state of “not knowing” which is “a prerequisite for learning and discovery” (Salzberger-Wittenberg, 1983, p. 9). This uncertainty therefore characterised the starting of this “new thing” (Swartz, 1996), including the research I was conducting on it, but with all the potential for discovery and learning as well.

### **Ambivalence in FAMSA**

FAMSA was embarking on a major undertaking in launching the Family Foundation programme in the townships, and it therefore held profound fears of engaging with the unknown – that this community connection might overwhelm the organisation, suck its resources dry and fundamentally threaten its modus operandi. All these were realistic fears, and played themselves out in different ways over the development of the project.

As already mentioned, the structure of regular formal meetings between myself as co-ordinator of the community development team and the agency director was an essential link in which the practical needs that emerged (often unanticipated), could be discussed and a way to address them found, and the progress and vivid experiences of running the programme shared. Communicating the lived reality of the programme at management level, with all its joys, sorrows, shocks and challenges, was an important structure which promoted greater understanding at FAMSA of grassroots needs and the capacities of trained township volunteers to assist FAMSA deliver services to the poor, and deepened its commitment to the work.

FAMSA's relatively little-known profile in the townships at this stage may have heightened uncertainty and ambivalence in the group about what was being offered and the nature of the organisation offering it – its work was already known to the five participating FAMSA Area Committee members, who had motivated for a practice-oriented counselling course such as the Family Foundation Training Course to be delivered in this setting, but its credentials in terms of serving township communities was still in its infancy and had to be proved. One of the trainers commented that FAMSA had been known in the community as “very therapy-orientated, very ‘white’”. FAMSA had struggled for years with ambivalence about implementing services in the townships, which was shown in the stated intention of the agency in the 1960's to develop services for black clients, but lack of active implementation until twenty years later.

The decision to develop township services was prompted by financial sponsorship for township work being obtained from the Community Chest, a key FAMSA donor, as well as the shift in orientation of state welfare policies towards social developmental welfare with its accompanying subsidy structure, rather than towards clinical services (Hill, 1997, personal communication).

### **Ambivalence in the group**

What, then, were group members risking, or hoping for in enrolling to do a course with FAMSA? The vacillation and unpredictability in attendance and punctuality indicated that powerfully ambivalent feelings were present in the group towards the course and FAMSA, in addition to the social factors already discussed. As mentioned earlier I experienced intense anxiety and despair in the early sessions at the apparent impossibility of running the programme in this context. This was in stark contrast to the sense of an opportunity I had always longed for now being possible, the excitement of being part of this project in this context, at this time in our country's history, and the satisfaction and stimulation of working with such a varied and interesting group of people.

Interpreting these feelings as a countertransference from the group, I was perhaps carrying the group's ambivalence to the course; the longing for and excitement about taking something at last for themselves as individuals in a transforming South Africa which was offering opportunities not available before; the sick fear that it might not actually happen, coming from a history where things like this do not happen, or endure – because ultimately you are not worth it and aren't good enough; or that it would happen in a way that could not accommodate your way of being in the world, imposing

the "old" South Africa yet again, hence fears that the fit between FAMSA and themselves would not work, and they would be abandoned or rejected in the process. So it is likely that the ambivalence carried ideological undertones as well as the inherent emotional challenges involved in becoming a member of a new group.

Those participants who ultimately dropped out of the course were, from this perspective, unable to resolve their ambivalence towards the course, for whatever reason, whereas those who remained were able to co-operate with the designated task and develop a capacity to function more effectively in terms of time and attendance structures. How this occurred is described below.

### **Ambivalence in the trainers**

My co-trainers' ambivalence towards the project was evident in initial difficulties in getting to the centre in time to assist with setting up for the training session, resulting in a late start at the first three sessions. Their greater knowledge and experience of the practical and human challenges involved in working in the township context and hence anticipation of the burden this work could actually be, combined with participating in a practically and emotionally demanding training programme with all the extra tasks that had to be carried out, plus the fact of the training happening on a Saturday, out of work hours, when both, as I too, had family responsibilities, made ambivalence towards it virtually inevitable. It is a moot question whether the programme was replicating historically oppressive structures in expecting service delivery without sufficient resources or support being allocated to it. Their difficulty in arriving in time to help prepare, may also reflect the reluctance of professional people who have managed to lift themselves out of the apathy and resignation of poverty and oppression into a different position, to connect again with that context, with all its overwhelming needs and deprivations.

However, both were very enthusiastic in principle about the project's potential to promote community empowerment and to publicise FAMSA's work more positively in the township context. One expressed the view that long-term sustainability of the project depended on recognition by FAMSA management of the impact of the work on the satellite offices in Khayelitsha and Guguletu, and greater support systems being put in place for staff involved. Both later said they enjoyed the work itself, had gained in confidence professionally, and remained committed to participating in it. One said she had joined the programme reluctantly in the beginning because of her family responsibilities on a Saturday, and that it was a sacrifice she made in order to support her colleagues, but that this changed over time, in spite of the demands of the work and the work brought her satisfaction in its own right. Structural shifts to introduce the administrative support needed have been planned, but still have to be implemented. A change was however made in FAMSA's policy towards ongoing weekend work which involved the recognition of financial payment for it, and was significant in that it indicated a greater understanding of the difficulties involved in community development work, and a willingness to accommodate to this.

Key learnings from exploring the theme of ambivalence were that underlying the enthusiasm and excitement on embarking on a new programme, there was the fear of venturing into the unknown on FAMSA's part, apprehension and mistrust amongst the group, and anxiety amongst trainers that they would be given additional work

responsibilities without adequate understanding in the agency of the demands of the work or extra resources being allocated to them. All these were important considerations for the effective implementation and sustainability of the project, and were addressed in various ways and at different points in the implementation process.

### **5.3.1.3 Venues**

An aspect of the structuring theme which is also external to the actual skills training programme, but essential for implementation, was the acquisition of places where Family Foundation counsellors could do their counselling in safety and privacy. Without these, the service could not have operated. It is therefore included in this section as one of the “hidden” and essential components of effective implementation in this context, although in chronological terms, it took place after the first ten training sessions, during the practical supervision phase.

A key resource in the implementation of the counselling service was accessibility and suitability of venues for counselling. The significance of obtaining space where counselling could take place, however, extended beyond the physical aspect to its ideological and psycho-social dimensions. “Access to prime physical space reflects existing power relationships in society” according to Ramphela, (1991, p. ii). The township context clearly reflects the unequal power relations of the past continuing into the present, with scarce housing and building stock and space at a premium. Thus the acquisition of physical space in this context for an activity like relationship counselling was crucial both for the functioning of the service and for the status and identity it would confer on the activity and the organisation, indicating the transformation of power relations in process. Psychologically also, it was very important that the short-term relationship counselling service offered by Family Foundation counsellors should have a specific place in which to operate, where a particular culture of working with couple and family relationship issues could be implemented and gain recognition in the community.

During the training on “Limit setting” in the training course, the issue of the appropriateness of using one’s private home for counselling was considered. Most of the trainees lived in typical township homes without the privacy or space needed to be able to guarantee client confidentiality, and where the counselling would be an intrusion on their family life. Those who were members of the Caring Network were accustomed to visiting clients in their homes, but the confidentiality and safety factors - especially in domestic violence cases - were a serious concern, and it was agreed in the group that home visits would not be made, unless there were particular circumstances that made it safe and acceptable. There was general consensus that other venues would have to be found.

#### **5.3.1.3.1 The search for appropriate venues**

How were these venues going to be found – and paid for? The work done on obtaining and financing venues was a participative effort undertaken jointly by the trainees and FAMSA, which indicated the concerted work-group mentality of the group and FAMSA to engage realistically with the scarcity of suitable accommodation in the township setting, and with existing structural resources to support the project. It was therefore initiating the links with the “social capital” in their communities considered

necessary for effective implementation of such programmes (Kreuter, 1997, in Campbell & Williams, 1998). The process is described under “Structuring” at this point, but it reflects the “Participation” and “Identity Construction” themes equally.

In the first supervision session the issue was brainstormed and a range of options were suggested by group members. The use of the FAMSA offices in Khayelitsha and Guguletu was considered, but decided against, as the purpose was to provide a counselling service in areas where FAMSA was not already accessible. Areas where the trainees lived were thought about in terms of what was already available, a church, or school or community centre, and each person undertook to research possibilities there. However several trainees had reservations about counselling in their immediate neighbourhoods and the difficulties of setting limits there. “It’s a problem – if they know you, they arrive at any time”, said one. Safety factors were also a consideration. It was therefore agreed with the group and negotiated with FAMSA management, that if a trainee had to use transport to get to a counselling venue, FAMSA would pay the transport costs. There was a considerable fund of knowledge in the group about local facilities and structures, which was an important “unconventional resource” we were able to draw on, as well as the fact that most were actively involved in their street committees, or with other civic or church bodies. Members stressed the importance of informing local street committees about the project, and each one undertook to speak to their own street committee. This was therefore activating the “social capital” considered necessary for the effectiveness of interventions, like the Family Foundation training programme (Kreuter, 1997, in Campbell and Williams, 1998).

A spate of letter-writing from FAMSA supported the group’s research and networking activity, which it advised was necessary to introduce and identify FAMSA, the Family Foundation project, and themselves as volunteer counsellors, in local community structures. According to one of the trainers the tradition of informing community structures through a formally written letter of intention, arose during apartheid days when people were highly suspicious of organisations that suddenly started delivering services without the community’s prior knowledge. This procedural know-how and guidance given by members was invaluable in negotiating the entry of the Family Foundation programme, and with it FAMSA, into the townships. There was also considerable anxiety in the group about how they would obtain clients and the need to publicise the project to get referrals – the difficulty being that until the venues were sorted out, it was difficult to advertise the service. However, basic information about the project was sent by FAMSA to various welfare organizations and civic authorities to publicise it, as well as to schools, clinics etc, as suggested by group members, asking whether space could be allocated for the counselling work of the Family Foundation. This again gave evidence of endeavouring to utilise the “social capital” available, and obtain the support of existing local systems. Samples of these letters can be found in Appendix 5B.

#### **5.3.1.3.2 Progress in obtaining venues**

Progress in obtaining venues occurred when one of the better-off trainees offered the use of a container he owned, for which he requested a monthly rental, and which he undertook to fix up so that it would be suitable as a counselling office. This was in Site C, Khayelitsha, an area with a paucity of such services, which was also accessible to at

least four of the trainees, by taxi if necessary. FAMSA agreed to pay the rental – but it was one of the unpredicted aspects of implementation which challenged the organisation's capacity to cross boundaries and move beyond the anticipated budget for the project. In these circumstances regular consultation meetings with FAMSA management provided an essential organisational structure for problem-solving and negotiation.

By the end of the six-month training supervision period, the container in Site C, Khayelitsha, was being used by three counsellors, one had been granted permission to use a classroom in a primary school in Khayelitsha, one was given the use of an office in a Community Health Centre in Town 2, Khayelitsha, four were counselling at their place of work with special arrangements having been made, and the remainder were either using their own homes or still trying to find a suitable place. There were negotiations in process for a counselling office in a community centre in Harare and Site B Khayelitsha, and in Guguletu, and a FAMSA fund-raising proposal had been sent to try to secure funding for a container in New Crossroads, where the available community facilities were already fully used. One trainee had a home with sufficient space for counselling to take place in privacy. It was not ideal, but was a compromise that was made due to the lack of alternative facilities. During 1998 negotiations with the Harare community centre led to an office being allocated for Family Foundation counselling purposes, and funding for the erection of a wooden bungalow in New Crossroads was also obtained. Considerable progress was therefore made with this aspect of the development.

#### **5.3.1.3.3. Trainee motivation**

In the context of limited resources, much depended on the individual motivation of the trainee to start counselling and on their contacts with local organisations or structures – in other words, their ability to use existing social capital in their communities. One indicator of counsellor effectiveness in terms of actively counselling in their communities, and in terms of the work being a “good fit”, was the speed with which they managed to resolve the venue issue, even if the situation was not ideal, and start counselling on a regular basis. Those who took longer to engage were probably not as motivated and had other commitments, interests or work possibilities. During 1997 there were 97 cases dealt with between the 14 Family Foundation counsellors. However, 75% of these were dealt with by 4 counsellors. This pattern of a core of counsellors doing most of the counselling continued in 1998, when 316 cases in all were helped. All of the most active counsellors had secured a counselling venue during the six-month training supervision period and started on their counselling work almost immediately. It seemed that for the “core” counsellors, their counselling role was fulfilling deeply personal as well as work-related needs (Noonan, 1989) and was a good-enough fit to provide the energy needed to get the service operational. Three of the four core counsellors were those who had originally been the “quiet” and least assertive members of the group, but with a prior history of volunteer political and social involvement in the community, and that grit and staying power which enabled the counselling service to become a reality in their communities.

#### **5.3.1.3.4 Key learnings**

The key learnings that arose from the organisation of counselling venues, were that this must be accepted as an integral part of the nature of developmental work in the townships, which has to take cognisance of and accommodate to the depleted resources and lack of infrastructure inherited from the past. Part of the successful resolution lies in activating existing “social capital”. A welfare organization like FAMSA therefore has to be prepared for investment in physical space, such as containers, or paying rent in community centres, if it is to be involved in implementing a service aimed at reaching the deprived areas in Cape Town townships. In the present under-resourced environment this will continue to be a reality in development work for some time to come, but the motivation, indigenous knowledge, and entrepreneurial ingenuity of trainees can be relied on and harnessed to guide and promote the process significantly. The progress that was made in gradually obtaining counselling venues for most of the Family Foundation counsellors, was evidence of the degree of participation in development, of growing identity construction and the capacity for work group mentality in the group.

#### **5.3.1.4 Conclusion**

The analysis of practical and organisational matters, as well as inner attitudes such as ambivalence added two significant pieces of emergent theory relating to the effectiveness of the training model. Firstly, these outwardly insignificant issues impinge powerfully on the effectiveness of implementation. Thus, difficulties with attendance and punctuality at training sessions were precipitated by the day arranged for the training, by FAMSA’s inexperience in delivering a programme of this nature in the township setting, that we were trying out an over-full training programme, and that there was ambivalence towards the programme on the part of FAMSA, the trainers and the trainees.

Secondly, the effort to resolve the issues contributed in no small degree, to the process of empowerment, the shift from basic assumption to work-group mentality. A chaotic approach to time and attendance in the beginning changed to a more orderly one, through the ongoing method used to engage with it as described above. The organisation of finance, catering and trainees’ transport costs generated essential management skills amongst trainers for effective implementation in this context, and accorded economic and value status to volunteer trainees. Trainees’ organisation of a number of counselling venues in a hugely overcrowded environment was a clear sign of substantial movement towards effective group action, and the likely sustainability of the project in terms of the activation of “social capital” in this process.

None of this was anticipated in the documentation or in the theoretical preparation for running the programme. It was a discovery of the implementation process.

#### **5.3.1.5 Training methodology: the use of “processing”**

Much of the trainees’ learning and empowerment came out of the **training methodology** of “processing” that was employed, which occurred particularly during “Unfinished Business”.

### **5.3.1.5.1 Unfinished Business**

The characteristic of work mentality according to Bion (1961) is the facing of the problem at hand, rather than evading it. The structure of a training programme therefore has to allow time to accommodate the work involved in "facing" it. This type of work is known as "processing", which, as has been mentioned above, is an important characteristic of the Basic Counselling Course and of the Family Foundation Training Course. The time slot known as "Unfinished Business" in both courses is the specific space where such issues can be worked through with the group, although processing as a method is used whenever appropriate during the training (Poss, 1990). It is the key technique used to facilitate experiential learning in the adult/learner model and vital for assessing and working with how the group is functioning moment by moment on a psychological level (Benson, 1987, p. 73). At the beginning of each training session the group is invited to raise any "unfinished business" they might have relating to the course so far, after which the trainers follow with their unfinished business, announce any decisions made by the training team and negotiate any changes to the course with the group, all with the underlying aim of being "open about any difficulties so that our work together can proceed". (Family Foundation Training Programme, 1996).

Work done during Unfinished Business produced some key learnings and it is a component of the Family Foundation training programme in all its phases. Its value took time for trainees to appreciate, but one, who was involved in doing an additional skills training course with another organisation complained that "They don't even do Unfinished Business, so I told them they must!" In Human Scale Development terms it provided an important and ongoing space for participants to air their needs or problems in relation to the course and the group.

#### **Preparing for the use of Unfinished Business**

Table 1 shows, as already noted above, that the number of trainees who came late during the first three training sessions increased to 6 by the third session and was 5 at the fourth session. This trend occurred in spite of the fact that norms of punctual attendance and apologies for absence or late-coming had been agreed at the first session by the group, and the list of norms was displayed at every session. The importance of the structure of trainer supervision in preparing to work with such issues, is demonstrated in the process described below.

During the training team's supervision session with the Clinical Manager prior to the fourth training session, we shared our concern about the issue of punctuality in the group. She reminded us of our training model – our role as counsellor to the trainees' role as client in the learning process, being empathic and non-judgemental in our approach, the importance of modelling punctuality ourselves and starting promptly at the scheduled time, whatever else might be happening, and of raising awareness of late arrival or absence in the group, and the consequences it might have for the individual or the group. This reminder, away from the hurly-burly of the training environment, in the "sanctuary" of FAMSA's Head Office, restored our capacity to think about the time issue again, and to internalise it ourselves, so that the team arrived in good time to prepare together for the fourth session, and commenced the session on time, although half of the trainees were still busy drinking tea in the entrance foyer. It required courage to simply start without them, resisting our previous mode of friendliness and

gentle encouragement that the programme was about to begin. It proved to be a turning point as after this we managed to stick to the boundary of starting every session on time and soon afterwards, trainees' punctuality also began to improve, as can be seen in Table 1. A strange osmosis which seemed to verify the psychoanalytic perspective that consistency of timekeeping on the part of the therapist models containment of the counselling situation to the client which in turn promotes the client's capacity to set limits in their own lives.

### **Using Unfinished Business as a time-awareness training tool**

Using Unfinished Business was an uncomfortable exercise for the group initially, shown in their silence and reluctance to participate when invited to do so. It was a piece of FAMSA's training culture which disturbed them – one said "This unfinished business thing, it's confusing me". The stated objective of "being open about any difficulties so that the work could proceed" possibly implied sharing criticism of the course or trainers, or the group, which their silence indicated was impossible, and must have seemed downright ungrateful to FAMSA who was going to so much trouble to do this training course in their community and perhaps disrespectful to group members to raise "unfinished" matters with them in public. This suggested that basic assumption dependency thinking was dominant in the group in which the purpose of the group is to keep everyone happy through meeting their needs and where the leader is revered and can do no wrong (Bion, 1961). It also suggested that traditional, authoritarian power relations were operative, and that a more egalitarian, democratic mode of interacting was found difficult by the group at this point.

Again, supervision with the Clinical Manager helped us think about this apparent resistance to using Unfinished Business and she reminded us of the analogy of the group reluctance with client reluctance in the counselling situation, which could be taken as an attempt to communicate something of importance and worked with directly rather than avoiding it, or judging it. It was agreed in the training team that I would raise the issue with the group. Thus, during the Unfinished Business slot I asked the group how it was for them when someone was late. Deathly silence greeted this initially, but slowly and gingerly one member eventually said "It's interrupting" and another added "It makes you feel guilty". Expressing anything remotely negative seemed excruciatingly difficult. I had a powerful sense of the persecutory feelings Bion (1961) describes whenever time is mentioned in a basic assumption context. In these circumstances I expanded on these tentative responses and moved into teaching mode, reflecting on latecoming and wondering about the consequences there might be for the individual and the group, rather than continuing to process it. I followed my intuition that the group needed containment at this point through providing the content that typically arose during Unfinished Business, and guidance about how to engage with it, partly to "normalise" this strange procedure, and partly to equip members with some of the emotional and cultural vocabulary of the model, and to show that it was alright to be fed up and angry, so that freer discussion could be promoted in future. We often used this mixture of teaching and processing, which crossed the boundary into providing content more frequently than would be done during the Basic Counselling Course. It perhaps reflects one of the characteristics of applying psychoanalytic perspectives in a broader context than that of the psychoanalytic therapeutic session, an aspect even of its Africanisation, which Freud (1919, in Ivey, 1998, p. 57), recognised

as likely, thus: "It is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion..." While this combination of "direct suggestion" with an approach derived from psychoanalysis could be seen as cultural colonialism, it also opened up new ways of thinking about taken-for-granted issues and challenged basic assumption mentality in which only complimentary, positive things could be expressed in the group.

Unfinished business sessions always took place in the big group – a setting that is well-known to inhibit shy, quieter members, and allow more assertive members to dominate (Sterling & Lazarus, 1995). This led to the structuring of more small-group discussions in the design of the programme which judging from the laughter and animation as skills were practised in this setting, or issues discussed, were less threatening than the plenary sessions and empowering for quieter members. The use of Xhosa in the small group also promoted more spontaneous participation. For example, after a small-group exercise on practising closed and open-ended questions, the level of participation by "quiet" members in the subsequent plenary session increased noticeably. Generally the "quiet" members tended to be women with a lower educational level, in the older age group, who initially had very little power (or confidence) in the group. However, as has already been shown in their capacity to organise counselling venues, the "quiet" ones made some of the most noticeable gains in the group, across a number of fronts, and in the process found their voices as well.

The level of group participation in Unfinished Business gradually improved as familiarity with it increased, and greater trust in the process developed, and when at the fifth training session the group was confronted about their silence when a number of participants were absent, a lively discussion broke out, with many more feelings about absenteeism and its consequences being shared, - one hitherto very silent member acknowledged "It's disturbing" - and by the eighth session the group was contributing to and using the slot much more readily. The capacity to work on the designated task – in this case share feelings of abandonment or frustration or anger about absenteeism, or any other "unfinished" aspects of the work we were doing – had grown, and showed the signs of emotional development Bion(1961) considers characteristic of work group mentality. The use of Xhosa to facilitate the discussion during Unfinished Business also helped, and those with higher educational qualifications with their generally greater confidence in speaking up in the plenary group, played an important auxiliary facilitating role in making the procedure less threatening. A "respectful" system for dealing with latecomers was devised in the group in that several empty chairs would be left next to the door, so that latecomers could sit down unobtrusively without disrupting the proceedings. Awareness of time had therefore increased considerably and time structures were better adhered to at the end of the training course, as was illustrated in Table 1.

#### **5.3.1.5.2 Attendance and punctuality during the practical supervision phase**

Table 2 shows the patterns of punctuality and attendance during the six-month supervision period.

Supervision sessions	1	2	3	4	5	6
Trainee attendance	15	14	12	13	13	14
No. of trainees late	-	2	4	3	6	6
Sessions starting on time	*		*	*	*	*
Sessions ending on time			*	*	*	*

**Table 2.**                    **Patterns of attendance and punctuality**  
 (\* indicates punctuality)

Attendance at every supervision session was one of the requirements for graduation as a Family Foundation counsellor. The group had reduced in number to 15 people (one male member having changed jobs and being unable to continue). 9 people were absent from one session each – suggesting that “permission” to miss one session, whatever was consciously agreed to in the group, had become a norm. It had been accepted during the training course that absence from only one session was permissible on grounds of an unavoidable emergency. Thus a similar assumption was made in the second phase, although full attendance had been adopted in the list of norms that was freshly drawn up for this phase. It was mutually agreed that the session had to be made up, and a nominal fee paid, which all 9 people attended.

As can be seen from Table 2, punctuality deteriorated rather than improved. The problem of Saturdays, funerals, family and community obligations, and the evidence that the group consisted of over-committed people again surfaced, but Saturday was still felt by the group to be the only day the majority of them could make. As trainers, we made a decision to avoid Saturdays for the next group of trainees at all costs, as the additional sessions arranged for the training course, as well as the supervision phase, also had to be conducted on a Saturday, which further imposed on trainers’ personal commitments and time.

The increase in numbers who were late for the last two sessions was an indication that punctuality remained a difficult achievement on a Saturday, and also suggested that there was some resistance to the supervision sessions. By the fourth session, the exciting newness of starting practical counselling had gone, and the tough realities of doing counselling were beginning to emerge. In our supervision with the Clinical Manager the suggestion was made that some may have joined the Family Foundation with the romantic notion of being a saviour in their community, and that the reality of counselling being hard and unrewarding work was fast dispelling these notions. There were none of the “quick fixes” or certainties of outcome that they had possibly hoped for in counselling. One trainee commented: “I didn’t know how strenuous it would be...” and another said: “The work is heavier than I thought.” So this was possibly a process of some disillusionment in the group.

Of concern was the fact that difficulty with time management carried the implication that according to our model, trainees would find it difficult to set limits in their own counselling role. Time therefore continued to be a salient issue in the group, and we continued to process it during Unfinished Business in the same way we had during the training course and to model punctuality ourselves. It can be seen from Table 2 that none of us managed to keep to time in the second supervisory session. Maintaining the

time boundary was difficult for all of us, and remained a challenge. We had to accept that it was an ongoing issue endemic in implementation, especially on a Saturday, in this context and simply continue to raise it to awareness, making the connection to the implications for counselling and trusting that increased awareness of working within an agreed time structure would bear fruit in their work in the community. Levels of awareness about the importance of punctuality had increased, as evidenced by the convention that had developed of apologising to the group for lateness with a brief explanation, on arrival – unless it interrupted a particular activity. The high rate of consistency of attendance and commitment to the counselling role in the group over time convinced us that there were equally important factors involved in effective implementation, of which this was only one. However, as trainers we acquired skills in processing and confronting the issue and made important gains in our own time-management capacities, which in themselves, according to psychodynamic thinking, would provide a model of containment for trainees, even if they were not always able to manage it themselves. Colman (1984), quotes valued advice he received about counselling which is pertinent for this context as well: ‘Be there; make sure your client is there; and don’t bother (ie about being perfect) (p. 18, my parentheses).

The time we had allocated for the supervision session was again grossly underestimated, as the two-hour sessions were tiring and over-pressurised, just as the training course had been. This led to a negotiated agreement with the group to increase the two hours to three hours, starting after the six-month training supervision period was completed, which was more realistic for our purposes.

### **Conclusion**

Unfinished Business was a valuable component of the training methodology which enabled personal experiential learning about the meaning of time and the consequences of absence and latecoming to come to greater consciousness in the group, and hence more effective social functioning in this regard to develop. The fact that it was not always maintained did not necessarily indicate ineffectualness of implementation, or counsellor unsuitability, but reflected the contingencies of the context which were particularly challenging. Trainer consistency was maintained which was an important contribution to effective implementation from a psychodynamic perspective.

#### **5.3.1.5.3 Evaluative procedures**

There was no formal testing of the trainees to evaluate their counselling abilities or readiness to function in their communities as lay counsellors. We relied instead on joint observation of their participation during training sessions and during the supervision phase, and on report-back discussions with FAMSA’s Clinical Manager on their progress and development during Trainer Supervision sessions. We also used the self-evaluation questionnaires which trainees completed at the end of each phase of the programme, to gauge levels of trainee satisfaction and indications of further training needs they might have, as a guide for the next phase. The responses may be seen on page 131.

One of the learnings during the implementation process was that the methodology used to assess trainee performance, which evolved out of the model of trainer supervision, was an effective assessment tool while at the same time promoting change and

development in the individual and group as a whole. This could only take place within the context of a group culture which was found sufficiently “safe” and contained to enable change to occur, as is further elucidated under the “Support” theme in this chapter. It was the interplay of all these factors that led to an appropriate and effective assessment system being developed for this particular training context. The danger of bias in the assessment procedure was protected against to a considerable extent by the fact that three trainers were involved, and each shared their impressions at the joint trainer supervision sessions with the Clinical Manager, who was not herself directly involved in the training process. The length of the programme – of approximately ten months duration in all – also assisted with arriving at a balanced assessment of trainee performance. An additional factor in its favour, was that the group assessment procedure provided a valuable training opportunity for new trainers to acquire assessment skills.

### **Illustration of the evaluative method**

An example of the evaluative procedure used with two trainees now follows.

We were particularly perturbed about one trainee who used the group to talk excessively about her own situation and feelings, and had difficulty in listening to others, and about another, a recently urbanised person from a traditional background, who kept himself apart from the group, did not participate in small group discussions and laid down the law in plenary sessions. The space to ventilate our feelings of anxiety and impatience with these two trainees during supervision sessions was one essential container of the situation. We were very uncertain about the kind of counsellors they might be, given the dominating personal needs of the one and the rigidity of attitude in the other. The Family Foundation group also showed signs of exasperation with them. The supervision assisted us to look at their roles from a systemic perspective, and to understand what they were “carrying” for the group, and particularly the difficulty of change. Working in this way assisted us to confront the challenges in the situation in a way that did not scapegoat the individual, surfaced underlying feelings in the group and enabled learning and growth to occur. An excerpt from two trainer supervision sessions and a training session illustrate this.

### **Trainer Supervision session:**

- Trainer 1:** “I’ve been facilitating his group. He won’t participate. He won’t talk. He sits aside with his chair to one side and then (in the plenary) in a powerful voice says “this is it!” He imposes on us – with a smile! He hasn’t gained anything from the Family Foundation”.
- Trainer 2:** “Working with women boosts his ego. He enjoys the company of women because he feels superior. He’s not meeting with the other men in the group or engaging with them”.
- Supervisor:** “I wonder if he feels he’s learnt anything?”
- Trainer 3:** “We didn’t select for this course – that’s the problem”.
- Supervisor:** “We would have picked up that rigidity in a (selection) interview ...try to pick up in the group if he is being autocratic – see if he’ll reveal himself. We can’t have autocratic counsellors.”

And at the next trainer supervision session:

**Trainer 1:** "Something to supplement the training is necessary (for him). We must do an evaluation or assessment to see if the person is ready to go out to the community. I can't see him as a counsellor"

**Supervisor:** "Remember our model – he may be acting out something on behalf of the group. His rigidity may be resistance to change. He could be carrying resistance to change in the group. There's a hierarchical authority in the traditional context – people are used to this. This is a different way of working – that it is important to empower the other person to think from themselves, not just accept authority and advice. Reflect this back to the group – the difficulty of changing and letting go of things. Get the group response to that and encourage him to become involved in the process. See if the group can talk about how difficult it is – he'll feel less need to hang onto his rigidity if it's shared in the group. His non-participation is indicative – he's holding the risk of change for the group. Maybe he'll shift a bit. If he's still very stuck and uninvolved, one of you (trainers) must confront him empathically on an individual basis and ask if he really wants to become a counsellor if he can't change these things the way we believe is needed".

And in relation to the other trainee we were concerned about:

**Supervisor:** "We need the recognition that she represents people's needs in coming to the group, the neediness in the group. And that part of being a counsellor is the ability to reflect on oneself, be self-aware and objective".

The reminder to think systemically about both trainees shifted the frustration we were experiencing and restored the non-judgementalism which we had lost in the session.

The following excerpt illustrates the consequences of this in the group training session.

**Trainer 1:** ".....but if this person (i.e. client) is not coming to you with your values (i.e. having the same values as the counsellor).....maybe you have to change and shift, and that's not an easy thing to do. So we've been putting a big challenge to you here, to challenge ....ways that seem natural, taken-for-granted ways...and to say this is a new way.....I don't know if there are feelings on that?"

**"Rigid" Trainee:** "As far as I'm concerned it is true to focus....to say to (i.e. counsel) someone in the other (new) way.....(but) it is hard sometimes.....to show it out (i.e. to get it across) in the other way" (My parentheses).

Note: This implies his (unexpected) acceptance of the non-autocratic counselling mode, but also, as is illustrated below, the difficulty he experienced implementing the "new" non-authoritarian approach to counselling, given community expectations of a traditional authoritarianism in a minister of religion. It was difficult to assess at this point whether this was primarily compliance with the view propounded by the trainer, and more part of an alliance with trainer authority and power, than an authentic personal position. Possibly it was both.

However, by the end of the training course he had moved into a much less rigid position in the group, shared some of his sense of isolation and pain in his role as a minister, was more flexible in his use of language and we felt more at ease about his capacity to become a Family Foundation counsellor. In the context of a discussion on

changing roles of men and women in the home he spoke about visiting people in his congregation and the rigidity he encountered in their attitudes – both towards himself as minister, and in terms of role expectations. Thus:

“You see sometimes I like to visit...old people and the young ones...just for pleasure you see,....members of my congregation, and the others...just to visit them. And I’d like to speak with them, sometimes to joke with them...and (they) want to go to the shop to buy tea...and the husband will give me the money to go and buy...and the wife will shout the husband “Why do you tell the minister to buy that?” (But) we don’t differ, I’m a human being like him, nothing different. That is why things are difficult – you recognize why? – it’s not easy to do that (i.e. to act like an ordinary human being, when you are a minister)...without pushing them back (i.e. creating problems for them). Sometimes the husband – if you (i.e. the wife) want to move the furniture – and the wife call him – (he) will say “Don’t call me, call the children!” **What is that?** (Laughter in the group – it had struck a familiar note!). I find...oooh! I’m ashamed sometimes (as a man). I say “Oh! I’ll come and help you” – and then when I’m go home, the wife will phone me - “Yhoo! My husband shout me because you help me”. Things like that. It’s **HARD!**” (Emphases in original, my parentheses).

The laughter in the group when he recounted how the husband had refused to help his wife and told her to call the children instead, was the laughter of embarrassed and rueful recognition of an all-too familiar pattern. His speaking about a common stereotypical behaviour, and sharing the difficulty he had with it, his frustration and despair in working with such rigid gender roles, warmed the group to him and loosened the barrier that had isolated him from them. It was clear to us too, that he was indeed, carrying the burden of gender-role rigidity out in the community as well as in the group. Thus, through this procedure, greater ownership of the pain of change was shared in the group as a whole, so that he did not have to bear the group’s pain on his own to the same extent. Such moments of learning, by trainers and trainees, were some of the highlights of the experience of delivering the training programme. It also alerted us to the enormity of the task of transforming gender role stereotypes, and how much work needed to be done in this area.

We informed the group that ongoing assessment was being made by the training team of their progress during the training sessions, in consultation with the Clinical Manager, and we indicated that it was possible that not everyone would necessarily be ready to function as a counsellor at the end of the training period. This introduced a new element to our relationship with the group – that of examiner to pupil, in addition to the role of counsellor to client, which was the original goal of the training model. It could well have produced a superficial compliance by trainees with the model of training in order to “pass”. However, the relatively lengthy training process, and ongoing evaluation of trainee performance and participation is likely to have afforded some protection against a completely superficial engagement with the programme. There was nevertheless a certain ambiguousness in power relations as a result of our evaluative task.

#### **5.3.1.5.4 Training the trainers**

The above illustrates the inductive learning process and incremental nature of the evaluative skills we acquired and put into practice during the training programme, through trainer supervision sessions. It also indicates the educational benefit of having the theoretical model consistently held up as our framework of reference during these sessions by the Clinical Manager. This alerted us to prepare for our role as supervisors

of trainees' counselling work in the community during the practical implementation phase, and strengthened our capacity to maintain boundaries while giving space to individuals' unique situations. The **educational function of supervision** for the trainers therefore contributed significantly towards building confidence and competence in the training team, and hence towards the effective implementation of the training and supervision programme. Thus, in evaluating at the end of the programme during trainer supervision, one trainer said "I feel I've grown in this field, I'm confident now, to do it again". In the light of the fact that Family Foundation (E.Rand) trainers were initially reported to struggle with confidence issues in delivering the training programme, (Howes, 1996), this capacity-building aspect of trainer supervision should be recognised and fostered as an important developmental component of the project, and as an investment in its future sustainability.

In addition, the design of the Basic Counselling Course contained built-in supervision learning opportunities for trainers in the supervision of the skills practice sessions that were conducted in trainee client/counsellor pairs during the training programme. The assessment, guidance and support given to individual trainee-counsellors in their counselling practice sessions had provided a useful preparation for the later group supervision. Practical and theoretical preparation of the trainers for supervision of the group thus started from the beginning of the implementation of the Family Foundation training programme. The continuity between trainer supervision, doing the training and implementing the supervision period was a strength of the model, which was further strengthened by continuity of the personnel involved.

### **5.3.1.6 Administrative procedures**

Introducing and teaching trainees to acquire appropriate administrative skills such as keeping case records, was an important aspect of implementation and component of the practical supervision period, in which it was clear that work group mentality (Bion, 1961), would be needed to manage the task. There was much evidence in the group of "the wish to face and work with reality" (Obholzer, 1994, p. 20), which characterises this mentality, and which can be discerned in the process described below. However, the training course had been characterised by a focus on experiential learning, so the more practically-oriented second phase represented a distinct shift of emphasis. Signs that trainee counsellors were beginning to feel the lack of this aspect of the training soon began to emerge.

The administrative procedures developed are now described and the implementation process analysed and evaluated.

#### **5.3.1.6.1 FAMSA data base**

In accordance with FAMSA's counselling policy, written records of all counselling work had to be kept by Family Foundation counsellors, which then had to be entered on FAMSA's data base at the Head Office. Family Foundation work was included on the general FAMSA counselling data base, but specifically identified with its own numerical system, so that development in the project could be monitored. The step of formal inclusion of Family Foundation counselling work in FAMSA's data base was a significant indication of institutionalisation of the project, an important factor in the establishment of innovative programmes (Miles & Huberman 1994). The Family

Foundation programme benefited through being able to rely on the well-established and efficient administrative and financial infrastructure at FAMSA, which provided a firm basis for these aspects of development, and willingly accommodated to the extra needs of the new project, including dealing with the financial aspects, typing and photocopying the training materials, organising stationery, entering the statistics and coping with other related tasks, all of which promoted effective implementation of the programme. This was a bonus which not all community-based programmes can draw on to the same extent (Holdsworth, personal communication, 1997). To set up administrative procedures with the Family Foundation group which would be functional in the township context and at the same time fit in with FAMSA's structures, was one of the challenges of implementation. We assumed far too much familiarity with the filling in of forms and seriously underestimated the amount of time that it would need to teach and acquire these skills.

#### **5.3.1.6.2 Family Foundation counselling report forms**

The importance attached to this aspect of the training related to the value FAMSA attributed to the counselling work being done – that it was of similar significance and responsibility to the counselling being done by FAMSA professional workers, and should therefore emulate the thorough, existing recording procedures as far as possible. Filling in counselling report forms and keeping accurate records was therefore the outer sign of an inner equivalence of value, as well as providing a quantifying mechanism of work done, which was necessary for evidence of the organisation's stated community development goals and for funding purposes. It was agreed by the training team that the form used by Family Foundation counsellors for recording interviews with clients, should be an abbreviated version of the existing FAMSA client facesheet, containing client details as well as a written summary of the nature of the problem, client and counsellor feelings, the process of counselling and the results (Appendix 5C). An additional summary case record form was devised (Appendix D), which enabled counsellors to have a personal record of clients seen, as the counselling report form was handed in at each supervision session. These forms were introduced to the group as ones that were being tried out for their practical effectiveness or not, and that they could be adapted if necessary. The group's assistance with testing their usefulness was requested, and they were asked for their comments. The significance of the forms was also emphasised as an accurate record of the work they were doing, and as assisting FAMSA in its fund-raising efforts for the project in providing factual data. A fictitious case using the forms was presented to the group by the trainers, written up on the flip chart, and explained.

In the second supervision session one of the trainees asked for further explanation about the Interview Notes, particularly what was required in the "Summary" and "Comments on process" sections. The skill of summarising what a client has said to the counsellor had been introduced and practised in the fifth session of the training programme, and this was briefly recapitulated in the group and examples given of summarising and how to comment on the process of the counselling. Another trainee suggested that because the space on the form to write the story down was too little, trainees should be able to write it in full on an extra piece of paper, and trainers should comment on how they had done. This was agreed, and trainees were encouraged to use Xhosa if they found this easier. A sample of what the trainers thought was satisfactory

was requested, and a case that had been presented in the plenary group was chosen, and the sample interview notes were handed out to trainees at the following session (Appendix 5E).

The concern of trainees to be "doing it properly" was encouraging, but the range of literacy in the group was very broad, from the two recently qualified social workers, a teacher, and a nurse, to people who, although on paper they had a Standard 8 educational level, had a real struggle to cope with the forms satisfactorily. The recording procedure therefore needed a great deal more teaching and assistance than anticipated, and the session occasionally resembled the schoolroom more than a "supervision" session. It was an aspect of the programme that we had underestimated in terms of time and comprehension and where we assumed a level of literacy that was unrealistic. The Clinical Manager recommended at this stage that we rename this so-called "supervision" as "training/supervision" which was a more accurate description. However, trainees supported each other and consulted with the trainers and eventually all in the group except one managed to complete the forms adequately by the end of the six month period. These records were then entered onto FAMSA's database at Head Office. Revision of these forms was later found necessary for client confidentiality reasons – counsellors often travelling around by public transport with record forms with them – and a revised system, separating identifying facts and coding information was developed (See Appendix F5).

### **5.3.1.6.3 The meaning of the use of diaries**

Another skill which we had assumed trainees would have, was the use of a diary as a reminder for dates of meetings, the recording of cases seen, etc. Each trainee was provided with a diary and a list of the dates, days and times of supervision sessions. However it became clear that most trainees did not refer to their diaries or use them regularly. For example, one usually reliable trainee "forgot" the second session because he had not been reminded about it, and it seemed assumed in the group that a telephone reminder would be made before the next session by the supervisors. There was discussion about how long the time was between sessions, and that it was difficult to get used to the change from fortnightly to monthly meetings. It signalled a sense of loss of the closer connection, in terms of frequency of meetings and nature of the task, as well as a level of intimacy in the group, that had been established during the training course. Something in the nourishment of the group was missing in this new phase, and the resistance to using a diary suggested dependence on personal communication as the "reminding" mechanism for meetings, rather than a cold date entered into a diary. The personal connection mattered in a way that was different from the more functionalist professional Western approach to co-ordination. It indicated that attention need to be paid to this quality of interaction in the group if commitment levels were to be maintained.

Part of the motivation in the group for continuing to attend supervision sessions seemed to lie in the meaning and identity of the Family Foundation group as a support base for members, where feelings could be shared in a way that was probably not possible outside, and in the sense of pioneering a new social movement with an alternative vision of family and couple relations. Its emotional and ideological significance for the group was beginning to emerge. To have too great a task-oriented focus would have

been to fail to recognise this meaning. Bion (1961), suggests that the operation of basic assumption dependency mentality can provide the fire and endurance needed for effective work group mentality, as is seen in the “specialised work group” of the church. To the extent that the Family Foundation had the characteristics of a church, and was therefore a “specialised work group”, the prevailing basic assumption dependency mentality would lubricate and invigorate work group activity.

In considering the expressed need for a telephone reminder of the next session, we needed no reminder ourselves of our counselling model – in which the counsellor does not remind the client to come for the next session as this builds dependency and is ultimately disempowering for the client. However the practice of doing a “ring around” gradually became the norm in spite of this principle, a reworking of FAMSA counselling culture and a concession to basic assumption dependency mentality that seemed important to make in order to retain the “personal connection” that had already been established in the group. “Ringing around” to remind people of meetings, was also the norm in most community-based organisations, so FAMSA was beginning to indigenise and Africanise its model. It added to the administrative tasks of the trainers in becoming part of their co-ordinating role, but provided that element of human warmth which brought the “fire” needed to motivate and encourage the group at that point in its development.

#### **5.3.1.6.5 Negotiating a contract**

The continuity of social structures through time is a function of the work group, according to Bion (1961, p. 172). In the context of the Family Foundation programme, this continuity was formalised through a contract for the six-month supervision period which was drawn up with the trainees, adapted from the original FAMSA community counselling contract developed in 1992. Each trainee and the supervisors signed the contract, and each party to the contract had their own copy. The mutual accountability of trainees and FAMSA was spelt out in the contract and any changes were to be negotiated between the group and the supervisors. This heightened the sense of mutual responsibility and intentionality in their role as volunteer counsellors, and our role as supervisors. It reflected also the justice perspective which “is committed to... use of a social contract model wherein a group of people consent to a set of mutually acceptable principles to justify a social role” (Pedersen, 1989, p. 129). The contract can be seen in Appendix 2A.

The introduction of record-keeping, and drawing up the contract was an empowering aspect of the development process which conferred a quasi-professional status and accountability to the Family Foundation programme. Although trainees battled to acquire the skill of record-keeping and we worried about how much time was spent on it, and whether it was really essential, the mastering of it was empowering and resulted in usable records being entered alongside the professional reports of FAMSA’s social workers and psychologists A notable achievement of work group mentality!

#### **5.3.1.7 Conclusion**

The analysis showed that vital learning by trainees as well as trainers occurred through the experiential training methodology employed, especially during Unfinished Business where as a result, greater work group mentality towards attendance developed, and in

the development of an assessment procedure which provided a structure within which to assess trainees and enhanced trainer supervisory effectiveness. Evidence of work group mentality was also shown in the acquisition of administrative skills and development of professional accountability procedures, including the drawing up of a mutually negotiated contract, which increased role adequacy amongst trainees.

In addition, particular characteristics of the Family Foundation group were beginning to emerge which included the need for interpersonal contact rather than more formal communication procedures, and evidence that the training process was meeting emotional, educational and ideological needs amongst trainees. This suggested that the Family Foundation programme was beginning to meet the criteria for sustainable development according to the Human Scale Development perspective (Max-Neef, 1991) in which development which is synergic, in the sense of acknowledging and responding to multiple basic human needs, is taking place. These aspects are more fully explored in the sections on Identity Construction and Support later in this chapter.

### 5.3.1.8 Culture

#### 5.3.1.8.1 Introduction

It has been said that thinking about culture involves “thinking as much about ourselves as about other people, as much about what we already know as about what we are finding out” (Swartz, 1998, p. 8). As indicated in the literature review, this study has been much engaged in thinking about the culture of the FAMSA Family Foundation training programme, and the possible consequences of this, particularly from the perspective of imposing an exclusively Eurocentric model of therapy and training inappropriately. Keesing’s (1987) statement is also pertinent here, that “Cultures do not simply constitute webs of significance, systems of meaning that orient humans to one another and their world. They constitute **ideologies**, disguising human political and economic realities as cosmically ordained” (Cited in Petersen, 1998, p. 199, emphasis in original). “Culture” is therefore understood not just to mean thinking about other people and their different and interesting ways of behaving, but about our own culture as well, and the underlying ideologies inherent in both.

The assumptions of cosmic ordaining that can accompany the term “culture” have much in common with Bion’s (1961) basic assumption mentality. As has been discussed above, Family Foundation trainees’ ambivalence towards the training programme suggested that part of their resistance related to fears of being ideologically dominated. Interpretations of the meaning of “culture” in the group emerged during the training period and are examined from the ideological positions they represented and the characteristics of basic assumption mentality or work group mentality that they demonstrated. The development of work group mentality in Bion’s terms, would involve the capacity to face and not evade the pain or difficulty of the meaning and consequences of “culture” as it emerged during the course. And to begin a “reworking of culture” (Littlewood, 1992) which would promote the designated task of the course, i.e. to equip trainees with the requisite counselling skills, and implement the practical counselling service.

### **“Our culture”**

This phrase was frequently used during the course of the training programme, often defensively, as if waving a flag over a territory that was “ours”, and not to be invaded or debated (basic assumption mentality). It was reminiscent of what has been called “cultural camouflage” (DiNicola, 1986, in Swartz, 1998, p. 255), in which people use cultural difference as a basis to block discussion on a sensitive topic. At other times it was used to communicate and debate differences and “rework” the Family Foundation training culture (work group mentality). The list of norms for the group that were drawn up at the first training session provided the beginnings of a cultural structure, or framework within which the group had committed itself to function. As can be seen below, the list had some of the characteristics of a justice perspective, in the responsibility put on the individual, but also of the care perspective in the emphasis on mutual respect and sharing. As a skeleton “culture” its meaning and implications for behaviour gradually began to develop flesh on its bones as the course proceeded, and it became one of the chief instruments and mediators of the “reworking of culture”. Instances of talk about culture are first quoted verbatim from the transcribed text and the process of working through them is then described and analysed.

The norms agreed to by the group were the following:

1. Respect for each other.
2. Attendance and punctuality at each session, but “ubuntu”.
3. It is the person’s responsibility to “catch up” if a session has been missed.
4. Speak the language of your choice.
5. Everyone to share equally in tasks like making tea, but to respect differences between us.
6. Maintain confidentiality in the group.
7. Participation is important, but people are different, its OK to be silent.
8. Training once a fortnight on a Saturday from 12h30 – 16h30, in Guguletu. To be re-assessed half way through the course, depending on the taxi situation.

#### **5.3.1.8.2 Working with culture**

##### **Between the generations**

Trainee 1: “Because I’m young I shouldn’t have to do all the clearing up, washing or whatever tasks are needed. We must all share equally”.

Trainee 2: “Remember our culture!”

This episode took place during the drawing up of the list of norms in the group, between a young woman and a matriarch. Animated debate followed the young woman’s injunction that “All must share equally”, indicating strong feelings between the generations on the issue of equal responsibility in carrying out tasks, and a sense of threat by the older generation at this assertion of “modern” ideas. The older woman’s reminder to “Remember our culture!” waved the basic assumptive mentality flag which lays down that younger people must wait on their elders to show proper respect in the group and honour tradition. The younger woman’s position waved the opposing flag of “Children’s rights” under the new South African constitution (Act 108, 1996), questioning the hegemony of an ageist traditional culture. The care perspective thus being confronted by the justice perspective within the “same” cultural group. Having

just agreed in the group that “respect for each other” was the first and most important norm, the trainer reminded the group of this, that this respect was a two-way responsibility, for the young towards the old as well as the old towards the young, and that there were differences in the group about the way people felt about this, which should also be respected. The group concurred with this interpretation and were then able to move on from the issue.

The impartiality of already negotiated norms of behaviour provided the structure which, with empathic facilitation allowing differences of opinion to be held and respected, enabled the group to relinquish basic assumption thinking and reach a less polarised and split ideological position, showing the capacity for more reality-based, work group mentality. The confronting of older generation assumptions by the younger woman was an opportunity for the group to negotiate some common ground between the generations, acknowledging the different “explanatory models” (Kleinman, 1977) that each have, and begin to “rework culture” (Littlewood, 1992). The young woman carried this role for the group in other areas as well over the period of the training programme and beyond, which may have been a contributory factor to the development in the group. The matriarch who had challenged her dropped out of the group after this first session, perhaps indicating that the ideological position being developed was not one she could accommodate to.

Certainly the work done by the group on drawing up a list of norms, and of reaching consensus on times and venue for training, was experienced as hard labour by everyone. The discussion ran over time, the group was exhausted, and as a result there was less energy for the rest of the session. But it was a powerful lesson in participative decision-making and laid a foundation for establishing a culture of mutual respect and accountability which was critically important to the development of a level of emotional maturity that Winnicott (1965) considers an essential component of a democracy.

#### **5.3.1.8.3 Working with culture: The training model**

On the issue of counsellors showing emotion when counselling, one trainee said: “Our culture is different – we don’t have this detachment from others that yours (i.e. the white culture) does. Sympathy is OK”.

During the eliciting of expectations of the training from each trainee, one said: “I cry if someone is upset. I want to have more control over my emotions and learn how not to show too much sympathy with people”. Another trainee then made the claim about “our culture” being different in not having this “detachment” from people that white culture does, and that sympathy is alright. The protectiveness shown the first trainee by the second in the blanket assertion that “sympathy is OK”, released her from any need to explore the use of sympathy in the counselling situation, either from her own point of view or the client’s. This suggested basic assumption fight-flight mentality (Bion, 1961), in this case fleeing from the task the first trainee had set for herself, into a cultural bolt-hole which erased the necessity to think the issue through.

In this instance the trainer interpreted the first trainee’s expectation as a need she personally had in regard to her own development as a counsellor, checking it with the

trainee, who agreed that it was, and proposing that this would be something she would need to take responsibility for learning for herself, during the training course.

The group's unconscious pain reflected in the second trainee's statement about the "detachment" of white culture was not directly worked with, but the implication conveyed in the processing with the first trainee was that individual needs cannot be subsumed under assumptions about "our culture".

### **"Our culture" and "bad things"**

On being asked to fill in a questionnaire on Life Stages in the family, in response to a question about what you thought the situation might be in five years' time in your family, one trainee said: "The question is difficult – you have to predict what's going to happen in your life – in our culture you don't look at bad things".

Another challenge to the training model was that "In our culture we don't look at bad things", and the life stages and needs questionnaire, it implied, was breaking this cultural taboo in asking trainees, for example, to think of a life stage or crisis in their family that was difficult and to relate how different family members reacted to it, as well as what changes there had been in their family over the past 5 years, and might be over the next 5 years. The questionnaire was experienced as painful in the group, as it often is, but the claim that "our culture" doesn't look at bad things suggests that the pain of looking at what had happened in family life in "our culture" tended to be avoided. "We didn't know our families quite (i.e. very) well – we know them (only) a little bit", said the trainee who made this claim. The ghosts of a myriad families, split by migrant labour and apartheid legislation, the absent, unknown fathers, away in the cities, the abandoned mothers, the forgotten children, were suddenly present in the pathos and sense of loss in this statement.

The Life Stages and Needs questionnaire had been developed in a culture where the nuclear family has been disrupted by divorce and desertion, but not by official policy. Facing family history in this context was therefore especially painful. To split off the pain of knowing one's own family story is one way of dealing with it, but the Family Foundation training programme was based on the broadly shared principle that gaining insight fosters reconciliation with that history (Swartz, 1998), and the potential of assisting other people with theirs. Resisting the task of increasing one's self-awareness would therefore be to negate one of the central objectives of the course, the anti-task activity characteristic of basic assumption mentality, and if it persisted as a sustained pattern during the training course, an indication that the group member was not yet ready for the counselling role.

### **The skill of empathy**

On discussing a group exercise on practising the skill of empathy, one trainer said: "The culture of feelings is not there" (i.e. in the group, in the Xhosa-speaking community in general).

The use of the skill of empathy by the trainers, and making a link with the pain being experienced in the group "here and now", with the pain of a client experiencing their family problem, "out there, then", provided a conceptual container for these feelings, and a counselling purpose to be achieved in the acknowledgement of the pain. We were alerted by the powerful reaction of the group to this exercise, which was similar to their experience of drawing their family genograms and confirmed that most group

members carried lingering needs in regard to their own family relationships, and that the training course they had chosen to do had a deep personal meaning for them (Noonan, 1989). Hood's (1995) contention that the work or training chosen is often the therapy those individuals need seemed an appropriate interpretation here.

The skill of empathy was practiced in small groups, with the trainees attempting to identify the core feeling in a written statement made by a hypothetical "client" and verbalizing the feeling with empathy to that "client". The exercise was found difficult. During a supervision session with the Clinical Manager, one of the trainers reported how she had had to go over the concept of empathy again in her small group, coaching the trainees to both identify the feeling in each statement and then make an empathic statement themselves – virtually providing them with the words to do so. There was a similar struggle in the other groups. The statements to be responded to empathically were written in English, so there was a concern that this already quite difficult exercise was made even more difficult through having to be done in English. However, language was not seen as the central problem by the trainer who had raised the matter, who said "The culture of feelings is not there" – and that people may show empathy non-verbally, but don't empathise in everyday life generally.

In an organization like FAMSA where feelings are an essential source of information about clients in the counselling situation, not to have a "culture of feelings" in a group or community, would imply an inferior level of emotional functioning in that community. However, the "culture of feelings" was assumed by this trainer to exist in the English-speaking community, in comparison with the Xhosa-speaking community, indicating a superior level of emotional functioning, and confirming the stereotype that "our culture" hasn't "got it", whereas white or English culture, has.

Containment of the sense of inferiority or despair about black culture that was conveyed in this statement, was provided by the Clinical Manager who suggested this should not be labelled as a cultural problem – that rather it was a general problem across all cultures when feelings are not a part of how we grow up. In Western culture, she contended, feelings are generally limited and gender-stereotyped, so that women are "allowed" to feel sad, but men aren't, while men are "allowed" to feel angry, but women aren't. Western culture was therefore potentially just as emotionally deprived as any other culture. Everyone, she felt, struggled to understand what their feelings were and to express them – and the counselling situation was one place where they could be got out and where the skill of empathy was useful. "Culture", she said, "tends to resorted to as an explanation whenever there is a difficulty, but this minimizes our actual abilities." Her view echoed the concept of "cultural camouflage" (DiNicola, 1986, in Swartz, 1998), mentioned above. In Bion's terms, this is characteristic of basic assumption mentality which avoids the difficulty of a task, and denies the possibility of learning from experience.

This discussion during trainer supervision, put our struggle to train the skill of empathy into perspective, and helped us to think about how to improve it rather than collapsing in despondency about the assumed level of incapacity we were working with. The supervision structure therefore provided a place where work group mentality in the

training team could develop, where our basic assumption mentality was challenged and our training and counselling skills enhanced in the process.

#### **5.3.1.8.4 Working with culture: "Ubuntu"**

##### **Introduction**

The concept of ubuntu – "Umntu ngumntu ngabantu" – "A person becomes a person through other persons", or "I am because you are, and you are because I am" – has been suggested by Maiello (1996) to encapsulate the whole theory of object relations, as developed by Klein (1946) and applied by Bion (1961) in his therapeutic work with groups. The potency of human relationship to shape and re-shape us, and the recognition of our inextricability as individuals in this process, our "groupishness", in Bion's words, does seem to be captured in the concept of ubuntu. However the concept of ubuntu itself seems fluid, subject to "object relations", and to being adapted or interpreted to some extent by the group using it. It has a suggestive, rather than a definite meaning, although it is commonly understood to be representing the core of African culture, and it is variously identified as "respect", "humanity", "community spirit", "sharing", and "sense of self" (Jordaan et al, 1999, p. 10), with the central message that "One's own humanness depends upon recognising the humanity of others and their recognising yours" (Wilson & Ramphele, 1989, p. 269). In the Family Foundation training programme a fascinating process of redefinition of the concept of ubuntu in the group occurred over time, which related to the struggle to achieve work group mentality. This process which had significant implications for the training model, will now be described and analysed.

The first time the word "Ubuntu" was used in the group was during the drawing up of a list of norms, when it was agreed that there should be "attendance and punctuality at all training sessions - "but ubuntu"(See norms list above). This represented a "Yes – but" interpretation of the commitment to attendance and punctuality by the group - all agreed that there was to be no judging of a person if they were late or absent, and that there should be understanding of that person's situation. It flowed from the first norm agreed to, that of respect for each other. It was also a signal demarcating a territory, defining a principle of human behaviour which provided the overall framework against which other contingencies, including attendance requirements for qualifying for a training course, should be measured. This indicated that the group was putting its own stamp on the course, participating in creating the training culture, and restraining the training programme's power (which included FAMSA's power) to impose rigid standards "without humanity" on the group. As has been said elsewhere, "Ubuntu is a touchstone by which the quality of a society has to be continually tested, no matter what ideology is reigning" (Wilson & Ramphele, 1989, p. 269). The group was testing the "ubuntu" quality of the training course, and by implication, of FAMSA, which suggested a power struggle could be expected around attendance and punctuality issues.

"Ubuntu" carries the ideological undertones of a value which is sacred and therefore indisputable, - hence in the terrain of basic assumption mentality. As there were specific attendance requirements attached to the Family Foundation Training Course to qualify, the addition of the phrase "but ubuntu" to the group's commitment to attendance and punctuality put a bracket around those requirements, stipulating that the manner in which they were applied had to show understanding and respect for each

person's particular situation, which it was the group's prerogative to judge. **How far understanding and respect for the other person should extend in regard to qualifying as a Family Foundation counsellor was the core struggle of the group.** The adoption of this hybrid norm blurred the boundary around attendance and punctuality which, as has been discussed above, represented the principle of containment in the counselling situation, and was integral to the Family Foundation training and counselling model. It also however, provided the opportunity to "rework culture" and negotiate a common ground between the two explanatory models (Kleinman, 1977).

### **Attendance and "ubuntu"**

The fifth training session was the one which took place on the date that had been changed, with the group's agreement, at which there was a dramatic reduction in the number of participants – from 21 at the previous session to 15 at this one. Possible explanations for the reduction have already been examined. During the Unfinished Business section of the programme that day the group was silent about the number of absentees until I confronted them by saying "I notice that the group is very quiet and we have nearly a whole row of empty chairs today. Does the group want to say anything about that?" The difficulties of the taxi situation in Khayelitsha, attendance by one member at a funeral, being late because of a crisis at work – were brought up and each situation empathised with. Indications of work group mentality operating in the group were shown when one of the latecomers said she was "just checking our norms"(pinned up on the wall), and thought being absent – as well as being present – should also be the responsibility of each person to report to the group. In other words, because of working with a partner to practise the skills, it was important that participants tell the group if they were going to be late, or absent, because then they would have to work with somebody else. My co-trainer commented: "I hear you also saying something about the commitment we have made to our partners - it really does affect the group – to have to change partners all the time". Those whose partners were not present were asked to share how it felt for them, and they expressed feelings of disappointment, rejection, and regret. The fact that negative feelings were articulated indicated that the group had developed sufficient trust to share such feelings and were also acquiring the "culture of feelings" of the training model. It could also have been signs of an "in-group" mentality emerging, which consisted of "reliable, regular attenders" as opposed to "unreliable, irregular attenders", with the judgementalism associated with this. The group as-a-whole thus reflected all these positions at this point.

Further signs of work group mentality emerged with the agreement that the group present at this session would raise the issue of absence themselves in the next Unfinished Business session, including a possible review of the course to assess its relevance, and a procedure was agreed on to inform the group where possible ahead of time, of lateness or absence, via FAMSA's Head Office. This began to be implemented, so that for Sessions 7, 8 and 10, apologies were tendered for absence before the session. My co-trainer reminded the group about the decision that it would only be possible to miss **one** session, in order to graduate, but added that FAMSA was thinking of doing another training next year, which trainees might be able to join if they unavoidably missed more than one session this year. This showed "ubuntu

understanding” towards those trainees, and also the difficulty the training team had in tolerating the idea that not everyone would be “on board” in the future Family Foundation counselling structure.

During Unfinished Business in the next, (the sixth) training session, those present at the beginning of the session responded immediately to the question of whether anything was “left hanging over” for them from the previous session. They said it was the issue of people being absent from the course and what this meant for their skills practice partners. The attendance rate at this session had not returned to the original numbers, which showed that the absentees were probably not going to be part of the group anymore.

### **Pain and loss in the group**

This fact was particularly painful for the group, as it included most of our Area Committee members, as well as the Caring Network contact who had promoted the course so effectively amongst Caring Network volunteers. There were concerned queries as to whether any apologies had been received at the Head Office, as suggested at the previous session, and one member noted that the same chairs that had been empty before were again empty – hence those people had missed two sessions. One said that the empty chairs “make you feel lazy”. Another said that latecomers were disturbing. The problem of transport from Khayelitsha was again mentioned, and a member expressed her worry about her partner not arriving, saying “I confide in him. I would like to share my problem”, another adding “I’m worried about my partner, I’ll miss her again this week – it’s the second time”. A sense of the tiresomeness and repetitiveness of the issue was accompanied by pain and despair, confusion and fragility in the group. How was it to survive in the face of all these losses and the additional pressures that township life imposed? This suggested that the survival of a basic assumption about the nature of the group was at stake. Bion describes the “air of hopeful expectation” which characterises the “pairing” basic assumption group, which looks for a future Messiah, or some imagined change in society which will transform the present, and “in ideas that (for example) group therapy would revolutionize society when it had spread sufficiently” (1961, p. 151, my parentheses). The frustration and disillusionment expressed in the group revealed the difficulty in relinquishing this yet-unborn and idealised solution to unhappy family and couple relationships, represented in the idea of the Family Foundation. Would the group-as-a-whole, trainees and trainers, be able to tolerate hopefulness in consciousness, without the idealisation that avoided reality?

Accompanying this intensity of feeling, there was also a reality-based assessment of the consequences of absence – for partners, for graduation, for the group as a whole. People were noting exactly how many times certain members had been absent and expressing their concerns about it. Implicit in these concerns was an underlying doubt about the workability of the model in this context and frustration with it. The question of evaluating the course’s relevance was raised by one of the trainers, as a follow-up from the previous session, but the group member who had proposed it, said “Keep it over” – now did not seem the hour to embark on it, as if there was more than enough to cope with already. When three latecomers arrived, the relief in the group was palpable, and their apologies and explanations for their late arrival due to transport problems from Bellville and Nyanga somewhat restored the group’s fragile belief in itself. It was

the return to reality and acceptance that this was the nature of the group, “warts and all”.

Although the scheduled training for that session then proceeded, it was clear there was still unfinished business relating to the issue, because a trainee again asked whether those absent might not still come, but if they didn't, we should “consider ubuntu at the same time”. It seemed that all the focus on attendance and latecoming had begun to invade the basic ubuntu norm of “showing understanding and respect of others”, and that the group needed a reminder not to be punitive and to be faithful to their core values. This suggested that there was concern about “in-group” judgmentalism increasing to unacceptable levels, of which there was evidence earlier. Another member suggested we leave the chairs near the entrance empty, specially for latecomers, so that they would not disturb proceedings, but wouldn't be embarrassed because “nobody plans to be late”. This showed “ubuntu” work group mentality, acknowledging the “disturbance” of latecomers by placing empty chairs for them near the entrance, but also being sensitive to and respectful of their particular situations. This became the norm for the seating arrangements in the group.

#### **Climax of the conflict: in the training team**

The seventh session saw the climax of the attendance issue and its consequences for graduation in the group. At our trainers' supervision session with the Clinical Manager in preparation for this, we agonized about the loss of key members of the group – as we saw it – namely the Area Committee members, which included the Caring Network contact, all of whom were integral to our history and identity at FAMSA as a Community Development Team, and instrumental in the decision to proceed with the course. Basic assumption dependency mentality characterised our thinking about the Area Committee members, in the sense that we could not bear to imagine the Family Foundation without them, and felt, because of our long-standing relationship with them, and their voluntary support of FAMSA for years, that special conditions should apply to them. They were part of the FAMSA “family”.

An additional factor was that they had all done the Basic Counselling Course at FAMSA before – so seemed already “qualified”. We wondered about allowing them to graduate as Family Foundation counsellors because of this, in spite of not having attended the required number of sessions, and one of the training team made an analogy with the situation in township schools, in which there is often a low percentage of children who actually pass, so those who “nearly” make it tend to be pushed through. The Clinical Manager questioned whether this was not being discriminatory against those who had managed to attend regularly. She held up the client/counsellor relationship to be thought about as a comparison, in which there is a contract made, which if broken says something about commitment, – just as not keeping to the Family Foundation “contract” said something about the commitment of those members to the course. One of the trainers contended that this was a different context, as was the type of counselling Family Foundation members would be doing in comparison with FAMSA's more in-depth counselling, and that we should exercise “ubuntu”, meaning in this situation “having another look at our contract”, which was felt would be the group's understanding too. The sense of two worlds conflicting was very strong at this session, with our team carrying the township world, and the Clinical Manager the

“professional” world of FAMSA. The fact that we held together in spite of the differences, and did not split off entirely into our different worlds could be attributed to the regularity and consistency of supervision that was built into the structure, and the degree of trust that existed in the supervisory relationship. The crucial link between the trainer supervisory relationship and the learning that occurred in the group has already been shown in the analysis of the evaluative procedure that was used, and it was also demonstrated in this context.

The idealism in the group about the Family Foundation that has been alluded to above, is now explored further. It is suggested that in the training team, it impacted on our struggle with boundaries around punctuality and attendance because of confusion about the primary task of the Family Foundation training programme. Was it to train lay counsellors and set up a relationship-counselling service, or was it starting something closer to a social movement, a group with a new message or ideology about couple and family relationships - or was it changing the role of the Area Committee into an active, service-delivery organisation - in which case we needed the Area Committee members particularly, to be “on board”? Again, was it to provide people with an alternative family to the (problematic) family life most had experienced? The unconscious needs of trainers and trainees were all part of the emerging identity and meaning of the Family Foundation and exploring these aspects aided a deeper understanding than would have been possible without the insights of psychoanalysis.

Returning to the process of decision-making in trainer supervision, our powerful feelings about the group made it difficult to be objective about drop-outs, as the Director of FAMSA E.Rand had encouraged us to be – with the wise advice that those who stuck it out and attended fully were the right people for the job (Howes, 1996). The multiple investments we had in the Western Cape Family Foundation, on conscious as well as unconscious levels, as well as the experiential nature of our training model, and the longer training period, meant that bonding in this group was strengthened, and the loss of “foundation member” participants was therefore particularly hard to accept.

The debate during the trainer supervision session about graduation requirements ended when the training team eventually accepted that even though Family Foundation counsellors would not be doing in-depth counselling, “professional” principles about keeping boundaries such as counsellor confidentiality and reliability were being taught, and that the concept of boundaries was crucial to this model, which we valued and were committed to. The loss of these special people had to be faced, because all of them had missed more than one session. It was a painful moment. A certain dream about the nature of the Family Foundation had to be given up. The dream that FAMSA’s original pioneers in the township context would continue carrying the flag of development and we would continue as “one happy family”. The struggle to achieve work group mentality about this issue and to face and not evade the pain was hard, but it was the essential preparation for working with the issue in the group.

#### **Climax of the conflict: In the group**

\* On a crisis being reached in the group about the number of sessions that could be missed and trainees still being able to graduate, and the norms of attendance and punctuality being applied “with ubuntu” –

one trainee said: "I think with this "ubuntu" it's only one-sided. It's supposed to be even for that person who's late, to consider the feeling of the group. Not just "I am late, and the group is responsible to have 'ubuntu'".

During Unfinished Business, at the seventh training session, I informed the group that people who had missed more than one session would unfortunately not be able to graduate this year, but that we really hoped there would be an opportunity next year for those people to "make up". One trainee said: "This Family Foundation – we are trying to promote it, so if we can .....be not **too** tough or too strict". And another said: "To mention the word "ubuntu" – also to mention **flexibility** – the reasons (we are absent) are beyond our means.....I know FAMSA should stick to his rules, but there should be that allowance of understanding of circumstances that are beyond someone's (control)" (My parentheses). An indication of the group's expectation that FAMSA should show "ubuntu" and be considerate and understanding about the real difficulties of attending every session. In other words, do exactly what the trainer had suggested the group would understand by "ubuntu" in our supervision session, be flexible and "have another look at our contract".

Another trainee countered this by saying: "Flexibility that can be allowed is to **think** about what can be **done** for them to fit in next year – **that's** the flexibility". Bion contends that for work-group functioning to be demonstrated, it must include "the development of thought designed for translation into action" (1961, p. 145). This comment showed work-group mentality – the willingness to learn from experience and to plan to do something concrete about it. This position was supported by others in the group, but challenged by another trainee on the basis of the change of date that was made for the fifth session, which led to a "confusion" about the dates. viz., "They wanted to come, but because of the confusion they **couldn't** come. What are we going to do about them?" Basic assumption dependency mentality again evident, it being assumed that it is the duty of the group to make amends for the individual's problem. Also indicating the difficulties in this context, of changing an already agreed date, and the ongoing reverberations in the group as a result (See Colman, 1984).

The debate continued with opposing views being challenged and defended – reflecting in the group the very conflict that we had experienced in our supervision session, between those asserting that the boundaries be rigidly adhered to and those arguing for flexibility – not denying the need for boundaries but disputing their rigidity. The group's original norm that punctuality and attendance was expected at every session, but "ubuntu", was then read out again. It evoked the following turning-point response from one trainee: "I think **this** "ubuntu", its only **one-sided**. Its supposed (also) to be...for that person who's late to consider the feeling of the group. Not just "I'm late, and the group is responsible to have 'ubuntu'". Another trainee said: "I think also the notion of ubuntu is not only on one side". Indicating that the "original" ubuntu, was understood as a one-way responsibility of FAMSA's or the group's to be considerate and understanding of individuals' attendance or punctuality problems, without a reciprocal responsibility being due by the individual towards the group or FAMSA.

The "new" ubuntu included this understanding of reciprocal responsibility for ubuntu, no longer one-way, but two-way and therefore mutual. It marked a significant

development of greater emotional maturity and hence integration, in the group. Its relationship to the development of democracy which according to Winnicott (1965) is a "mature" society "allied to the quality of individual maturity which characterizes its healthy members" (p. 156) is demonstrated in the movement towards maturity in the group from the earlier attitude of "We're entitled to this treatment/these rights from you", to an attitude of "We also have a responsibility in regard to according just treatment/rights to you". This in fact better captures the core meaning of ubuntu.

Basic assumption dependency thinking, in which the group exists only to meet the desires and needs of its members, and the notion of individual responsibility is absent, and "time plays no part" (Bion, 1961, p. 158), has shifted towards work group mentality, which faces individual responsibility.

### **Consequences of working with ubuntu**

The "new" ubuntu produced a new openness and humility in the group about their own actions. For example: "It's up to the **person** to take the initiative and share what has happened (if they're late)", followed by: "That's what I mean... I was late the other day – I told people I was 'lost in Guguletu – I was "fumbling around" in Guguletu...." And another: "If we agree to something we must write it down. Last week I didn't come, I waited for my transport, and .....I checked my diary and thought maybe I'm confused. I waited and waited and it didn't come..... so I think **writing down** (would help)" (My parentheses). Owning the problem in one's own actions, and finding a solution. Articulating the individual's responsibility as well as the group's, and FAMSA's. There was almost a lightness and freedom in the group, as if they had been released from a heavy burden – perhaps the burden of "groupishness", and basic assumption mentality, and the freedom of being able to speak more individually, from themselves. A sign, perhaps of the "integration" which Winnicott (1965) describes and the relief of reaching an authentic resolution to a power struggle.

My co-trainer then spoke for the training team and shared with the group how much we as trainers had struggled with the issue of graduation in our supervision at FAMSA, and that, with all the difficulties, we were convinced that attendance was very important for this course because of the model we were using, but that it had not been an easy decision. She expressed the regret we felt and empathised with the group. This was another achievement under the "new" ubuntu. The hard-edged polarisation of the previous discussion had softened, the group as a whole had softened, trainers and trainees alike. One trainee (one of those who had missed more than one session) said slowly: "On behalf of all those who have missed two sessions, I want to ask them to let go.....we must accept, - it is painful, but there is no alternative". This could be read as an authoritarian submissiveness to the powers that be, namely FAMSA, but in the context of the frankness and fullness of debate over a number of sessions around this issue, it more likely represents a mature acceptance of the painful realities of the situation, which is a feature of work group mentality.

### **Work-group action**

Thereafter the group requested the training team to see if a way could be found for those who had missed two sessions to make them up next year, and in the next supervision session with the Clinical Manager it was agreed that two additional training sessions would be organised by the trainers, covering the areas missed, for which a nominal fee would be charged, and which would take place before the beginning of the practical supervision period, so that all could begin on the next phase of practical training together. The flexibility this indicated on the part of FAMSA represented a reworking of the FAMSA professional culture in the direction of an "ubuntu" work mentality, a reasonable compromise achieved signifying a deeper understanding of work group mentality in this context.

The FAMSA model of training followed enabled a "good-enough holding environment" (Stapley, 1996, p. 162) to be established, an environment which in essence had many characteristics in common with the respect and consideration accorded to the other person in ubuntu and the "care" perspective of collective cultures (Pedersen et al, 1989). There was therefore far more common ground than would have been suspected between the two models, both of which fundamentally rest on a strong humanitarian basis. But this commonality had to be discovered, working through the fog of basic assumption thinking and the mistrust of two worlds that had been structurally separated under apartheid. The authenticity of the respect for the other which is implicit in the Basic Counselling Course, on which the Family Foundation training programme was based, could only be proved over time, during the process of the training course. As authentic respect began to be experienced in the group, trust began to develop. This was the precious product of the work done facing the splits and basic assumptive mentalities in the two worlds, which was a co-created work, resting on the ubuntu spirit of respect inherent in both.

### **5.3.1.9 Conclusion**

The structure and psychodynamic perspective of trainer supervision at FAMSA, as has already been mentioned, played an essential role in providing a "holding" environment for us as trainers, where the training process could be reflected on at conscious as well as unconscious levels, where the group's and our own ambivalences could be thought about and worked through, our hopes and despairs and countertransference feelings shared and contained, and where we, too, could grow. Without this it is doubtful if it would have been possible for the two worlds to meet and face each other at the deeply experienced level that they did, which brought about meaningful development. The importance of competent supervision in the field of human services is widely acknowledged, but psychodynamically oriented supervision is not always recognised as an asset in the development of community-oriented projects. It is more commonly associated with elitist First World constituencies who have the time and money to spend on considering the inner world of the individual or the institution, and is therefore considered a luxury that the Third World can ill afford. However, because a psychodynamic perspective tries to achieve understanding of the inner world without being judgemental of the self, or the other, it offers the space where the emotional processes involved can be thought about in ways that may greatly help with conflict and in promoting development. (Obholzer, 1994).

The manner in which the conflict between the two cultures was worked through resulted in a new culture and theory, emerging. This was that the training model was effective in this context with all the adaptations and additions that were made to it, but was amplified and its humanitarian ethos strengthened through the development of work group mentality **with ubuntu**, which produced an indigenous and sustainable model for the future, and located it in Africa. Ubuntu was the key unconventional resource in Human Scale Development terms, which enabled effective implementation to take place.

### **5.3.1.10 Gender**

#### **5.3.1.10.1 Introduction**

The literature review describes the struggle for power in contemporary gender relations and its particular character in the black township context. Van der Vliet's (1991) study identified a key theme in Grahamstown township marriages, namely that of women confronting their men, wanting a more "modern" marriage relationship, and men defending their traditional roles in their marriages. This theme was echoed in the context of gender relations in the Family Foundation training course. Training structures that either explicitly or implicitly involved confronting gender issues are briefly described and analysed in this section, and are explored further in the section on Identity.

#### **5.3.1.10.2 "Umama uthi" ("Mommy says")**

The scenario used in introducing the technique of using a genogram (described below) to the group, presented a man as less-educated than his wife, a last-born "Mommy's boy" married to a qualified teacher who was the first-born in her family, an assertive woman who was not "listening" to her husband. The aim of the exercise was to learn from the 3-generational genogram of this couple that was presented, so that trends down the generations and life-stages across the generations could be noticed, and some hypotheses generated about the conflict between the couple. We usually used scenarios which were drawn from the team's counselling experiences in the township setting, reflecting common issues encountered, which would challenge stereotypical thinking about gender relations while learning a new skill. This approach evolved out of a discussion with the Gender Institute at Cape Town University to explore how best to work with gender issues during the training course, in a mixed-gender lay counselling group. It was suggested that we keep gender as an ongoing intention throughout the training, rather than offering a separate workshop on the topic. This therefore was the strategy used in the main, except for the training on Domestic Violence which we presented as a separate unit.

The scenario evoked strong reactions from the women and the men in the group. It seemed that the picture of a strong, competent woman with a spoilt, less competent man was familiar to the group – there was a great deal of knowing laughter amongst the women and discussion about this "Mother's boy" – "Umama uthi" meaning 'My mother says' and that is what I listen to and obey".

Resentment against the power of women emerged when one of the male trainees criticised the scenario, saying: "You can see this exercise is done (i.e. designed) by

women - the man is down, the woman up". In generalising out from the scenario to women's and men's power relations as a whole, he indicated that there is a struggle for power going on between the sexes in marriage, and that he possibly suspects most women want to assert their power over men, and keep them down. The evidence for this is the fact that the exercise showing the man in a weaker position, was designed by the all-female training team. The group was diverted from the task of working with the genogram, and got weighed down in speculation about power relations between the couple – until the trainer focused them back onto it again.

This suggests basic assumption fight/flight mentality, in which the assumed ideology of the scenario was attacked, and the task avoided. The trainee dropped out of the group after this session, which may indicate a strongly defensive stance in regard to male/female power relations. This was a loss of an important "defensive" male voice in the group, but others took on this role, as is discussed below. The introduction of gender issues in exercises like this one was a good tool to surface such issues, and to work with them in the group whenever possible, but indicated the power and volatility of the feelings roused, and in this trainee's case, the resistance to working with them any further.

#### 5.3.1.10.3 "Goboza" and feelings

"Our culture doesn't give us permission (as men) to say out things.....you must keep things at your heart, and now, even in these days now, culturally, if you are a **man**, you don't have to just 'goboza'(i.e. gossip)". So said one male trainee in the context of a discussion about the place of feelings in people's lives. Talking about feelings was synonymous with gossiping, a demeaning act, with the implication - "as women do". Feelings and women were both, therefore, denigrated. There was some confusion about what feelings actually **were**. This trainee had used the example of a young man returning from the initiation school and not being able to share any of the details (i.e. "feelings") even with his mother – "You can't even give it (information about initiation) to your dear wife...you **can't**". This confusion between giving detailed information about a taboo subject being equated with "feelings" was interesting. It gave support to the earlier assertion made by one of the trainers during supervision that "The culture of feelings isn't there" – for men, at any rate. The veto on talking about initiation **in any way** had the characteristic smothering of thought of basic assumption mentality – it couldn't be touched, especially by women, and was "mens' territory".

To enable thinking to happen about this taboo area, the connection with the counselling situation was made, and the group asked to imagine a woman coming to them, as a male counsellor, worried because her son was going to the initiation school, and how they would respond. The male trainee above responded as follows: "Ja – this is a crucial example for us as men to answer. There are things in our culture....you cannot share them at ease, no, no, no, it's a very difficult thing, you don't even tell your mother. But in this situation, if a woman comes to you, I will just tell her "Don't worry, things will come clear, come right" – but not to talk too deeply" (i.e. give detailed information about the initiation process). Clarifying whether this meant listening with respect to her **feelings**, not necessarily telling the details, and whether in doing this we would be observing our norm of respect for the other person, evoked the

response: "Yes....just the mere listening to the concerns which she has...you can't just say to her "Go, go, go!" You show you are also concerned by **listening** to her".

This was a developmental shift from the previous veto on any talk **at all** about initiation, and showed that it **was** possible for a man to talk to a woman about initiation, in the realm of the feelings about it, - and hence that women, and feelings about initiation, were to be respected. This loosened the previously "no go" area of initiation and placed it under the guiding ethic of respect for others and their feelings as the first priority. Thus strengthening a justice perspective in acknowledging equality of the right to respect as an individual, whatever the gender or the issue might be. It was one indication of the beginnings of work group mentality in the area of gender relations in the group.

#### **5.3.1.10.4 Women and their partners' affairs**

In the training session on Marriage and Divorce, one young female trainee confronted cultural basic assumption mentality in talking about the issue of men having affairs. She said: "In our culture we always say we just "understand" them (having affairs). Whereas we **don't** understand, because its hurting at the end of the day... we console ourselves, saying "OK, I do understand", but at the end of the day **you** are the one who's going to suffer". The capacity to question the prevailing ideology that men's affairs have, by definition, to be "understood" by their partners, and to pick out the discrepancy in women professing "we do understand", when at a more authentic level they don't, illustrated both this trainee's sense of women's oppression and work group mentality in challenging the oppression as well as the hypocrisy involved. This stimulated further discussion and one man said: "To say "I do understand" is to hide something, and later it can come up (again)...if I say "now I understand you", but its not in my heart - it's just to keep you quiet - then afterwards it can come back again very hard". Pointing out the long-term emotional costs of a conventional or opportunistic response rather than a genuine one, was an indication of a profoundly understood "culture of feelings" which confronted stereotypical behaviour and strengthened the previous assertion. The group supported this and showed work group mentality in their capacity to reach a more authentic and less stereotypical position in this regard.

#### **5.3.1.10.5 Women being beaten by their partners**

One of the male trainees commented: "We find the situation that if your husband doesn't beat you, it means you are not that **loved**, in a way.....people being beaten by their husbands and their boyfriends...like it, and they even talk about it, and tell their friends that 'My husband beats me...and it shows to me that he **likes** me very much'". He expressed the common basic assumption thinking that jealousy is love and excuses violent behaviour towards the spouse as a sign of that love. Violence has become internalised by its victims as a demonstration of passionate love to the point, according to him, that women even claim to "like" it.

In the Domestic Violence training, during which this sentiment was expressed, the facilitator was a man, an important factor in working this issue through with the men in the group. He asked the group if they thought women enjoyed being beaten, and one female trainee said: "No, they don't enjoy it - they just want to save their marriages".

With difficulty the facilitator managed to get the female trainee to directly face the male trainee, and speak, not to the other women in the group, or the female trainers, as she originally did, but to him, "Hayi, you are wrong, totally wrong....they've got no alternative to get out of this.....its because of the oppression, through their grandmothers.....its like in Xhosa, they used to say that - "You have to stay, even if its hurting, or you're battered, you must stay. It's oppression.....from their grandmothers".

The facilitator then said: "The point I want to make is - we're in a group - you (male trainee) raise a very genuine issue, about how males see this. Now how do **women** see this, or feel about it?" The man acknowledged the point and an important learning in the group was achieved.

In conclusion, it was clear that the gender issue in the group was an extremely sensitive and volatile one which required deeper attention than was given to it during the training programme, although a beginning had been made.

#### **5.3.1.10.6 Conclusion**

During the analysis of the structuring theme it was discovered that the opportunities for developing work group mentality, or effective functioning and empowerment in the lay counselling training and practice context, were far broader and more complex structurally than the model suggested. They lay as much in aspects such as sorting out time and attendance problems, or finding counselling venues, as they did in the structure of the training model itself.

As a basic structure, the training model was very effective, but it was found that its effectiveness would be enhanced if a number of issues ranging from culture and gender to more everyday matters like paying trainees' transport costs or filling in case record forms, were identified as an integral part of the training process. There was a range of organisational issues particular to the context, which were essential to the implementation process and which we learnt by trial and error, which could usefully be added to a training manual. Such issues included:

- negotiating entry into the programme
- recruitment and selection of prospective participants
- choice of venue
- day and time for the course
- financial aspects such as payment of fees and transport costs
- organisation of administrative back-up such as typing and photocopying
- catering arrangements
- preparation and clearing up arrangements
- liaison with local structures

Certain cultural attitudes suggested a re-shaping of the programme. For example, the conflict between the group's interpretation of the meaning of ubuntu and FAMSA's qualification requirements led to a crisis which was resolved when the term was redefined and committed both parties to mutual accountability and understanding of each other's position. FAMSA learnt that a more flexible and sympathetic approach to the qualifying procedure and a more personal style of co-ordination did not necessarily

breed a dependent passivity but made the model more appropriate and sustainable in this context. The group thus aided FAMSA in developing a more viable training and counselling structure and introduced the element of greater human warmth and responsiveness, a closer relational approach which enriched and amplified the model. This approach could potentially percolate via the Family Foundation into FAMSA's organisational structures, increasing the core human value of ubuntu in the organisation, as it did in the Family Foundation. Object relations theory, which has been said to encapsulate the meaning of ubuntu (Maiello, 1996), therefore took on a new meaning, identity and reality in the context of the Family Foundation training programme with wider potential applications in other local developmental settings.

## **5.3.2 Identity construction**

### **5.3.2.1 Introduction**

One of the essential goals of the training model was personal growth. The evidence of identity construction which emerged in the analysis indicated that the goal of personal growth was being achieved during the process of implementing the Family Foundation training programme. Identity construction was observed amongst both trainees and trainers, and in the institution of FAMSA itself. It emerged in a number of contexts, - of language, of material needs, of intergroup relations, of gender issues, of social comparison processes, and in relation to the research being conducted.

### **5.3.2.2 Identity construction amongst trainees**

Indications that the criteria for social efficacy in the Family Foundation, and therefore identity construction, were being met amongst the trainees are supported by their responses to the question "What was the impact of this training event on you?" in a self-evaluative questionnaire conducted at the end of the 40 hour, ten-session training period, and completed by each of the 16 participants, viz:

"It has made me a new person in the knowledge of people and problems."

"It made me see life in another perspective"

"It has changed me emotionally. It has changed my thinking. It has changed my behaviour and my attitude".

"Self-esteem is the impact I had (experienced) in this training"

"(I am) more powerful and (it) gave me more self-esteem"

"This programme helped me spiritually and in my health because it has made a lot of difference in my personal problems"

"For me this was a great learning situation and somewhere, somehow it brought about relief and ventilation to some issues I personally had in my soul".

"This training event was wonderful where it build me and give me skill".

"I've learnt a lot from this programme and I'm proud of myself".

"It has shown a lot to me, and give me more careful listening".

"It's given me knowledge about what I did not know".

"To pay more attention on things that I took for granted".

"I've changed, grown and developed to even greater degree of my work delivery through the knowledge and skill I acquired in the training".

"To understand and accept people as they are unique. I learn to empathise with people, not to sympathise".

"It has taught me to be patient and tolerant".

"It has changed my behaviour, it has turned me to a patient, caring and kind person and also developed neutrality".

These comments indicated the extent to which the training was found personally meaningful and empowering, that participants had found a new perspective on the world and themselves, and acquired knowledge and greater self-esteem in the process.

### **5.3.2.3 Identity construction amongst trainers**

Identity construction work was also evident in the Family Foundation Training Team. During the planning phase of the programme it was decided to draw in a third member of the Community Development Team as a co-trainer so that the training base could be broadened for future groups. She was initially hesitant about participating because as the household head and breadwinner in her own home, it was a considerable sacrifice for herself and her family to give up Saturdays for training purposes. In addition, she was already involved in demanding counselling work in Khayelitsha, developing preventative education work with youth in schools, and community networking in her duties as a social worker for FAMSA. There was also as yet no administrative back-up at the township satellite offices, so reception and intake duties had to be carried by the workers themselves. It is not surprising therefore that she expressed doubt about participating in the training, which must have seemed yet another burden to shoulder. There was an assumption that the more junior Community Development Team members would be as enthusiastic as the more senior members of the team and FAMSA management was, to undertake the project, and an underestimation of what the impact of the work would be on them. As a relatively junior team within FAMSA, and as young recently qualified social workers, their power to influence decision-making was relatively limited.

However, the hesitancy of the staff member was openly expressed and acknowledged during planning meetings, and she eventually decided to participate – but as she later said, it was in a spirit of sacrifice rather than enthusiasm. In a comparable situation, in the medical profession nurses are at the lower end of the medical power hierarchy and are particularly sensitive about having additional functions added to their workload when innovations are introduced by their superiors, because resources to cope with the new idea are not supplemented, although they may be promised (Caplan, 1970, in Holdsworth, 1994). They can as a consequence, exhibit a “subtle informal type of passive resistance to pressure and a cultural suspiciousness of promises of support and extra resources in return for...new duties” (Caplan, p. 75, in Holdsworth, 1994). There was a strong possibility of a similar response occurring in this context.

Her new and untried role as the third member of the Family Foundation training team, which was broadly envisaged as “trainee-trainer”, assisting the two main trainers, including facilitation of small group discussions and organisational support. The task of interpreting was added to this, after the arrangement for an independent interpreter whom it had been hoped could be obtained through the UCT Child Guidance clinic’s Bicultural Workers’ Project, fell through. While this was a convenient solution to the problem of the course being conducted in English, and the lack of my ability to communicate fluently in Xhosa, again this was “yet another task” to be done by the “junior” in the team. By implication, it relegated interpretation to a low-status position

in terms of the hierarchy of responsibilities. In a programme which was ostensibly rooted in the empowerment and democratising goals of community psychology this was potentially undermining. Use of an in-house staff member to interpret seemed a second best option for all these reasons, but her counselling knowledge and skills in the long run combined creatively and effectively with her interpreting role, as described below.

By the end of the ten training sessions, she was able to say “I found it enriching – it was my first experience to be involved in training for such a long time...it was more intense... our roles became defined, I had a sense of my role...and of my responsibility as a trainer.” Her identity as a member of the training team had clarified and the sense of self-esteem underlying identity construction, is evident. Over the course of the programme, she increasingly participated less as an “assistant” and more as co-trainer, so that the team gradually became a trio of trainers, and power relations began to flatten. The role of interpreter brought with it a certain authority – she would for example, spontaneously and on her own initiative translate instructions to carry out a particular exercise if she sensed the instruction had been given too quickly, or too much understanding had been assumed. Thus she had the power to “hold up the flow” of training to ensure better understanding. The interweaving of power issues, identity construction and language usage as has been described in the literature, (Swartz et al, in Foster, 1997) was illustrated in an ongoing way during the course of the Family Foundation programme. The language question was a major one because the course was devised and presented largely in English while all participants were Xhosa-speaking. This fact was the root of numerous difficulties and tensions, involving issues of power and interpretation. However in the course of the programme, many of the difficulties disappeared with the gradual change from English to Xhosa as the dominant language. This change itself was symptomatic of identity construction.

#### **5.3.2.4 Language, power and identity construction**

Some of the Family Foundation participants who were more fluent in English expressed impatience with the length of time that translation into Xhosa took, viz: “The interpreting part is wasting time, I think”. There were mixed feelings in the group about interpreting into Xhosa. For example, some group members who did not have a tertiary education level felt “scared” when they heard that there were going to be some social workers and teachers doing the course, because of their greater fluency in English, and higher educational status. These members already knew each other well through their volunteer work with the Caring Network, the training for which had been conducted in Xhosa. To be enrolled on a course with English as the medium was clearly a source of some anxiety to this group, and to be seen to be needing interpretation into Xhosa seemed to emphasise their lower and inferior educational status in comparison to the social workers and teachers. This led to a hesitancy observed during the early part of the training programme to request translation or speak Xhosa freely, in spite of the fact that this was one of the norms agreed to in the group. “In-group” and “out-group” dynamics were clearly operating around the issue of language use.

The salience of language as an emotional, identity and cultural issue, and not simply a technical matter (Swartz et al, 1997), was illustrated in the fact that one of the (male)

members of the group insisted on speaking in English almost always although he struggled very hard with the language. This was puzzling and painful to me as trainer, which I interpreted as a counter-transference reflection of the group's feelings about the matter as well. Speaking English, however unfluently, seemed to be significant to him in establishing a particular identity and position for himself in the group. This was the "rigid" trainee discussed already under the "structuring" theme, who was the focus of much concern in our trainer supervision sessions, and whose role in the group in terms of language use and identity construction is now explored. As previously mentioned, he also participated very little in small group discussions, usually led by one of the Xhosa-speaking co-trainers, and then never in Xhosa. His insistence on speaking English in all plenary discussions, addressing almost all his comments to me, as English-speaking trainer and by implication "authority figure", seemed an attempt to establish an alliance with me in distinction to being part of the group. It heightened his isolation in the group. Speaking English seemed an unconscious device to grant him superior status and some kind of immunity from feared attack by the group, a protective strategy to make his position unassailable and unquestionable – especially against the undercurrents of irritation he evoked amongst the younger, more educated women who reacted strongly to his conservatism. This included my co-trainers, for whom he represented everything about traditional masculinity that they found oppressive. They were very doubtful about his ability to become a counsellor at all.

Interestingly, it was through his painful battles in **English** that he seemed to engage with and "chew over" new concepts which he clearly found very challenging. Towards the end of the course he actually began to use Xhosa in plenary discussions, (to my great relief) which seemed a liberatory achievement from the shackles of his cultural tradition which before, he could only escape from and reconstruct, **through English**. It was as if it slowly became possible to let go of English (and myself) as the only "safe" channel of communication. Thus in the following episode, this trainee while continuing to assert his authority and leadership role in the group through the use of English, also demonstrated signs of cultural reworking in terms of a shift of traditional gender-related attitudes. The group was heatedly debating whether, or when, to name someone who is being beaten by her partner a "victim" or a "survivor", in which the younger women became particularly involved, speaking more Xhosa as their feelings intensified, when this trainee replied to the trainer who asked for his comment:

"No...they've finished (discussing) it already, saying it in Xhosa. OK...I was trying to explain, because the people, they misunderstand the words sometimes, or they interpret the words not correctly, in the right way. "Victim" – you are beaten up whether in which way, but you are staying inside (i.e. not taking action). When, now, you depart from the house, you are going to get the help, now you are a survivor." (My parentheses, emphasis in original).

While this could be read on one level as simply fulfilling the technical aspect of interpretation in clarifying a point, given the nature and dynamics of the context, it could also be read on the deeper level of a reworking of culture. In clarifying the meaning in the manner in which he did, there was an implicit acknowledgement by him that taking action against domestic violence, in "departing from the house", confers the superior - and laudable - status of "survivor" rather than "victim" on the person. His emphasis on "**now** you are a survivor" implied that this was an achievement, and was

indicative of a more progressive human rights stance than would have been expected from a traditional, patriarchal man. This surprising contribution contradicted his patriarchal manner in “speaking for” those younger women who had conducted their discussion in Xhosa, and school-masterish, condescending tone (“The people, they misunderstand the words sometimes”). His use of English identified him with the trainers, in terms of their authority, **but also with their culture**, in regard to attitudes towards domestic violence, and he implicitly supported an empowering role for “victims”. The rigidity of attitude we had observed earlier was beginning to change and a less stereotypical approach seemed to be emerging, suggesting identity work in process.

Returning to the issue of interpretation, it was increasingly shared between the two Xhosa-speaking trainers over the duration of the course, whenever considered appropriate, and the use of Xhosa amongst group members generally increased. For example:

From one group member to another, in the course of a discussion:

“Can I just explain to ... in Xhosa also?”

The capacity of a group member to spontaneously translate for another indicated the greater freedom that had developed. The extent of group discussion in Xhosa during the final training session, in comparison with earlier sessions was noticeable, with the spontaneous translation by one of the group members of a gospel song in English into Xhosa at the end of the session. This increased use of Xhosa I interpreted as a sign of growing trust in the group and increased ownership of the process.

Quite frequently I as the non-Xhosa speaking trainer listened to plenary discussions conducted in Xhosa, which one of the “interpreters” would paraphrase in English for my benefit. I was now the outsider looking in, and was “privileged” to join the group through their interpretation. The superior status of English had been not exactly reversed, but re-positioned, and my lack of fluency a sad fact that was accommodated to without judgement or impatience but with a certain resignation. It brought home painfully the view that “The particular nature of language politics in South Africa has led to a situation....in which many native speakers of indigenous languages (apart from Afrikaans) feel resentful about their situation and about the reality that most white South Africans are at best only bilingual” (Swartz, in Foster 1997, p. 168).

### **Trainee views on language use**

In semi-structured interviews I conducted with trainees at the end of the practical work training and supervision period, comments about language included the following:

“It’s easier to speak Xhosa for case (discussion). English is too polite...its OK to mix languages”

“I like both languages. Most I like to speak English because I’m learning more. I’m enjoying it. It changed....we spoke a lot of Xhosa during supervision....its good for others who don’t speak English so well”.

“It’s important to better your English. In case discussions we always were speaking Xhosa. I tried to motivate people to speak English because we need to go out and speak English.”

"I feel free when I speak Xhosa – but I always think of the one who can't understand Xhosa (i.e. the trainer/researcher). I'm more comfortable in Xhosa and it would be best if all was in Xhosa. Language is a funny thing – some things are more easily understood in another language...its not easy to say the course should be in Xhosa only....I mix when I speak Xhosa...use English word sometimes...I can explain better in English sometimes"

"We could use Xhosa freely – my mother tongue. Some are shy...I'm not feel small because I use my mother tongue. The mix of English and Xhosa was worth it – I'm improving my English and Xhosa....both languages are important. We have some Basotho cases and have to speak English".

"(At my work) on Fridays we speak English, and FAMSA's training has made an improvement in my English. In case discussions if we're uncomfortable we can speak Xhosa"(My parentheses).

Interestingly, the "traditionalist" male in the group said:

"You learn some things if you speak English...it lets us change a little bit to speak English".

This confirmed the utility of English as advocate for change.

As these responses arose from a one-to-one interview I conducted with each trainee it is difficult to tell how much they reflected the courtesy of trainees and their desire to please or reassure me about my limited Xhosa. However the responses seemed to convey satisfaction with improving one's English while having the freedom to speak Xhosa when necessary. The use of both languages was mentioned as advantageous by most of the group; improved English being a practical asset at work, and in counselling non-Xhosa-speakers. Being "shy" to use Xhosa was observed as characteristic of some of the group, and the opportunity to "learn some things...(and) change a little bit" through English was valued. For example, potentially threatening issues such as examining gender roles were generally discussed in **English** which, as has been already suggested, seemed to make the possibility of changes in stereotypical attitudes more tolerable, viz:

A male member of the group in discussing roles in "modern" marriage said:

"The kitchen, its not for the boys or men. But now, at the change of the times, let us come together, to discuss and make clear the work there is. And maybe the divorces will be much less if you can become to work together...and you (as a male) have to go to the kitchen to cook" (My parentheses).

Finally, in regard to the interpretation issue, the time spent translating could have been saved if I had been fluent in Xhosa, and the training experience less pressurised, and in a transforming South Africa, the respect for another culture that could have been demonstrated through fluency in their language would have been an empowering as well as facilitative factor in the training process. It was a painful reminder to me how much I had in common with most other English-speaking white South Africans in my inability to communicate fluently in anything other than my mother tongue, and the necessity of acquiring the necessary language skills.

### 5.3.2.5 Participation and identity construction

As has been mentioned above, the “assistant” status of the “trainee-trainer” gradually shifted over time as her interpreting role developed, and as more Xhosa was used in plenary discussions which was translated when necessary for my benefit. In yielding control of plenary discussions to my co-trainers I was implicitly conveying my belief in their capacity to “manage”, a role I found anxiety-provoking initially, but began to trust in increasingly over time, and through which power relations shifted in the team so that a deeper level of participation in the training responsibility came about. This signified the beginning of an important shift in the conception of an adequate training programme in this context. It has been said that “Participation in the change process on the part of personnel is essential” (Swartz et al, 1997, p. 178) The benefit of participation in change meant that efficacy-based self esteem grew amongst the trainers, and identity construction was promoted in the team as a whole. Confirmation of this occurred some months later when the so-called “assistant” in the team willingly took on the role as one of the senior trainers in the next planned phase of the Family Foundation with a second group of trainees. A sense of empowerment was expressed also by the Community Development Team leader, who was one of the senior trainers. In her evaluation of the training experience she said “I feel I’ve grown in this field, and am confident about doing it again. It was a very good experience”. Proof of this came when this trainer left FAMSA for full-time employment elsewhere at the end of 1996, but continued giving of her own time to function as a member of the Family Foundation training team, on an honorarium basis.

#### Opportunities and social contexts promoting identity construction

Gecas & Schwalbe (1983, p. 81), argue that efficacy-based self-esteem depends on

- i) the **opportunities** an individual has to engage in **efficacious action**, and
- ii) the **nature of the social contexts engaged with**, which either enable or constrain such action.

Such an opportunity seems to have been provided for the training team as described above. FAMSA had multiple opportunities to engage in efficacious action in regard to the Family Foundation programme which have already been described, in areas such as financial, fund-raising, administrative and moral support, all of which promoted effective implementation.

FAMSA’s connection with the social context of the Family Foundation also enabled efficacy-based self-esteem in the organisation in this regard to develop. The names of Family Foundation volunteers were first included in the FAMSA Annual Report of 1996/97 under the list of current FAMSA workers, thus officially identifying and publicising the project under FAMSA’s name, and identifying FAMSA in the public arena as an organisation actively transforming its service delivery into disadvantaged communities. The presence and participation of Family Foundation members at the FAMSA Annual General Meeting and other public FAMSA events was the living evidence of the outreach work being done in the townships, which contributed to building the efficacy-based self-esteem underlying FAMSA’s identity construction process. FAMSA’s profile with the Welfare authorities was also beginning to change as the Family Foundation project became more visible, and the Director commented:

"Our focus on development through the work of the Family Foundation has given us a stronger position than before, especially the fact that built into the Family Foundation training, is access to opportunities to practise the skills" (FAMSA News, August, 1998).

This was a shift away from the earlier more "clinical" identity towards a combined developmental/clinical identity, which was ideologically and strategically important for the future of FAMSA in terms of access to state funding.

### **Opportunities for choice and identity construction**

Gecas & Schwalbe (1983), further state that important factors to be taken into account in identity construction are the ability the individual has to choose between various alternative options, the resources that are made available so that the goals can be reached, and the individual's ability to influence and mobilize those resources. This echoes the findings in Caplan's (1970) study on nurses' passive resistance to new ideas where their power to influence the situation was very limited. Holdsworth (1994), contends that if individuals are included in the broader context of the particular programme they are involved with, and can influence and play a part in the decision-making processes, they are more likely to accept that programme. Family Foundation trainers continually evaluated and planned each training session in consultation with their training supervisor and made joint decisions about training and organisational aspects of the programme. The programme was thus a largely co-constructed effort by the team as a whole, with the diversity of experience and flexibility of approach contributing to its relevance and effectiveness.

Family Foundation trainees also participated in decision-making on a number of levels, for example, about suitability of venues, dates and times for the course, the content of the final three training sessions, conducting negotiations for counselling venues in the community, planning and participating in the official launch of the project in New Crossroads, deciding on appropriate group responses to individual bereavements, etc. Holdsworth postulated that this participative approach would "impart a greater sense of autonomy and control, thus increasing role adequacy" (1994, p. 50)

In recent years skills-training opportunities in local Western Cape townships are increasingly being offered by different organisations and institutions (e.g. Rape Crisis, Mosaic, Delta, Lifeline, Triple Trust, the Caring Network, Red Cross Society – to name a few). Those who chose to participate in the Family Foundation training therefore had some alternatives to select from which indicated a degree of autonomy and control over the training context.

### **5.3.2.6 Material needs and identity construction**

Participants also had a measure of power in terms of mobilising resources, in that for example, and as has already been mentioned, transport costs to attend were subsidized by FAMSA, and individual members claimed their taxi or bus fare, or petrol costs per km. at each training session. The claiming and paying of money was an important symbolic act of assertion (the "active self" of Gecas and Schwalbe, 1983), on the part of the participants, and of recognition and responsibility on the part of the organisation – for distribution of material and non-material resources in society.

Likewise the relatively low cost charged by FAMSA for the course described in the previous chapter, indicated support and acknowledgement of participants' material needs. The policy of careful consideration of material and non-material aspects of the programme, and the close participation of FAMSA management in this regard, played an important role in creating an enabling social context for efficacy-based self-esteem and hence identity construction in this group. However, although it was possible for FAMSA to raise sufficient funds for two groups of trainees, the long-term financial implications of such programmes and fierce competition for funds limits the capacity of organisations like FAMSA to continue creating enabling training contexts, and to expand their outreach to those most in need. Lack of resources was considered a major obstacle in the provision of consultation and training to health care workers as one of the potential solutions to community mental health needs (Holdsworth, 1994), and an urgent need was seen for professionals to adopt an advocacy role and involve themselves in health and welfare policy-making to press for greater resource allocation so that such interventions could continue. While FAMSA can continue to work within the resources presently available, any significant growth and development of the model will need extensive financial support and ongoing advocacy and fund-raising work will have to be undertaken in this regard.

### 5.3.2.7 Intergroup relations and identity construction

Social Identity Theory also explores identity construction in the context of inter-group relations, postulating a link between different group memberships and associated action taken, or not taken (Campbell, 1997). Campbell found links in her study between group memberships and the life challenges that were being faced by the youth. Identity construction in that setting was conceptualised as an interaction between those life challenges, group membership and the so-called "recipes for living" put forward by the groups. This conceptualisation of identity construction was supported in the context of the Family Foundation group. The life challenges being faced by members interestingly echoed those of the youth in terms of similar needs to establish a social support system, to extend one's horizon and find emotional and educational support, to find ways of dealing with interpersonal relationships, as well as community problems, and to forge a future for one's personal life, and for the community. The Family Foundation's "recipe for living" was conveyed through its entire approach to training and the content of the programme, which clearly addressed key life challenges for those who continued as members of the group. The "goodness of fit" between trainees' life challenges and what the training offered them was initially identified in their responses to a question in the original application form to enrol on the course.

Question: "Please indicate any life experience that you feel may be helpful to you as a counsellor:

Answer:

"Divorcing"

"Separation with my husband. He left me with 5 children; and after 15 years he came back for apology. I refused to stay with him again".

"Remarrying to a divorcee with two children"

"It was to loose(sic) my cousin brother who was die of gun shot. My uncle who has been alcoholic and abuse family".

"My brother was shot dead by taxi drivers on the 3<sup>rd</sup> September 1991, and he was buried by government as a unknown person".

"Attempted rape by my biological father. Alcoholic parents".

"I got a family problem to solve".

In the context of small group discussions on the challenges faced in interpersonal relationships, further evidence was produced showing the relevance to trainees of membership of the Family Foundation group. Thus:

Trainee A: "We find there can be a destructive way of saying feelings – like if you're coming from work and you've had a bad day – and now you bring that feeling back home, then the first thing you do is convey that feeling maybe to your dog, or child – anyone that comes in your way... We discussed that its important to have your feelings – if you come home very tired today, not that you've quarrelled, but you're feeling tired and your child comes to you jumping, saying "Mummy, mummy, mummy!" Your children need to understand your mood today – not that you are pushing them aside, but you need this little bit of time for yourself. We need to make time for ourselves... Now we thought in a relationship situation where always you want to discuss something with your partner and he says its not the right time – if he pushes you aside, "No man, you're spoiling things" – but there's the need for you to say this thing – so instead of blocking yourself or bottling this feeling you can just say it to somebody else, then you know you've eased yourself".

Trainee B: "If, like, someone special to you, doesn't feel like discussing, pushes you away?"

Trainee C: "You do need to be sensitive yourself – by saying – "Can we talk about such and such a thing?"... and then if its an emergency for you – you need to find a space somewhere – and maybe it's a very good friend of yours – then ...by the time you come to the person, now you are more empowered, you know what the feelings are."

Trainee D: "But if you're always being pushed aside – then its time for confrontation".

All the trainees above were women. The debate illustrates the considerable self-awareness and skills already evident in the group, as well as the current challenges being faced by working women with needy children, or with partners reluctant to communicate when there is an issue that needs clearing – for which their membership of the Family Foundation group provided a forum to share, off-load, and strategise. This was one indication that the training programme was also providing the life-skills training and emotional support that women with multiple roles in this context needed, and hence that identity construction, as a consequence of the interaction between life challenges, group membership, and the "recipes for living" offered by the group which were found in Campbell's (1997) study, was occurring also in this context. Further examples may be found below, as well as in Appendix 5.K.

### 5.3.2.8 Gender and identity construction

Power issues between the sexes and between generations and traditional roles for women, were clearly at the base of the above discussion in the group. It has been seen as critical that a theory of gendered identity development "must be based on the notion that identity does not exist out of context and must include an understanding of power relations in that context" (Schefer, 1997, p. 88). In the above-mentioned Campbell study (1997), "A wide range of group memberships reinforced one another in presenting women with behavioural options geared towards virtue, obedience and home centredness, limited freedom of movement and subservience to men" (p. 26) However she found that young women were indicating rejection of traditional gender norms, and developing more independent "recipes for living".

In the above excerpt, Trainees B and D were both young women, indicating similar shifts in options for gender-related behaviour. Trainee A speaks as a working woman returning home tired after a busy day, entitled to put limits on her availability to her child because of that, and Trainee C supports interpersonal sensitivity as well as the right of the woman to get the support she needs outside of the home in a situation of interpersonal conflict. All of these challenge traditional gendered behaviour for women.

As has already been referred to, Campbell (1993, p. 60), found that "changing social conditions seem to offer women the possibility of constructing new and empowering identities" (in Schefer, 1997, p. 94), and it was suggested that the Family Foundation training programme was a site representing these "changing social conditions". It potentially offered the women in the group the opportunity to try out new gender identities and experiment with extending the boundaries of traditional norms and hence their power, in the presence of the men in the group. However, what may have been possible in one context may not have been possible in others. Within their own homes, confronting patriarchal norms may have been much more problematic and even dangerous, as "The family is still a major sphere in which the domination of men is secured at the expense of women. Each family is a site for individual men to oppress women in their own particular way" (Ramphele, 1989, p. 2, in Campbell, 1990). Recent studies released by the South African Medical Research Council confirm that domestic violence occurs in 20 to 50% of South African homes and "is sanctioned by the way both men and women approach relationships between the sexes" (Cape Times, 6/8/99, p. 15, emphasis in original). In one of the studies, most men held that "Democracy is for the government of the country, not the family home" (ibid). These studies confirm the complexity and contradictions involved in gender identity identified in earlier research in which "women think, feel and act to maintain, reproduce, resist and transform the oppressive forms with which they are confronted." (Mina & de la Rey, 1994, p. 3, in Schefer, 1997, p. 90).

The gender issue, as has already been mentioned under the "structuring" theme, was a critical one for the Family Foundation training programme, which in its very title explicitly identified itself as committed to the concept of "Family" – but what was its role to be in the face of the national evidence of appalling abuse in that context? (Mail & Guardian, Dec. 1998).

FAMSA W.Cape works primarily from a "justice" perspective in its feminist, anti-patriarchal stance in dealing with domestic violence issues (Sinclair, 1985). It was the first organisation in the Western Cape to run Perpetrator Groups for abusive men. Its position is clear and unequivocal in regard to domestic violence. However other gender training experiences have shown that "The more conscious and excited they (women) become about gender issues and its power to explain their oppression, so the more difficult their most intimate relationships become" (Bennett, 1996, personal communication). The latent content of gender contains a fear of the consequences of addressing it – loss of traditional power for men, and anger between the sexes. This was demonstrated during the Family Foundation training course in the roleplay which depicted an assertive woman's problems with a "traditional" partner, which evoked an angry and defensive reaction in a male member of the group who subsequently dropped

out - as has already been described. There was a risk that focusing on gender directly as a consciousness-raising exercise could polarise the group across gender issues and entrench traditional positions. But what would avoiding this mean in a context where the oppression of women had reached crisis proportions, and which these very trainees would be facing frequently in their counselling work? As FAMSA's Clinical Manager had said - how could FAMSA risk sending "patriarchal" counsellors out into the field under their auspices? Looking at the issue from a psychoanalytic perspective, the challenge was to face, and not avoid the difficulties and risks involved, and to find the way to work-group mentality, rather than subside into "fight-flight" basic assumption thinking (Bion, 1961). The nature of the Family Foundation training model was that it attempted to raise consciousness - in this case of gender oppression - while retaining a human rights culture of respect for the other. Consultation with the University of Cape Town's Africa Gender Institute assisted us to make the decision to integrate the issue of gender as an ongoing intention throughout the training, rather than presenting it as a separate issue (Bennett, 1996). We did this by designing gender-sensitive scenarios in skills practice sessions, as described above, whilst maintaining the culture of respect for each other as the guiding framework, combined with specific training on Domestic Violence. In this way it was hoped that it would be possible to increase knowledge and maintain as open an atmosphere of debate promoting as much learning in this area as possible, without jeopardising intra-group relationships.

### **5.3.2.9 Cultural change, gender and identity construction**

The complexity and contradictions involved in gender identity overlapped with issues of cultural change and are further explored and analysed as they were observed in the Family Foundation training programme.

Traditional deference was shown by the women to men in the group in particular cultural situations where men traditionally take the lead - for example, in opening in prayer at the beginning of training sessions, and closing in prayer at the end. But this gradually shifted over time, so that by the 8<sup>th</sup> session, women were taking the initiative in praying as well, and this was seemed to be an indication of increasing confidence amongst women and acceptance amongst men of greater flexibility in gender role behaviour being possible in the group. The fact that there were 12 women to 4 men in the group, of whom 9 were either heads of families themselves or had firsthand experience of women in leadership roles in their families, is an indication that one of the life challenges faced by them in terms of their roles as women in a patriarchal culture, was being addressed by their membership of the Family Foundation group. The "debates" and "negotiation" around this issue gave evidence of social identities in the process of being constructed (Billig, 1991, in Campbell, 1997), in which social identities are not "finalised products; (but) there is a dynamic engagement in "identity work", constructing and reconstructing the boundaries..." (p. 28) The training programme clearly provided a forum which the group was able to use in debating issues that would have been difficult to debate elsewhere.

Negative perceptions about the opposite sex formed part of this debate. For example, in introducing her skills practice partner to the group, one young woman said "This is a really good man - I could talk to him and he didn't interrupt me". Implying that listening to a woman is unusually courteous behaviour that one wouldn't expect from a

man. As already mentioned, resentment against women's power was expressed in a skills practice role play, leading to withdrawal by one of the men from the group. This Family Foundation "recipe for living" (Campbell, 1997), was clearly unacceptable to this trainee. The men who remained showed evidence of being in a process of debate around the issue, thus doing similar "identity work" to the women in social identity construction. For example:

Trainee E: "I (as a man) have no place to talk feelings – I suppress feelings, It's the way boys are raised, no crying, not showing feelings".

He openly indicated the deprivation of men's traditional socialisation which holds that "emotional" behaviour is illegitimate for men. However, in response to experiencing being counselled about a personal problem during a training session, one man said :

Trainee F: "With me it was very soothing – I heard what she said me and it was very comforting. I felt very much – um – acceptable to her – and whatever she said to me was putting me in comfort. I enjoyed it."

The "recipe for living" implied in the counselling process, allowing men to have feelings and express them, was something this man was able to accept for himself in the context of the group, and put into practice there. Thus meeting one of the life challenges facing him, and contributing to identity construction. However, the extent to which "new" behaviours learned in the training environment generalised out of the group into counsellors' own family life or with clients was not investigated in this study and further research would be valuable in this regard.

Further indications of "identity work" and the transformative influence of the "new" South African culture of human rights are illustrated in the following comments from two men in the group:

Trainee F: "Look at the times, we are changing, we must go with the times (my emphasis).....another thing is that, we must not as men, we men must not wait for our wives to tell us what to do, we must think that she comes from work, she's been doing this and that – I must get up and wash the dishes, cook.....You know at work, if you wait for your boss to tell you what you must do, the day becomes too long. but if you give yourself some work...."let me do that"...you enjoy your day. So I think the same thing applies at home – you don't wait for your wife to tell you what to do – you must think. Even if you have friends, - "Friends, now I'm going to wash the dishes – excuse me!" Don't wait for your wife to look at you..."

Trainee E: "If I do that in the 1950's – the men are not ....they only sit outside in the sun and read the newspaper, and at night they go to the bush and then after that he comes back...that's all. The kitchen, it's not for the boys or men. **But now, at the change of the times,** (my emphasis) let us come together, to discuss and make clear the work there is. And maybe the divorces will be much less if you can become to work together...and you have to go to the kitchen to cook. But there is something.....if there is some cooking in the kitchen, with my wife...that must be confidential".

The sense of being ridiculed or shamed for sharing in tasks, or laughed at because of being "under the power" of a woman – as illustrated in the skills practice roleplay above, by women's laughter at a husband who listens to "mother first", was clearly an issue of high sensitivity among the men. It indicated that women needed to be aware of

the negative costs of playing into traditional sex role behaviours themselves (ie. by scorning a non-traditional male behaviour) and hence entrenching stereotypical gendered behaviours. It confirmed recent research studies into domestic violence (Cape Times, 6/8/99) that women's socialisation needs to be interrogated just as vigorously as does men's.

### **The use of norms to maintain the safe space in the group**

The importance of the norms that had been established by the group at the beginning of the course, and their strategic-influence role in promoting both a "care" and a "justice" perspective, became very apparent in situations such as these. Non-judgementalism, respect for others, accepting difference, were the guiding framework for all such discussions, and such exercises became the forum for operationalising a culture of human rights in specific and concrete interpersonal contexts. The development and strict maintenance of norms is seen as one of the most effective strategies for groups to influence members (Mackie & Goethals, 1987). It is held that while group members may conform to norms because they fear incurring disapproval if they break them, "more often group norms are internalized through the process of socialization into the group and thus act as powerful internal determinants of group-relevant behaviour" (Sherif, 1936, in Mackie & Goethals, 1987, p. 152). Bion (1961) holds that in the basic assumption dependency group, the group's "history", the record of its functioning, can become a "Bible", holy writ not to be questioned, the leader to whom everyone looks for salvation. To some extent the list of norms was the group's "Bible", but the interrogation to which the norms were subjected was closer to the work-group mentality of modern biblical scholarship than the basic assumption mentality of religious fundamentalism. In relation to gender issues it was the "Bible" at its best, prompting, sensitizing, and opening up new understandings.

It provided the safe environment in which the group felt able to explore gender relations, illustrated by the evidence that women in the group tended to reassure and encourage the men when gender role flexibility was demonstrated. For example:

Trainee A: "Your wife can know that, OK, you're not used to doing this and this and this. But she would ask you to do it anyhow and from the husband's perspective, he does that because he likes to show respect and love. For instance, my father can, if my mother is cooking, he would just say "Bring me the potatoes or the veg., let me do it for you". And if she's sick, he does the whole thing, and the washing, and he doesn't feel embarrassed. Yes I know for most men it will sort of - its like beating them down - but I think women have that understanding and the love and respect, so they usually... (Indistinct) (don't look down on them)" (my parentheses).

Space for such discussion and the opportunities to re-examine traditional norms and negotiate less stereotyped gender identities in a mutually respectful environment are felt to have been a valuable component of the training programme.

Under the new non-racist, non-sexist dispensation the status of women, mainly in the domain of public office, is changing and as their participation and visibility in the job market increases, so does their power in the family. This involves a loss of traditional male dominance, and a shift in male roles in terms of helping with domestic chores and childcare. The perception of loss of power by men can be fiercely resisted, as was

shown in the Family Foundation trainee who left the course, or it can be debated in a respectful, listening environment and new concepts of masculinity begin to develop within a more egalitarian approach. The "National Organisation for Changing Men", an organisation established in the USA in 1983 has seen that patriarchy is as oppressive for men as it is for women in the way traditional male sex roles impoverish men, and seeks to re-educate men for a new understanding of masculinity.

For gender attitudes and values to change more lastingly within training contexts such as the Family Foundation, and for the perception of social efficacy to be developed in this area, education and support groups for men where new understandings of masculinity can be developed and nurtured need to be fostered. Such groups are already in existence in Cape Town (Catholic Welfare & Development 1997), and consultation and engagement with them should be actively entered into for the next phase of the Family Foundation programme.

### **5.3.2.10 Research and identity construction**

A distinguishing feature of the group was the fact of academic research being conducted with them, for which permission was specifically sought from participants, and during which training sessions were tape-recorded, an informal "member-check" (Strauss & Corbin, 1990) was run with them, and individual interviews were conducted twice. The fact that it was research in the field of **psychology** was commented on with some awe by one of the young social workers enrolled in the group – confirming the higher status that psychology is traditionally accorded in the hierarchy of professions, in comparison with social work. The ever-present tape-recorder became a sort of third eye gazing on the training process – physically placed in the centre of the large group, it was a concrete reminder that what was said was considered of enough worth to record and use for research purposes. It may have been interpreted in different ways – either as the institutionalised "controlling gaze" of Foucault (1984), checking on people and measuring their performance, or the "maternal gaze" of Winnicott (1965), mirroring the child's activities and helping it know itself. Both perceptions were probably experienced at different times and for different people and reflected the two faces of the training relationship. The tape-recorder symbolised the role of the research in creating a feeling of being "the special ones" in whom the trainer/researcher was particularly interested, both for checking on the adequacy of their performance and for support reasons in their roles as lay counsellors.

The conducting of research clearly influenced members' perceptions of their value to the researcher, and underlined the importance of the training they were involved in. There seemed to be a sense of pleasure in the group at being observed and recorded. Perhaps this focus on them apparently simply for themselves and what they had to say, by a white professional, was an interesting novelty in the course which rendered it distinctive and "superior" to other courses, or a refreshing contrast to people coming out of the apartheid era where whites measured or recorded blacks primarily for purposes of political or economic control.(e.g. Pass books and worker registration systems). Conversely, it could have been interpreted as an instrument of control. The one-to-one semi-structured interviews conducted after the end of the supervision training period revealed that the research was seen as both assessing how well they

were doing in the work and **also** actively caring for them. It therefore had strong support characteristics as well as investigative ones.

In response to the question "What do you think the research is for?" the following answers were given:

- Trainee D: "Supervision and research are the same – you get something – it's one-to-one (i.e. in the interview) and so it's easy to express yourself. It's to teach people...to support people...not just teaching skills – **boosting** them....I feel consulted about the Family Foundation. I copied it for myself....can do my own research on clients, working together, checking that they're moving in the right track or not."
- Trainee B: "It's to see how I am now – from 1996 to 1997 – my motivation for counselling"
- Trainee G: "You aim to see how we're working and feeling to our work. How are we – you look not only to the work, but also to us."
- Trainee H: "The research is good because we can talk about personal issues – I couldn't do that in supervision sessions."
- Trainee I: "(The research) is to explore what is being done, and how you feel. Maybe it's not in my heart to be in the field – through research you can find out who's interested in this field."
- Trainee J: "It's to find out will my help to clients be good for the Family Foundation – like an exam."
- Trainee E: "I'm happy (about the research) because it's where I get somebody talking to me, interest in me, who am I, what am I doing, how do I feel. Also to get my progress – where I need help – you want to see my progress."
- Trainee F: "The research is good because it gives time to discuss problems, and we need it. It's to know where we're stuck, how to improve, what hurts us."
- Trainee A: "I'm proud to be part of research – I see how you conduct research, it's not something from above, it needs sincerity and patience...it's to uplift the standard of FAMSA – introducing a new thing through research...(there is) so much talk about disadvantaged communities, we know more about needs now (but) **how** to help...(is what) we need" (Emphases in original, my parentheses).

The role of the researcher is clearly inextricably involved with and influenced by the role of counsellor and trainer as well, and trainees' responses reflect their sense that their feelings are of importance and concern to the researcher, as is their ability to deliver a service. The "research" interview seems to be experienced more like an individual counselling session and appreciated as an opportunity to "share personal things". The level of rapport between the interviewer and interviewee was heightened as a result and has much in common with the "depth" interview approach (Masserik, 1981, in Holdsworth, 1994, p. 203), in which "the interviewer is genuinely concerned with the interviewee as a person, going beyond the search for delimited information input. In turn, the interviewee sufficiently reciprocates this feeling, valuing the interviewer's motives and seeking to respond in appropriate depth". Holdsworth sees the method as advantageous in that it promotes relationships, conveying the interviewer's appreciation and respect for the views of the interviewee, thereby supporting the empowerment ideals of community psychology. In this regard, the research can be seen to have played a supportive role in fostering the self-esteem involved in identity construction and in the effectiveness with which this group engaged in implementing the counselling service in their communities. Other local research into community health projects (Mathews et al, 1991, p. 509), has suggested that the actual process of conducting evaluation on a project was just as significant as the findings made as a result of the research, "since involvement in the process itself

often induces a better understanding of the activities being evaluated, and a more constructive approach to their implementation.”

As suggested in Chapter Three, the issue of “reactivity” of the respondents to the research being conducted on them, and their awareness of being researched confounding research results (Lincoln & Guba, 1985, p. 95), was a very real possibility in the research on the Family Foundation training group. All the conditions existed for this to be a factor as they were aware how much was invested in them as the pioneers of this new community development project for FAMSA, and how much we wanted them to succeed, which was heightened by the fact of research – especially high-status **psychological** research – being conducted on them, and our efforts to ensure that the course was as meaningful and worthwhile as possible for them. Was this exerting so much pressure on the trainees that they achieved what they did primarily for this reason? It is certainly felt to have been a contributing factor to the effectiveness of the implementation, but the evidence of their ongoing commitment to a demanding job in a profoundly disadvantaged and difficult environment, suggests that the programme was also meeting a variety of personal needs of their own, which was more fundamental than can be attributed principally to research reactivity.

The importance of the training role of the Family Foundation programme, and its identification as a training resource was revealed in the pervasive request for “more training” from FAMSA, which emerged from the research interviews and self-evaluation questionnaires completed by trainees after the training and supervision phases of the programme. This echoes the experience of the E.Rand Family Foundation which found that ongoing training was needed and always well attended, whereas group supervision was not (Grobler, 1999, personal communication). It is clear that FAMSA W.Cape must therefore continue to incorporate a training component into future phases of the Family Foundation programme, while providing the supervision needed to ensure effective service delivery.

### **5.3.2.12 Conclusion**

The analysis of the theme of identity construction using Social Identity Theory as the main perspective, indicated that identity construction was occurring during the course of the training programme amongst trainees, trainers and in FAMSA on a number of different levels. This showed that the programme was effective in this regard.

In the area of language and interpretation, the increasing authority of the co-trainer as her interpreting developed some of the aspects of “culture-broking”, indicated identity construction, and the greater use of Xhosa over time in the group suggested an increased sense of ownership by the group of the training process. The role of English in protecting the (traditional) identity of one of the trainees and also its power “to produce new forms of knowledge and discourse” (Foucault, 1984), and generate new attitudes, was shown. Trainees expressed appreciation for the mix of languages used in presenting the programme but fluency in Xhosa amongst all trainers was seen as essential for the most effective, empowering and economic delivery of the programme.

The deeper level of participation and decision-making in the training responsibility by my co-trainers, partly through the interpreting role, and partly through my relinquishing

the tight control that characterised the early stages of the programme, also promoted identity construction amongst trainers.

In the area of gender relations, a valuable component of the programme was felt to be the fact that a beginning had been made in re-examining traditional norms and negotiating less stereotyped gender identities in a respectful environment. However, it was clear that this was a very sensitive area and that improvements in working through the issue more fully should be made, particularly in the area of masculine identity construction, if any lasting change was to result.

Identity construction was evident in responses to a question about research being conducted on the group, posed during an individual interview with each member. The perception of their being valued emerged, both because they were the objects of research, to which they attributed particular meanings, and through the depth interviewing methodology used. Their responses exhibited the characteristics of the self-esteem that undergirds identity construction. There were also indications in the analysis of the research responses, that the caring manner in which they perceived the programme to have been run and the consequent trust that developed, contributed to the effectiveness of the programme.

### **5.3.3 Support**

#### **5.3.3.1 Work-related support: The use of containment**

Bion's (1967c), concept of containment involves the perception that one person psychologically "contains" part of another through projective identification. In principle, "containment" involves the capacity to receive the unstated fears, resistances, anger, etc., of another without responding reactively or judgementally, and, through examining one's own countertransference feelings, offering an interpretation in which the individual or group feels understood and can begin to reintegrate, or "own" the projection (Abrahams, 1996). The concept includes the establishing of a safe, or secure psychological space, where boundaries are clear, and in which potentially difficult areas can be explored. Its meaning was explored in some depth in the Literature Review.

#### **Norms as containment**

The concept of containment has also been suggested as including the establishing of boundaries around times and venues for meeting, as well as norms of behaviour (Poss, 1990). It has been asserted that the more deprived the client, the more important it is to provide this kind of containment (Colman, 1984). This view could be extended to ensuring containment in disadvantaged, or deprived environments, such as in the township context, where transformation in terms of consistent and reliable services particularly needs to be demonstrated. Work around the meaning of the norm for attendance and punctuality has already been analysed in this chapter, which resulted in improved awareness and more reality-based thinking and behaviour in the group during the first phase of the training programme. Other advantages attached to the drawing up of norms were that they provided an opportunity for practice in democratic participatory functioning in the group, and as has been shown in the previous section,

the capacity to implement them in practice was an indication of the greater emotional maturity that democracy requires (Winnicott, 1965). Norms provided an ongoing container or benchmark of values for the group, and were revisited whenever change, uncertainty or conflict arose – thus having some of the qualities of a “Bible” (Bion, 1961) which underwent different interpretations as the group developed.

### **Consistency of attendance as containment**

The importance of counsellor reliability, modelled in the training course by trainers’ punctuality and consistency of attendance was, from a psychoanalytic perspective conveying a vital implicit message to clients about the manageability of the problems of living. The significance attached to containment provided by counsellor consistency during skills practice sessions, is illustrated below.

One trainee, in the context of evaluating the skills practice sessions with her partner, (during which as client a personal problem is shared and worked on), said:

“As a client, I was very proud of my counsellor....she was there every day, she was available...I could solve my problem” (Emphasis in original).

The consistency implicitly conveyed a psychological presence or emotional availability to the client, which also must have been behaviourally demonstrated during the practice session. This provided the containment and built the trust needed for this trainee to engage in working on her problem. The creation of a safe space as illustrated in this excerpt, depends on physical continuities in time and space, and emotional presence, or counsellor attentiveness (Egan, 1986), which supports client’s capacities to work on a personal problem.

### **Space as container**

The above aspects of containment were also evident during trainer supervision sessions with FAMSA’s Clinical Manager. The theme of the important resource that trainer supervision provided has recurred repeatedly throughout this study. Here its support characteristics are examined. Ramphele (1991), has shown how physical space as a resource has important psychological and ideological dimensions. The training team had the resource of a peaceful, pleasantly decorated office at FAMSA’s Head Offices in Cape Town, the Clinical Manager’s “domain”, where the previous training or supervision session’s events could be off-loaded, and the next one’s conceived, a reception and conception chamber away from the hubbub of the township. A regular and reasonable amount of time was allocated for these supervision sessions, and no interruptions allowed – the culture of supervision time being sacrosanct, having long been established at FAMSA. The Clinical Manager’s consistency, psychological availability, psychodynamic perspective and interest in the project added to the physical resources provided. Resources such as these tend to be taken for granted in established mainstream welfare organizations. In the context of developmental work in the townships, they were invaluable. In so far as we ourselves, as trainers, were contained and supported, so far could we implement a containing and consistent service in the difficult context of the township.

### 5.3.3.2 Work-related support: The training model

Work-related support was inherent in the design of the training model which provided an experiential learning opportunity for trainees to practice each new counselling skill being taught, in their counsellor/client skills practice sessions with their partner. (See Training Programme example, Appendix 4 C). The trainers' role during these sessions was to ensure that an attempt was being made by "counsellors" to practise the skill in question, and to assist them where necessary with putting the skill into action. The experience of being client and counsellor was then processed in the group afterwards to draw out the experiential and cognitive learnings of the exercise. Thus, for example, after practising the skills of listening and empathy, group responses were as follows:

#### As clients:

- |            |   |
|------------|---|
| Trainee A: | "For me, after sharing I felt quite bad as a client, because it was something that happened to me." |
| Trainee B: | "For me, my counsellor understood – I was relieved".  |
| Trainee C: | "I felt acknowledged – my feelings were acknowledged".  |
| Trainee D: | "I was expressing a real feeling – she consoled me, as she listened".                               |
| Trainee E: | " I feel a bit better, because I know someone understands".   |
| Trainee F: | "Now I understand myself better because I was listened to so well".                                 |

#### As counsellors:

- |            |   |
|------------|---|
| Trainee B: | "It's not so easy to stay with only listening and empathy. I wanted to find the solution to the problem".   |
| Trainee G: | "I also experienced a problem – its difficult to be a counsellor...I want to give a solution...I know she must come to the solution herself...the story she's telling you – you must listen to it". |

The first excerpt illustrates that trainees are engaging with the experiential model of training and going through typical reactions to the counselling experience, and the second illustrates them trying to practice the skills of listening and empathy, and struggling with the classic beginner counsellor's need to problem-solve immediately. Thus the training model is succeeding in its objective of enabling trainees to learn to counsel and be counselled experientially. One of the trainers reported during the supervision session with the Clinical Manager that this skills practice exercise had "brought a change of atmosphere – a sense of commitment" into the group, and my journal notes that during the skills practice processing recorded above, the group were speaking in quiet, low voices and that there was almost an atmosphere of reverence. The group engaged with the task of listening and empathizing with their partner with intense seriousness and responsibility, indicating that it was personally meaningful to them. Self-evaluation questionnaires completed at the end of the training course have already been shown to reflect that this was the case.

The basic design of the training model, in which trainers hold the role of counsellor to the trainees' role of client, means that trainees experience being a client in the training process and the different counselling skills are therefore modelled for them in vivo, an excellent way of acquiring skills, as Holdsworth (1994), attests. The implicit purpose in this design is to create a **relational** learning environment, in which individuals and the group can reach a more authentic subjectivity and inter-subjectivity, in the process of acquiring basic counselling skills. The precondition for which is containment within a "good enough holding environment" (Stapley, 1996), where emotional maturing and

a stronger sense of personal agency can develop. Especially is this type of learning model needed in a multi-cultural society which has been fractured by apartheid, as has been suggested elsewhere in this study.

### 5.3.3.3 Work-related support: The facilitating environment

Winnicott (1971), speaks of “facilitating environments” which “encourage creativity and the expression of truer selves” (West, 1996, p. 70), an extension therefore of the fundamental relational requirement of a good enough holding environment. West describes “intimate cultures of learning” such as book clubs, hiking groups and the like, which promote “a healthy, reflexive, more democratised civil society, and individual lives”, (1996, p. 70). These intimate cultures of learning reflect the characteristics of Winnicott’s “facilitating environment”. In this environment, the individual is in a state of “relaxed self-realisation” to use Winnicott’s term, which involves “enjoying what is being done and to feel alive in the process” (Winnicott, 1965; 1971, cited in West, 1996, p. 70). The signs of a “facilitating environment” which encourages creativity and an “intimate culture of learning” are presented, and their work-related support functions analysed.

#### “Not listening” exercise

This was an exercise drawn from Sterling & Lazarus’ “Teaching Lay Counsellors: a Manual for Trainers” (1995, p. 22).

Working in three’s, two people talk simultaneously to the third, who tries to listen to both so as to report back on what they said. Each person has a chance to listen to two others. The task was carried out with much exuberance, noise and laughter.

- As listeners:** “I could only concentrate on one person – the other one wasn’t listened to properly”.  
 “If it was a couple – you need to ask one to speak and then the other”.
- As talkers:** “I couldn’t really say something properly – I was competing for attention”.  
 “She wasn’t looking at me – not really listening”.  
 “I had to pull his ear – that’s counsellor abuse!”

**Analysis:** The use of exercises from this Manual introduced a lightness and informality which contrasted with the more serious tones of the Basic Counselling Course. The mixture of styles is considered to have enhanced the learning from both. The exercises were found very effective in terms of skills acquisition. Listening being a crucial foundation counselling skill, this exercise promoted maximum learning about what **not** to do, creating the experience of frustration for talkers and ineffectualness for listeners which was important for trainee counsellors. It relaxed the group and brought an element of playfulness to the training which contributed to the enjoyment of the course. The frequent use of small group discussion to promote participation as advocated in this Manual, was also increasingly used in the Family Foundation training course and was found equally facilitative in this regard (Sterling & Lazarus, 1995).

#### 5.3.3.3.1 The facilitating environment: Creativity

The freedom the Family Foundation training team were given to experiment with and introduce their own experience, ideas and exercises into the Basic Counselling Course in consultation with the Clinical Manager, was an empowering aspect of the programme for trainers. The Trainers’ Manual for the Basic Counselling Course, while

giving specific guidelines in running skills training sessions, also reminds trainers to "Use these points only as **guidelines** within which to plan your own creative sessions" (FAMSA National Council, Basic Counselling Course, 1990, Appendix 1, p. 3, emphasis in original). The Basic Counselling Course was therefore not narrowly prescriptive but actively encouraged creativity by trainers, providing an open and flexible facilitating environment in which we as trainers could explore and experiment.

In searching for relevant new exercises around the different skills from the various resources available to us – the E.Rand Family Foundation Manual (1994), and the Sterling & Lazarus Lay Counsellor Training Manual (1995); in working with the Human Scale Development consultant in introducing the perspective at points we considered most beneficial; in drawing from our township counselling experience for scenarios and role plays, we were able to put our own stamp on the programme, co-creating our own version of the Basic Counselling Course, which was exciting and fulfilling, and increased our self-evaluative capacities as trainers, assessing what worked well, and what failed. This impacted directly on revisions that were made in subsequent groups, such as the reduction of amount of material included in each training session, and the simplification of the programme, returning to a focus on basic counselling skills acquisition, rather than trying to cover too broad a canvas, as we considered the case with the first group. The differences between the training programmes for Groups 1 and 2 can be seen in Appendices 4B and 5A.

A similar pattern occurred during the practical supervision phase of the Family Foundation training programme. The drawing up of the programme for each session was again a participative effort by the training team in consultation with the Clinical Manager. The primary task of this phase was to implement the counselling structure, and therefore to address organisational and professional aspects, such as finding counselling venues and developing reporting procedures, as well as promoting the counselling skills and coping capacities of counsellors. The development of this has been discussed in greater detail in Chapter Four. The point at issue here is the opportunity for creativity provided in devising the supervision sessions and in implementing the service. The creativity developed through participative interaction between trainers and trainees as is illustrated below.

#### **Drawing up the supervision programme**

In the programme outline for the first supervision session we drew on the model of "beginning" that we had experience in and valued – that in the Basic Counselling Course - and without replicating it exactly, repeated and built on elements from the first training session. So we worked with the expectations and objectives of this phase, including our own, and creating a "safe" climate in which to work together. This involved revisiting our norms in the light of the changed situation and, a new element, negotiating a contract with the trainee counsellors (See Appendix 2A). The contract identified the new task being undertaken, both by trainees and by FAMSA, and defined the roles and responsibilities of each. Clarity of role definition is well-known to be an important aspect of work-related support (Holdsworth, 1994). The contract was a formal document on a FAMSA letterhead, indicating the endorsement of the programme by the organisation. It had been developed from an earlier contract devised during the original pioneering work at FAMSA to launch a community-based service.

Working creatively within an established training tradition and not re-inventing the wheel, and with formal organisational endorsement, was an excellent container for trainers, trainees, the project and the organisation as a whole.

Drawing on the local knowledge of trainees is known to increase role adequacy (Holdsworth, 1994), and how this contributed to the introduction of the counselling service into local community structures, and to the obtaining of suitable counselling venues has already been discussed under the “Structuring” theme in this chapter. The participative decision-making process around confidentiality and safety issues as well as possible counselling venues is illustrated in the excerpt below:

- Trainer: “So you had a case?”  
 Trainee 1: “Yes – I had a case in my house – I asked (trainee) to help me”  
 Trainer: “Is it possible to be confidential and safe in your home?”  
 Trainee 1: “Yes it is”  
 Trainer: “For others? Is the venue of your house a problem?”  
 Trainee 2: “Yes, to me it is. Since my cases are in my area, I used (community centre). One lady – she came too late, eight at night – I couldn’t say “Too late” because she was crying and I had to counsel her in my house”.  
 Trainer: “Do other people experience this?”  
 Trainee 3: “Yes – sometimes I cope in my own house – other times I go to their houses”.  
 Trainer: “Do you feel safe in their houses?”  
 Trainee 3: “No”.  
 Trainer: “So you need somewhere close by – a school, church, a centre that would be convenient for you?”  
 Trainee 3: “There’s... (another community centre)... I will need a letter for them”.  
 Trainer: “So we need letters for (the two community centres)”.  
 Trainee 1: “And a letter to Guguletu Community Centre, Section 3”.  
 Trainee 4: “The container in Site C, its near the Trek Garage, it can serve Site C, Thembani, Bongweni and all those areas”.  
 Trainee 5: “I’m not working in one place, I’m also there in Khayelitsha...I’m glad about the container, I’ll use the container”.  
 Trainee 6: “Yes I also will...I also have clients that side”. (My parentheses).

This gives evidence of work-group mentality, of containment, of an unpredictable and uncertain phase of organisational development, and of a creative partnership between trainers and trainees utilizing the local know-how of trainees, backed up by the administrative infrastructure available to trainers.

### 5.3.3.3.2 The facilitating environment: Spirituality

#### Introduction

Bion (1961, p. 157), describes the characteristics of what he named “the specialized work group”, examples of which are the church and the army, which are particularly prone to activate a particular basic assumption - in the case of the church, the dependency basic assumption, and in the case of the army, the fight-flight basic assumption. “Non nobis Domine” in which thanks is given to God rather than also attributed to the group’s capacity for realistic hard work, is typical, according to Bion, of the operation of an extreme degree of dependency basic assumption mentality in the specialised work group of the church. He suggests however that in order for these specialised work groups to perform satisfactorily, their basic assumption must be operative, but not overwhelming or absent (ibid).

### **Basic assumption mentality and the Family Foundation training programme**

The Family Foundation training group consisted of people the majority of whom were religiously committed, and most of whose members had joined the course as a result of their connection with the Caring Network, a project under the auspices of the Catholic Welfare and Development Centre, the welfare outreach of the Roman Catholic Church in Cape Town. We have seen in the discussion on the “Structuring” theme that the dependency basic assumption was the one most frequently activated in the group, which suggests that they show the characteristics of the specialised church work group, in Bion’s terms. The Family Foundation training course was not religiously affiliated or identified, providing the neutrality on spiritual matters which secular counselling requires, as modelled in the FAMSA National Council’s Basic Counselling Course. However, there were a number of factors that led to a different route being followed:

- The community-based context of the course and the norm of prayer starting meetings in many community groups.
- The role of prayer and the church in the struggle for a democratic South Africa.
- The participatory, community-empowerment intentions of the training course.
- The presentation of Human Scale Development and the priority given to local, indigenous knowledges and values, such as “ubuntu”.
- The introduction of the Wheel of Fundamental Human Needs as part of Human Scale Development and awareness of “transcendence” or “spirituality” as a fundamental human need for this group.
- The religious affiliation and commitment amongst trainers and most trainees.
- A “facilitating environment” which promoted group creativity and self-expression.

Thus during “Unfinished Business” in the third training session, we trainers picked up on the issue of transcendence or spirituality in the Wheel of Fundamental Human Needs, which for us had been “left hanging” from the previous session, and asked the group if there was anything they would like to say or do about this. This probably alerted the group to our needs in this regard, and possibly, by proxy, to their own, and it was agreed that spirituality was a need that the group wanted to satisfy in the way we functioned, and that sessions would start and end with prayer – my co-trainer then leading the group in singing, and the minister amongst us following with prayer:

“Let the Holy Spirit flow – there’s a need out there in the community – work in ourselves, God, before we go out to the community. Let our teachers have that zeal to teach what they have to the community. We come from different homes and with different opinions – we not, God, come for nothing here – it’s You who feed us, O Heavenly Father – open our minds – let’s see what You want to say to us through our teachers. Let us understand that one day we’ll say “Thank you God to give us this opportunity to do the work of God”. The devil wants to put us aside, but let us see what You want us to do. Amen”.

Basic assumption dependency mentality in abundance – but the prayers and singing – often exquisitely harmonized and beautiful, rousing and invigorating, or soothing and gentle – brought a dimension of human experiencing that was enriching and vitalizing to the group – that “relaxed self-realization” of Winnicott’s in which the group was “enjoying what is being done and ... feel(ing) alive in the process” (West, 1996, p. 70,

my parentheses). West continues "Paradoxically, a self (the group self?) may be most itself when forgotten, absorbed and uplifted by such experience" (ibid, my parentheses). The group's need for spiritual self-expression was thus being met. Responsibility for initiating the singing at the beginning of each session was offered back to the group by the trainers, and taken over by them, and the Wheel of Fundamental Human Needs had an extra spoke added to the nine existing ones, called "Spirituality". This element of the group's functioning contributed to establishing an "intimate culture of learning" (West, 1996, p. 70).

**Analysis:** It has been shown that the informal knowledge, personal experience and resources of front-line community workers must be used in order to increase a sense of role adequacy (Holdsworth, 1994). In Human Scale Development terminology, spirituality was an "unconventional resource", i.e. not a conventional, or material resource, but one which had been participatively discovered and introduced into the programme, and which represented an indigenous and familiar community resource on which the group could draw whenever needed. Thus the singing and praying, the habit introduced by a group member of standing for a minute's silence to acknowledge those in the group who had been recently bereaved and honour the dead, the development of a pattern of a few members being present for prayers at a bereaved member's home - these behaviours brought the strength of a culture which knows how to live with death as a fact of life into the group, imparting the well-known community rituals into the group's rituals, and creating a specific and powerful container for the group's development. They integrated the Family Foundation programme into an indigenous spiritual culture and thereby provided the emotional support for "keeping on keeping on" (Gordon, 1978, in West, 1996, p. 70), - that durability which was also in evidence in the long years of struggle for political freedom. In the context of working with the damaged social fabric of township life, the ability to "keep on keeping on" is vital.

The spirituality which became an organic part of the group's functioning is considered to be one of the factors that supported its strength and sustainability, and hence was fundamentally work-related. In a setting of harsh socio-economic realities, combined with the levels of violence and crime that characterise South African society, the adaptiveness of basic assumption dependency thinking in producing work-group functioning and the capacity to engage with reality, when most "rational" people would be sent scurrying, should not be underestimated as a significant resource. This benefitted trainers as well as trainees. One trainee, counselling in a difficult socio-political area with a conflict-ridden history and much gangster activity, saw her future role as "To develop myself and get strength, because Someone behind me is lifting me up". Another, when deeply distressed during the Bereavement Counselling training session, and being asked if she had not felt hurt by the group continuing their discussion while she was weeping, said "No, that didn't affect me, because I know I belong here to God". The group's calling for a moment's silence when they learned of the tragic drowning of my two year-old nephew brought me wonderful solace and peace. Thus the sense of a spiritual resource which was present and sustaining, and enabled people to engage with massive social problems or personal pain trustingly, provided containment perhaps with a capital "C", for the group as a whole and the work to go on.

"The prayers we said together became the place where we could be together without fear or apprehension. They became like a safe house in which we could dwell" (Nouwen, 1988, p. 38).

This common allegiance in the group did not imply however, that Family Foundation counsellors automatically prayed with clients when counselling them. There was a strong emphasis in the training on awareness of one's own value system and the importance that counsellors do not impose their value system on the client (Sterling & Lazarus, 1995). This has already been discussed in Chapter Four. Spirituality and the use of prayer was therefore acknowledged as an individual and group resource, which as individuals or a group we might need to satisfy, but neutrality in religious matters was the advocated approach with clients.

The development of a more critical position in the group in regard to stereotypical Christian teaching, such as for example on the expression of grief over the loss of a loved one, was also evident. Thus, during the fourth training session, the difficulty, and illegitimacy for men especially, of talking about feelings – this being "women's business" - was in the process of being shared in the group and the consequences pondered when one trainee said:

"O.K. Just there – someone mentioned something about religion – it's a similar situation. Christians are somehow oppressing each other in the sense that....it's a normal thing to say "Don't cry" – as if you are hopeless – as if you are not a Christian – like you know there's life after death, then why are you crying? It's not allowed to cry too much. It's bad – defined as being bad. Also the culture perpetuates the problem that people are not allowed to express feelings as (group member) said".

The discrepancy between the counselling culture of feelings being an essential part of the counselling function and that feelings are a "legitimate" part of human existence, and conventional cultural and religious prohibitions on their expression was therefore recognised and confronted in the group. A consequence of this was that one very quiet older woman said that quite out of her usual style, she had stood up at a funeral of a young person where the prohibition around grieving was being preached, and preached herself, about the necessity for tears now, because rejoicing will come later in Heaven! A conversion of a different sort perhaps, and an indication of a new culture developing.

#### **5.3.3.3 The facilitating environment: Celebrations**

The celebration of milestones, like the awarding of certificates at the graduation ceremony and the Family Foundation badge, contributed to creating an esprit de corps and marking FAMSA's official recognition of the role of Family Foundation counsellors, an important aspect of building role adequacy (Holdsworth, 1994). The graduation programme was planned and drawn up with the group, with FAMSA's Director present to award certificates and make a speech, a speech from one of the trainees, prayers and singing, photographs to record the occasion, and (unsuccessful) attempts at press publicity. Catering was also shared between FAMSA and the group, and the sense of a joint achievement, in which all had participated and struggled to get to this point, was powerful.

Organisational recognition was followed during May 1998 by an event aimed at recognition in the community and by local and Welfare authorities of the project. Official identification of and support for the service being offered was important to establish and support the legitimacy of the Family Foundation counselling role (Holdsworth, 1994), and to promote its services in the broader community. The Family Foundation Lay Counselling Project was thus formally launched by the Director of Social Services in the Western Cape at a memorable ceremony in New Crossroads, at which a wooden counselling bungalow, donated by a local service club, was opened traditional Western style by cutting a ribbon and speech-making, and traditional African style, by prayers, singing, ceremonial beer and a feast. FAMSA staff and Family Foundation members organised the catering and prepared the meal, the male members helped with the slaughtering of two sheep, provided transport, security and organised the hall, there was a Family Foundation choir, a local youth choir, drum majorettes from the neighbourhood primary school drummed up support from the community to attend, dancing by a traditional Xhosa women's group, and amongst the guests was the local Member of Parliament, who has since been elevated to Minister of Labour! This was a major milestone in the development of the project, a co-constructed celebration which was a classically South African experience in its mixture of exuberance, inspiration and exhaustion.

#### **5.3.3.3.4 Conclusion**

As in the previous sections, this section has again illustrated how much factors that were "external" to the actual training programme contributed towards the effectiveness of the implementation and empowerment in the group. The psychoanalytic concepts of containment and the holding or facilitating environment were used to explore evidence of work-related and personal support, and demonstrated this growth process. This continues in the analysis in the group of the personal meaning of work (Noonan, 1989), and its usefulness to assess success or failure at work, and of Holdsworth's (1994), contention that personal support is necessary for community health workers and facilitates effective community mental health service delivery.

#### **5.3.3.4 Personal support**

##### **5.3.3.4.1 Introduction**

Noonan (1989) holds that in their choice of training or work, people are not only looking for a place where they can exercise the skills and talents they already possess, but also for "opportunities to engage in particular kinds of relationships, to express particular kinds of impulses and to pursue certain kinds of challenges for certain kinds of gratifications" (p. 92). Their choices relate to the deeply personal unconscious relational needs that they have. Hood (1995) suggests that the training or work people choose may well be the best therapy for them. From a psychoanalytic and also a systemic perspective, the goodness of fit between a person's needs and their work would be a good predictor of success in that work. How far training or work can be expected to function as therapy however, is a concern raised by Noonan (1989).

#### **5.3.3.4.2 Personal support: The alternative family**

As has already been indicated under the “Identity Construction” section in this chapter, it was clear that the Family Foundation training programme attracted people whose family life had been or currently was problematic and who had personal relationships that were in difficulties. Thus one trainee said she had joined the course because “of the numbers of divorces”, including her own parents’ divorce, and because FAMSA had subsidized part of her payment of the fee for the course, (a facility that had been offered to anyone who was in financial need), that, “unlike her mother or father”, the Family Foundation and FAMSA were “there for her”. The financial support led to basic assumption dependency thinking in which she idealised the course and the group as a substitute, alternate family. She was one of three young women in the group, the other two being qualified social workers, but spoke of herself as “the baby” of the group, although in years she was no younger than the others. She said that she enjoyed “being taken as their (the group’s) “last born”, their child”. There were many substitute fathers and mothers in the group, who through their empathic capacities to receive her projection without judgement, lulled and soothed her neediness, providing a quality similar to the “mdlezana” maternal reverie described by Maiello (1996) between a mother and her new-born infant in a Cape Town township.

The primary task of the training being to provide a learning environment, and not individual therapy, there were occasions when we felt that her needs were too great for the training context to sustain. However, with the emotional resources that were available in the group, and her own resources of dynamism and intelligence, we found it possible to contain them, and she gradually moved from carrying the role of the group’s needy baby, to that of an assertive teenager – indicating growth in herself, and in the group, who no longer needed her “baby” side. It seemed that her choice of training had been the best therapy for her. Making space for her personal neediness to be expressed and responded to, interpreted as an indication of group rather than individual needs, plus the personal support she received from individual group members outside the training, provided the good enough holding environment she needed to mature emotionally, and succeed in qualifying as a Family Foundation counsellor.

#### **5.3.3.4.3 Personal support: Current emotional needs**

##### **A place where feelings can be shared**

There were many indications that the Family Foundation training programme offered a unique opportunity and space where people could share their personal feelings, and that this was not available to them outside. Thus they said that at home they rarely spoke about their personal feelings, there wasn’t the time or the space, and they tended often to be acted out – as happened at work as well. They found it easier to talk with a stranger in the bus than with the family about feelings.

One man who lived in an area dominated by hostel accommodation, said that people wouldn’t talk about their family problems “in the community”, but now that there was a Family Foundation counsellor available “there was a place to solve their problems – they’ve got a **place**” – indicating that physical overcrowding and the deprivation of space led to emotional deprivation as well – an aspect of hostel dwelling reflected in

Ramphele's (1991), study. He had a great need also to share his devastation and despair about what he described as a "uniform" of suicides happening in his relatively small area. There had been six in the past six months, all involving broken relationships, in most of which he had been called in to help. The fact that he had a Family Foundation colleague near by and therefore accessible peer support, provided some containment for counselling in a traumatised community. The interview with this man revealed the depth of the emotional burden being carried by counsellors in areas like his, and showed that the existing degree of personal support provided in Family Foundation Group Supervision was insufficient. This was confirmed when he did not renew his contract to counsel under FAMSA's auspices at the beginning of the following year, due, he said, to additional work responsibilities, but it is possible that the counselling load had contributed to a decision to move into other work, which was less demanding personally.

One trainee shared her doubts during the training course about sharing her feelings in interpersonal relationships:

"Excuse me to ask...is it the right thing...like somehow, it's not the right time...you've got this certain feeling within you and you want to say it out, but you always think, "If I say it out now, it's not the right time"...but if it's tomorrow – then maybe it's late... 'cos I'm always blaming myself that it's the wrong time....but if I don't (speak it out)...then it can spoil my day, and for me it's hard" (My parentheses).

Attending the Family Foundation course in a secluded meeting room in a community centre, where norms of confidentiality had been established, seemed to provide the necessary containment and therefore one of the few opportunities available in the township context for the personal expression of feelings, and the group mentioned it as one place where they felt they could share their feelings (as has already been shown in the section on Identity Construction, above). One trainee said that she was happy to come for the sessions, even though it was on a Saturday, because she "gained something" – even for her own problems. And another felt that the Family Foundation group was needed as a place to share personal problems as well as community problems. A place "where I found another side of me – I used to be shy, I can stand up and speak now", said another.

One trainee said that for her, the most important thing of all was to "be with her community" – and that before, this had meant being active in the (ANC) Women's League, and the UDF, but now she wanted to be "with her community" by doing more counselling because of all the quarreling in families, and this was the "most important part" of the Family Foundation. It indicated that a space had opened up for personal feelings to be addressed, now that there was a new political dispensation, and that a programme like the Family Foundation training course provided a channel to continue to serve the community, but in a different way, one which could be built on those who had had a space to share their own feelings.

### **Personal relationship problems**

There were strong indications that people were looking for help through the course with their own personal relationship problems, and that they came to some resolution of at least some of those problems through it. Much of this information emerged during post-training or post-supervision individual interviews – which further confirmed the need for individual supervision. Thus, the trainee above, who spoke of her frustration at being unable to speak out her feelings because it always seemed “the wrong time”, said that once she had learnt the skill of confrontation, she had been able to confront her boyfriend successfully about the difficulty in communicating her feelings to him, and that this had helped her also in her work with clients as a social worker. Another trainee said she was depressed in her marriage and with the way her husband was beating their teenage son, and wanted my support in getting through to her husband about how to handle the boy. Taking time during the interview to talk the issue through was appreciated, and the fact that it amounted to counselling during a so-called research interview broadened my understanding of the nature of action research in this context. Another trainee said:

“The Family Foundation course has affected my relationship with my family. I have more understanding – I’ve learnt I’m not always right. I give the person space to explore for themselves. Here we are ten, sister, husband and kids. This counselling has changed my relationship with them. I don’t think I would have coped without it”.

Two trainees went through the horrific experience during the basic training course, of their daughters – both of whom were in violently abusive relationships - being brutally assaulted by their partners and spending weeks in hospital. One of the daughters, after she had survived the ordeal and come out of hospital, went back into the same relationship. Both women worked on this problem in their skills practising with their counselling partner. One mother said:

“The Family Foundation course took my burden off. I can be sitting quietly, but my mind is working. **Now I know the way I feel.** Like what happened to my daughter, it was heavy....to accept...but I could talk, it enlightened me. I had a pain in my neck but it went ...I think talking to someone, it helps” (My emphasis).

Both these women became part of the backbone of the Family Foundation in terms of rendering a counselling service in their communities, demonstrating the psychodynamic perspective that working through a personal problem enables the person to help others with similar problems. Holdsworth’s (1994), study showed how important this aspect of the consultation and training relationship was, in facilitating service delivery amongst community health workers.

### **5.3.3.5 Language and support issues**

#### **5.3.3.5.1 Introduction**

If, as has already been said, language and the emotions are closely linked (Swartz et al, in Foster, 1997), then sensitivity to language issues in a cross-cultural counselling training programme dealing with human relationships, would be especially important. Language has been explored in terms of its role in identity construction, above. The

support, or enabling aspects of language in the programme, as well as the inhibiting aspects are now described.

### 5.3.3.5.2 Translation of materials

In preparing for training sessions, the training team discussed what translation was necessary at which points in the programme. As translation of the existing handouts, and of new material such as the Human Scale Development input, was an extra, time-consuming activity in addition to the other preparation needed, it tended to be undertaken only if we felt it was absolutely essential. This meant that most of the handouts were in English, and this was problematic for some trainees who were not very fluent in English. One trainee requested in the post-training research interview that **all** the Family Foundation handouts should be translated into Xhosa. The reality was that there was simply not the time available to do so, nor had we budgeted for translation costs. This inhibited the learning potential in the course, and may have contributed to the resistance that trainees showed to doing "Homework" (usually involving reading handouts).

A basic handout on Self-Awareness and Counselling was drawn up in Xhosa by one of the trainers, which promoted the accessibility of the personal growth emphasis of the training programme to the group as a whole. Materials that were translated included the application questionnaire to enrol on the course and the self-evaluation questionnaire at the end of the course. A questionnaire on Life Stages and Needs was also translated into Xhosa. They can be seen in Appendix 5G. Interestingly, this last one precipitated some misunderstanding in the group, and in future groups we decided to include both English and Xhosa in this questionnaire, so that both could be referred to, to clarify the meaning. What was being conveyed needed both languages – and was therefore clearly a new cultural idea. During the teaching of a particular skill, the Xhosa word, or phrase, for that skill would be introduced and discussed. For example, the training on the skill of empathy differentiates between the use of empathy and sympathy in the counselling situation. Empathy was translated as "Uvelwano", meaning the ability to stand in someone else's shoes or identify with another person in their situation, while sympathy was translated as "Usizi", meaning feeling sorry, or pity for another. This evoked much discussion in the group about the value of one approach or the other, and whether there needed to be any differentiation made. Thus:

Trainee: "In bereavement, a wake, when you are grieving, they go **through** with you. Is that empathy? People are communicating - they are talking with you, preaching, praying, is this empathy or sympathy?"

Trainer: "Both are necessary. Sympathy is more appropriate at some times, like bereavement, than empathy. Empathy, in the counselling situation helps the client reach their own feelings, and move on, it's more of a counselling skill" (Emphasis in original, my parentheses).

### **Inhibiting aspects**

The design of the training programme involves trainees practising their counselling skills with a partner, which is supervised by a trainer. The aim of the supervision is to try to keep the counselling practice on track, to see if the counsellor is trying to implement the particular skill that is being taught in that session, and to assist where necessary. All trainees used their mother-tongue for these skills practice sessions. I was unable to monitor their practice in Xhosa, and so we decided that I would work with those pairs whose English was good, and negotiated agreement with the group that "my" supervisees would switch to English when I came to observe them. This was difficult for the counsellors concerned who had to move into another language and try to use a new counselling skill in that language, and difficult for me to really assess how well a skill was either understood or being used. It also interfered with the authenticity of the practice counselling relationship and inevitably made it something of a "performance". In spite of these difficulties it was possible to work reasonably satisfactorily in this way and for some degree of effective assessment to occur. Their fluency in English meant that they absorbed the model at least superficially more easily than those who were not as fluent, and the learning curve was therefore not quite as steep. In some ways therefore, the challenge was less with them than it was for those for whom the approach was more opaque.

This situation continued into the supervision phase of the programme during Case Discussions, which were held in small groups. As already mentioned, my group had to use both English and Xhosa which meant we inevitably covered less ground and that not every trainee was able to present their case for discussion in the depth that would have been possible if it had been in Xhosa.

## **5.3.3.6 Indigenising knowledge: Human Scale Development**

### **5.3.3.6.1 Introduction**

Human Scale Development is a particular theoretical lens on development and therefore constituted part of the knowledge imparted during the Family Foundation training course. Indigenising knowledge is understood in this context to mean the introduction of ideas or knowledge in a way which makes it accessible to local populations, so that it takes root and can be applied in concrete indigenous settings.

Human Scale Development was integrated into the Basic Counselling Course at points where the specialist consultant and ourselves felt it had particular insights to contribute, namely in the modules on Life Stages and Needs and Conflict Resolution. It was considered an alternative view of human needs which was compatible with the Basic Counselling Course. The Human Scale Development concept of a Wheel of nine Fundamental Human Needs and the poverties that result where these needs are unmet, replaced Maslow's (1968) Theory of Basic Needs in the programme. The aim was:

- to provide a memorable and culturally familiar metaphor (the wheel) which trainees could use to diagnose their own poverties and riches, as individuals, families and communities, and to use later, for the same purpose with their clients in the counselling context, and
- to create awareness of resources for healing and development inside the family and in community.

### 5.3.3.6.2 Human scale development and non-conventional resources

One of the most valued aspects of the training was the discovery of “non-conventional” or “inside” resources within individuals or communities which are often hidden and unrecognised because they do not conform to the conventional understanding of “resources”. Non-conventional resources, in Human Scale Development terms, include such things as community solidarity and the capacity for mutual aid, expertise and training provided by supporting agencies (the example was given of FAMSA and the Network for Human Scale Development’s co-operation over the Family Foundation training), indigenous knowledge and wisdom (“the wisdom you get from your grandmother, your cultural tradition”) (Clarke, 1996). In contrast with conventional material resources, they are not depleted by use, but “multiply as you use them, for example with solidarity, the more you commit to it, the more it grows. And ubuntu – if we don’t practise ubuntu we’ll forget what it is” (Clarke, 1996) The traditional value of ubuntu was used to illustrate the difference between a Human Scale view of development, and the conventional economic view of development, viz:

	“Money” vision	“Ubuntu” vision
Loves:	Things	People
Uses:	People	Things
Creates:	Products	Ideas
Interacts by:	Taking	Sharing

**Table 3 Visions of Development**

Participants showed the ability to apply the concepts in an exercise diagnosing personal poverties and riches in relation to the Wheel of Fundamental Human Needs. Examples of four participants’ diagnoses of their own riches and poverties, and an “in-between” position are given below.

Poverties	In-between	Riches
Subsistence, idleness	Freedom	<b>Identity</b> – I belong to a family, I have a mother, of being who I am. <b>Understanding</b> – I accept people as they are, I give space to others.
Subsistence, idleness	Freedom	<b>Protection</b> – because I grew up with Christian parents, and we go to church. <b>Creation</b> – I do sewing <b>Participation</b> – in women's development work.
Subsistence – we are both unemployed		<b>Freedom</b> – my husband used to be stubborn, but now he allows me to participate.
Subsistence, idleness		<b>Identity</b> – I'm with my parents now (since my divorce), I don't really know who I am, don't feel I belong.

**Table 4 Poverties and Riches: Human Scale Development**

This sample was representative of the group as a whole in terms of indicating where their major poverties were, and alerting us as trainers to material want (Subsistence needs) and over-burdenedness (Idleness needs) amongst many in the group. This confirmed research findings that community volunteers or workers are often over-burdened. (Holdsworth, 1994). It also revealed a tentativeness about their degree of freedom, which was realistic, given the material constraints on their lives.

Each person was asked what resources, or riches they thought they had to bring to the course. It was suggested that people draw little pictures of themselves if they liked. Comments were as follows:

Trainee 1: "I can't draw – we never learned to draw in our schools".

Only one person shared a drawing she had made of herself as a flower, "cup-shaped", she said "to be able to sustain", and showed the group the drawing she had made, laughing with pride and pleasure. Other responses to the question were:

Trainee 2: "You must have that behaviour to understand how to serve the community. Some have no education – nothing – they can't write a letter even. (I)...have that perseverance to serve that person – to see that this person might do something one day"

- Trainee 3: "For me its encouragement to people – not to give up on things – to apply other measures to their situation. To accept we're all individuals, and we can all have faults. Not to see this person in authority as an angel – to know that we all have faults".
- Trainee 4: "Involvement is mine – in the community".
- Trainee 5: "Ubuntu and understanding others is mine".

How to use these inner resources so that they could help develop a family support system outside in the community, was the subject of discussion in small groups.

Suggestions that came forward were:

- Trainee 4: "Be available, get involved, share ideas and become active in community. Volunteering, offering your services, can help build ubuntu"
- Trainee 5: "Going to meetings in community, (connecting with) structures like street committees, attending conferences".
- Trainee 6: "Advertise through the media – newspapers and magazines, Khayelitsha newspaper City Vision – you don't have to pay, if you have ideas you can write them and everybody can reach those things".
- Trainee 7: "Now that most people are using trains and buses (because of taxi violence) – approach people where you are and share. Have debates in buses".

Inner qualities that were needed in a counsellor continued to be mentioned as integral with the practical outreach ideas, viz:

- Trainee 1: "As a counsellor you must be a responsible person, who can be approached at any time, and you must have that dignity of ubuntu – ubuntu is very important".
- Trainee 3: "Its important to know your background – why do you want to start a thing like a Family Foundation. In order to meet other people you should know your identity first".

This discussion laid the basis for creative initiative in the group in developing suitable venues for counselling in the community at a later stage, and publicising the Family Foundation at Health and Welfare Forums, the City Councils, and street committees, as is later discussed.

### **5.3.3.6.3 Conclusion**

The introduction and exploration of Human Scale Development ideas thus promoted the development of a sense of empowerment and confidence in trainees, and in trainers, to trust the resources they had discovered in themselves and the group, and risk taking this further into implementation in the community, with FAMSA's support. It therefore successfully indigenised the knowledge it brought to the course.

One of the trainers said: "Human Scale Development is so encouraging and enriching. It told me that I have potential inside even if I don't have material things".

### **5.3.3.7 Financial and career needs**

#### **5.3.3.7.1 Introduction**

Ramphele's (1991) contention that people in disadvantaged circumstances who engage in doing voluntary work are acting as "economic beings", meaning that they look to voluntary work as a potential future source of income-generation, was strongly endorsed in this study. During the initial planning of the Family Foundation

programme and a discussion about the advisability or not of FAMSA subsidizing the transport costs of trainees, one of the co-trainers expressed the view that “The (Family Foundation) project will fail if their needs are not listened to”. Her experience in working in the township context helped FAMSA towards a realistic assessment of the economic situation of most community volunteers. Most of the trainees needed additional income, or actual employment, as was indicated in the Human Scale Development exercise described above, and saw the course not only as providing a training opportunity that was personally relevant, but also as a possible route to more money or a job. This was in spite of the fact that they were explicitly informed that there was no job offer or remuneration attached to the training. As has already been discussed in the section on “Identity” in this chapter, the group as a whole gave evidence of being in transition, carving out a new vision of who they were and where they might be heading, which covered material as well as emotional aspects of their identity. In relation to the application of psychoanalysis in poor communities, Freud said “Often, perhaps, we may only be able to achieve anything by combining mental assistance with some material support..” (1919, p. 167-168, in Ivey, 1998, p. 57).

#### **5.3.3.7.2 Financial and career circumstances of trainees**

The following facts emerged from information obtained from trainees’ application forms to enrol for the training course, and during the course of post-training individual interviews.

Three of the trainees were unemployed and in need of jobs, either to pay for the next step in their childrens’ education, or for their individual needs. One trainee was a single parent, doing domestic work and the breadwinner for her three children, but attempting to upgrade herself by studying for her Standard Eight at the same time as doing the Family Foundation course, so that she could earn better money and stop domestic work. She dropped out of the course because it clashed with writing exams, which she decided was the quicker route to a better-paying and more interesting job. This indicated that she had started the course with the thought in mind that it might be an optional route to meeting her financial as well as career needs, but that the reality of it not being an early enough entry into employment was the decisive factor in dropping out.

It suggests that for many in the group, there may have been a wide net cast in terms of whatever opportunities presented themselves in the community in the hope that somehow, one of them might eventually satisfy the economic motive as well their hunger for more education and skills, and a wider horizon in terms of their work lives. Another trainee, a single parent with five children, also the breadwinner in the family, was desperately concerned about having only a half-time job with a community-based organization. She said directly that she hoped that becoming a Family Foundation counsellor would bring her a salary. One elderly man, a pensioner, needed money to supplement the pension, and it made a great difference to him and his family that FAMSA paid a monthly rental for the use of his container as a counselling venue. This was at least some “recognition” of his voluntary work by FAMSA. Three more said that they hoped that the counselling would eventually be a paid job, and one said that “volunteers get tired – we should be permanent counsellors and be paid”. The hope that there might in future be a role as a “permanent counsellor” or a “full-time

counsellor” was expressed by a number of members. One trainee, with a Standard 9 education, hoped that by doing the Family Foundation course she might be accepted to do Social Work at university level. The course was therefore thought of as a springboard for moving into a better status, or from which greater opportunity might arise. For some, the boredom of “char” work or child-minding was alleviated by the addition of counselling. The sheer interest factor of doing the training and counselling in a context where there are few recreational opportunities, must also be taken into account.

	Basic Counselling Training Phase	Practical Supervision Phase	Post-training Phase
<b>Unemployed (6 trainees)</b>			
Financial circumstances a major concern	2 trainees	1 trainee – 10 hr. per wk. post at FAMSA	2 trainees – HIV/AIDS training 1997/8, subsequent paid contract with Dept. Health, supervised by FAMSA. Both registered Auxiliary Social Workers.
Financial circumstances fairly satisfactory but in need of more income or paid employment.	4 trainees	1 trainee – employed as interpreter at hospital. 1 trainee – receiving monthly rental from FAMSA for counselling venue.	1 trainee – still unemployed. 2 trainees – ongoing as in previous column. 3 trainees – registered Auxiliary Social Workers.
<b>Employed (9 trainees)</b>			
Satisfactory	6 trainees	Ongoing	1 trainee – registered Auxiliary Social Worker.
Needing increased income.	1 trainee	1 trainee – more paid hours secured with employer, after 5 hr. per wk. post offered by FAMSA.	1 trainee – registered Auxiliary Social Worker.
Needing more interesting, meaningful employment.	2 trainees	1 trainee – secured superior child care worker position	2 trainees – registered Auxiliary Social Workers.

**Table 5: Trainee financial and career needs: Changes from July 1996 – July 1998**

The Table shows that the two unemployed trainees who were in greatest financial need were in a position of paid employment by mid 1998, one having been temporarily employed during 1997 by FAMSA, until she commenced training as an HIV/AIDS lay counsellor. One trainee gained employment as an interpreter at a local hospital after doing the Family Foundation course and an interpreter's course at the National Language Project. She stated that the Family Foundation course made her "more employable". One pensioner secured a monthly rental for the use of his container, as a counselling venue. One single parent of 5 children was given extra paid hours at her employment subsequent to having been appointed to a 5-hour per week post at FAMSA, which she then relinquished. One gained much improved employment, which she said was partly on the basis of her Family Foundation training. Nine of the fourteen trainees were registered as Auxiliary Social Workers by July 1998, and had therefore made positive career gains. The five who did not register were already professionally qualified (1 teacher, 1 nurse, 2 social workers). One satisfactorily employed person decided against registration as he was already heavily committed in civic and community activities.

The Table indicates that the group in the least satisfactory career and financial circumstances made the biggest gains during the training course in this regard. They could be said to be in transition from one social context to another, a situation which promotes identity construction (Campbell, 1993).

### **5.3.3.7.3 Conclusion**

Thus, it was clear that a key aspect of the project's development related to financial and career needs, as well as interest and emotional needs of trainees. The power of the trainees to influence the programme's development over time in a direction that they wished it to move in was considerable, as if they sensed that there could be a potential in it which FAMSA did not initially envisage. In undertaking the training programme, the organisation had embarked on a journey which in many ways it understood far less than did the participants, who knew the context intimately and were experienced in community volunteering, so that FAMSA's learning curve through the experience was steeper than that of the trainees, as the organisation grappled to absorb the multiple facets of the project. Taking on board the material realities of community volunteering in the township context was a key indication of the reworking of culture in FAMSA – and the next step on the journey became advocacy for institutional recognition and professionalisation of the role of the Family Foundation counsellors as is further discussed below.

### **5.3.3.8 Role support**

#### **5.3.3.8.1 Role support from managers**

Support from managers for the role that community health workers play is known to impact positively on their service delivery (Clement, 1987, cited in Holdsworth, 1994). Publicising the Family Foundation project to local structures was one of the support mechanisms, as earlier described in the section on "Structuring". Each counsellor was also equipped with an official letter of authorisation to counsel under FAMSA's auspices (See Appendix 5H).

A Family Foundation “Referral Form” typed on a FAMSA letterhead, which referred clients to a service that was considered appropriate by the counsellor, signed by that counsellor, was an important tool providing role support (Appendix 5I). One counsellor reported that “These referral letters are ‘believed’ ”, indicating that organisations were “believing” referrals from Family Foundation counsellors as if from a professionally qualified Social Worker, and accepting their clients for assistance. “Call-in” letters, also included in Appendix 5I, requesting a partner to attend a counselling session, had similar results. This was critical to the legitimisation of the role of the counsellors, whose training had emphasized that short-term counselling and referral constituted their central tasks. The fact that the referral letter was in English may have added to its authority. On the other hand, what was called the “call-in” letter, also typed on a FAMSA letterhead, and signed by the counsellor, was written in Xhosa. This was an adaptation of a letter used by FAMSA Social Workers when one partner is requested to attend a counselling session, and the spouse needs the extra “ammunition” of a letter to support their attempts to bring their partner in to discuss the problem. A delicate balance had to be found in using the call-in letter so that the fact of counselling being a voluntary act undertaken by the client, and not seen as a “summons” for disciplining, was maintained – but the letter was found helpful and increased the authority of the Family Foundation counsellor.

An essential aspect of role support was the professional back-up service FAMSA provided for Family Foundation counsellors dealing with marital, couple or family cases that they felt required more in-depth work. Family Foundation counsellors were trained to refer such cases to FAMSA. Holdsworth’s (1994) finding that community health workers generally counselled as a precursor only for referral, and that they were concerned about “taking over” from the social worker’s role, was not characteristic of Family Foundation counselling. This suggests that FAMSA social workers were not (yet) professionally threatened by Family Foundation counsellors, perhaps through participating in their training and empowerment, and therefore not as “territorial” about their work as social workers might be in a more hierarchical setting, and also that Family Foundation counsellors felt confident in their roles as front-liner counsellors in the community.

#### **5.3.3.8.2 Indications of role adequacy**

Further indications of role adequacy were self-evaluative comments about what had been learned during the supervision training period, viz:

- Trainee 1: “I’ve learnt a good way of communicating with a client, and the importance of listening carefully and patiently”.
- Trainee 2: “I’ve learnt how to work with legal intervention concerning the interdict”.
- Trainee 3: “I have learnt how to present a case, and how to do a genogram”.
- Trainee 4: “I have learnt to write reports and gained self-confidence”.

#### **5.3.3.8.3 The problems of maintaining boundaries**

Concern about “follow-up” of clients was expressed in the group, and a suggestion made by one trainee that the referral form be altered to include a response section to the Family Foundation counsellor from the organization referred to. The need to ensure that clients, especially those in abusive relationships were “safe”, or getting help, was very strong, as was the need to get feedback generally on the client’s situation, which

can be attributed partly to the community setting where clients could well be living in the same neighbourhood as the counsellor and the problem wouldn't "go away" as in more organisationally-based counselling. Practising letting go of clients, once referred, and living with the uncertainty of the outcome, was a difficult task, especially initially. "Follow-up" of clients, according to one counsellor, meant that the counsellor **really** cared, and that there was more likelihood of success, particularly with very disadvantaged clients. It was seen as part of their empowering role with clients, for example, to accompany a frightened abused woman to the Magistrate's Court to help her institute an interdict – and accept her payment of the cost of the counsellor's transport to get there, or contribute it as part of the empowerment role. The context of each case had to be taken into account and the individual counsellor's assessment and knowledge of the situation on the ground respected, and a flexible position adopted, which attempted both to strengthen the counsellor's limit-setting skills and the client's decision-making rights.

	Poor	Fair	Satisfactory	Good	Excellent
Basic counselling skills	1	1	2	10	2
Self awareness and personal growth	0	2	1	7	6
Limit setting capacities	3	3	6	4	0

**Table 6: Post-training course evaluations**

The Table reflects the results of the semi-structured interview I conducted with each trainee at the end of the basic training course, as well as ongoing assessment of their skills' acquisition capacities during training sessions, which were discussed during trainer supervision sessions with the Clinical Manager. It can be seen that the majority attained a good to excellent level of basic counselling skills and personal growth. However, the picture changes in regard to limit-setting capacities, where the majority range from satisfactory to poor. This indicated that limit-setting was potentially a problem area in the group.

The ever-present danger of counsellors becoming overwhelmed by the scale of need in this context (Binedell, 1991), and burning out as a result of their passion to help was an ongoing concern of trainers. Especially did this seem to be the case with the so-called "natural helpers", who already had a reputation for caring in the community, were gifted in and loved the role and found it very difficult to set limits. Signs of stress, including bouts of 'flu amongst this group confirmed this difficulty. It seemed almost impossible to strike a balance between the energy and zeal they brought to the task, and the pride and fulfilment they had in it, and the context with all its never-ending needs and lack of resources. It was imperative that the implementation of the counselling service should not add to their burden, but strengthen and contain the inherent challenges as far as this was possible. Their role as Family Foundation counsellors therefore was increasingly seen as including the ability to set boundaries on the amount of work being done. We endeavoured to provide work-related support in this area through encouraging the use of the problem-solving approach with its prohibitions against "taking over" from the client, and working with limit-setting skills repeatedly in

case discussions. In the self-evaluations conducted at the end of the six-month period, counsellors showed that an awareness of this was increasing. Thus:

- Trainee 1: "I've learnt ...to allow self-determination in a client, not to overload yourself, but share with someone, give yourself time to rest and have time for yourself".
- Trainee 2: "I have learnt the way of helping a person who has a problem and who could have solved the problem themselves but they lacked the necessary knowledge."

This trend was also observed during the individual post-supervision interviews. Thus:

- Trainee 3: "I'm a Family Life Director in my church, but I didn't have enough...what I learned from FAMSA....I found exactly what I wanted, although I didn't know how strenuous it would be.... I can't say "no".....I must plan how to get rest".
- Trainee 4: "I'm getting clients from Old Crossroads, Brown's Farm, Philippi, KTC, Nyanga .....the work is heavier than I thought.... I lock my gate at 7 p.m."

The tragic and untimely death during 1998 of one of the Family Foundation's most talented, generous-spirited and hard-working "natural helpers" due to an asthma attack after being discharged from hospital – in a context where emergency medical services were out of reach – was a shocking indictment of the inaccessibility of health services in deprived township areas, and a devastating warning of the implacability of community needs and the life-threatening costs of not being able to "say no" in that context. Acute though our grief was at the loss of this wonderful woman, we had also to accept that, in spite of all the attempts made during the training at maintaining boundaries and teaching limit-setting skills, there was no guarantee that the vaccination would "take", and that she had worked and died as she lived – joyfully and (dangerously) without reserve. The lesson for FAMSA was of heightened awareness of the necessity for self-care amongst community workers in disadvantaged contexts, and the need to institute specific practical training aimed at establishing healthy patterns of self-care as an essential component of all skills training programmes in these settings.

#### **5.3.3.8.4 Role adequacy and peer support**

Peer support was encouraged in the filling in of forms, as it was in general as a coping strategy. The level of spontaneous peer support shown in the group during a member's bereavement has already been mentioned. More formally, in the contract drawn up with trainee counsellors, they were specifically encouraged to consult with each other, or work with a partner and co-counsel in difficult cases, or where they were not yet seeing clients. This became a common pattern in the group, in which pairs would team up spontaneously, either because they lived relatively close to each other, or they felt comfortable working with each other, or knew and trusted each other already. Peer consultation became an established procedure amongst the group members, with co-counselling occurring in specific situations or cases when necessary.

Co-counselling was a useful strategy for providing extra training to trainees whose skills we were unsure about, and for assessing their capacities as counsellors. For example, one trainee during the post-training course individual interview, announced to me that she had "all the answers" for clients and "knows what to tell them", "how to advise them" and "solve their problems". If my Xhosa had been more fluent, I could have explored the meaning of this more closely, but, given my inadequacy in the language, it was difficult to tell if she was saying how good she thought the course had

been, or whether she would have actually been as prescriptive as this in the counselling situation. In the circumstances we decided to encourage her to co-counsel with someone she knew well in the group, who had a good grasp of the basic skills.

By the end of the six-month supervision period her skills had not noticeably improved, in spite of the “apprenticeship” she had had, and her co-counsellor was expressing some frustration with the arrangement. She had also not yet found a suitable counselling venue, which was indicative. She was absent (attending a funeral) from the graduation ceremony, and did not receive a Family Foundation badge. Although she did not “catch” the Family Foundation counselling culture, my co-trainers emphasised that the skills she had acquired would still be of use in her family and community, where she was a well-known person, and that her role in the group was important. The perception that there might be different roles for Family Foundation counsellors within the ambit of the Family Foundation structure, and that it might not only be a training and service organisation, began to emerge with this trainee’s “outlier” role (Strauss & Corbin, 1990). Thus she supported the group and the project as a whole in many different ways, such as organizing the meat for the Christmas braai, wearing the Family Foundation T-shirt and singing in the choir at the official Launch, as well as being a member of the team that catered for the Launch. After conducting a research interview with her in her home, she insisted on my dropping her off on a main road quite far from where she stayed, so that I was on an easy exit from the township, after she had kindly guided me to another interviewee’s home – in spite of the fact that she was not feeling well. In Winnicott’s (1965) terms, she “contributed in” to the socially motivational aspects of the group’s functioning, and showed us another dimension to its identity.

#### **5.3.3.8.6 Role adequacy and group case discussions**

##### **Problematic aspects:**

The main purpose of the monthly supervision sessions was intended to be case discussions. As mentioned already, we seriously underestimated the amount of time the “business” side of implementing the counselling service would take, and although we set aside half of the time for case discussion, it was often less than this, and our goal of each person presenting a case every month was not realised. Post-supervision interviews I conducted with the group revealed the following perceptions about case discussion:

- Trainee 1: “There was no time for full case presentations – only a summary and solution. The little things that are chain-related were not there. Step-by-step learning is needed”.
- Trainee 2: “I learnt from each case, but there’s not enough time. Not all are reporting – each person must present a case”.
- Trainee 3: “Case discussion makes me strong. I copy from my colleagues, how they coped, I learnt from them. Not enough time – only 10 to 15 minutes each. All must present”.
- Trainee 4: “There is more time needed for case discussion. We have difficult cases”.

In addition, during the interview, almost every interviewee shared a case they were working with at the time, without this being requested. Peer consultation was used by most trainees and provided valuable support, but the addition of individual consultation seemed indicated if they were to be strengthened in their sense of role adequacy. One trainee during the interview requested my joint intervention in a particular case, as he felt he did not have the skills to deal with it. His request for my joint intervention may

also have signalled the resentment that has been observed amongst community health workers (Clement, 1987, in Holdsworth, 1994), viz., that mental health professionals tend to foist off work on them in contexts that are already depleted of resources, and avoid getting their own hands dirty. All the trainees later supported the proposal which emerged partly from the interview responses and partly from the difficulties experienced during the supervision sessions, that the length of time for sessions should be increased from two to three hours per month, in order to increase the time allocated for case discussion.

### **Enabling aspects:**

However, in spite of these problems attached to case discussions, they were the vehicle for much productive learning in the small groups. Members learnt about dealing with a range of situations, about limit-setting in abuse and criminal cases, about referral networks and financial resources. It was experienced as a great personal relief to be able to present a case and work through it with the group and the need to check that they were "on the right track" was fairly well satisfied, an important aspect of role adequacy, as Holdsworth (1994), has showed. The emotional distress experienced in coming to terms with levels of rape, child abuse, incest and crime in the community could also be shared in the group and processed to some extent, thus providing containment for some of the emotional burden they were carrying, and the networking and bonding that resulted in the group was empowering.

On a technical level they also began to acquire case presentation skills. Initially trainers demonstrated the use of a genogram to depict the family history in a particular case diagrammatically – a tool which had already been introduced to them earlier in the training. Gradually they began to take over doing this, and although, given the diverse family structures that existed the genogram would often be extraordinarily complex, it was nevertheless always found helpful for thinking about where the problems might lie. Once the genogram had been drawn, the trainee referred to their Counselling Report Form to present the client's feelings about their situation, their own feelings, and how the counselling had proceeded thus far. There would then be a time for general discussion and thinking about the way ahead. One difficulty was that often a particular case would generate so much interest in the group that it would take up the entire case discussion time. While the group learnt in depth about one situation, they did not have the opportunity to present their own cases and nor could we as trainers assess or support them sufficiently in their individual work.

We tried to ensure that over the six-month supervision training period each trainee presented a case at least twice. This was very much a trial-and-error learning process for trainers as much as trainees, which led to revision and refinement of existing procedures, and increased understanding of what was needed in this context, with a much clearer structure emerging by the time we came to run a second group. The high level of interest and group participation during case discussions showed that this was the vital heart of the supervision sessions for trainees, which had some of the dynamic of the earlier basic counselling skills training. It also provided the intellectual and emotional space to reflect and ask questions which, as Swartz (1998, p. 262), has suggested, may be one of the strongest tools at our disposal in implementing appropriate mental health interventions. An excerpt from one case presentation

illustrates this below. In this case a traditional woman in a violently abusive relationship whose husband was “sleeping out” most of the time, and whose parents-in-law were pressurising her to stay in the relationship, came to see the Family Foundation counsellor because she knew her already from the neighbourhood.

Trainee: “She (the wife) told me the interdict (against violence) means divorce. She was silent, tears came. I said “Obey your parents, yes, but THINK – your parents may die – it may be too late – what then? Maybe your children can go to the social workers?” The wife said “But I won’t tell them to do that – they could blame me if I divorce him.” I help her to THINK – help her to survive” (Emphasis in original, my parentheses).

Because their counselling work was taken so seriously during supervision sessions, and so much care was taken around the reporting procedures, the implicit message conveyed was that FAMSA valued their work highly, regarded it as important as professional social work, and hence also valued **them**. A clarification and strengthening of role definition developed in the group as a whole through the case discussions, and generally increased their sense of role adequacy. Case discussions also provided a useful screening mechanism for those trainees who could not cope with the demands of the Family Foundation programme, or would be unlikely to render the service in the future. Thus for example, the two young social workers both struggled to complete Report Forms regularly, (one said she was “lazy” to do Admin), and neither continued for long after qualifying, with volunteer Family Foundation counselling. This confirmed Holdsworth’s (1994), suggestion that community health workers may be more likely to commit to the work when it is a fresh activity different from their usual work routine. The reporting procedures expected from Family Foundation counsellors was “too much of the same” for social workers already obliged to submit statistical records for their daily work. For them, the experiential basic counselling skills training had been the really valuable part of the programme, which as both said, enabled them to put theory into practice in a way that their academic training had not.

#### **5.3.3.8.7 Professionalisation**

Holdsworth (1994), has indicated how professionalisation underlies all the support factors discussed above which contribute towards effectiveness of a service such as the Family Foundation lay counselling programme. The process towards professionalisation in the Family Foundation training programme is now described.

#### **The Area Committee and institutionalisation:**

During the six-month training supervision phase, Family Foundation members were invited to attend a meeting of FAMSA’s Area Committee. It has already been noted that of the original five Area Committee members who started doing the Family Foundation training, only one remained – who was the Chairperson. The Area Committee had suggested at their previous meeting that Family Foundation members should be asked to attend. Its role as the “earpiece” of FAMSA to the townships, and its representation on FAMSA’s Executive Committee was explained to the group. There was immediate interest, and the date and time of the meeting was written down with alacrity – an interesting response. It suggested that they recognised the potential significance and status of the Area Committee, indicating experience in organisational power dynamics, and were motivated to engage with it.

The Area Committee at this time was however, still struggling with its task, and attendance at meetings was highly erratic. Most members continued attending out of a sense of loyalty to FAMSA for historical reasons, rather than for any real purposes of the committee's. There was a good attendance by Family Foundation members at the scheduled meeting, and as, gradually the older Area Committee members resigned or fell away, Family Foundation members "became" the Area Committee. This was a significant step in terms of the institutionalisation of the Family Foundation, as they were now members of an official FAMSA committee, with representation on the FAMSA Executive Committee, and therefore with access to the major decision-making body of the organization. Unlike the earlier Area Committee, the Family Foundation members had a more clearly defined role in the community, which potentially clarified their task as committee members. However, because of this it could not be assumed that the "new" Area Committee would not also struggle to find its own task and identity, and whether a broader community representation was not needed. How far the Family Foundation members would in reality be able to take hold of their potential power depended on the extent to which the Area Committee could become "their" committee, rather than FAMSA's "eyes and ears to the township", meeting a real purpose with which they could identify, and showing evidence of its relevance and effectiveness in the community. For this, commitment, leadership and committee skills were needed. With the higher visibility of FAMSA in the township context, there was a greater possibility of this coming about, but it was an important "next step" in the future development of the Family Foundation programme. Likewise, meaningful participation by Area Committee representatives at FAMSA Executive Committee meetings was a developmental challenge for Area Committee members as well as the Executive Committee, if this was to reflect the empowerment process already begun.

### **Intersectoral developments and HIV/AIDS**

Intersectoral developments between the Departments of Health and Welfare in regard to the training of HIV/AIDS lay counsellors in the Western Cape led to two of the Family Foundation counsellors who were unemployed, and in great need of jobs, being accepted as HIV/AIDS trainee counsellors, and securing paid employment on a contract basis with the Department of Health, under supervision from FAMSA. The two continued to do voluntary counselling as part of the Family Foundation and to attend monthly group supervision sessions. This extension of FAMSA's area of work into the HIV/AIDS arena was a major step for the organisation requiring considerable additional managerial, supervisory and administrative responsibilities to be undertaken by existing staff within the time frame of already established work commitments. It is unlikely that such a step would have been taken without the exposure to grassroots needs and increasing knowledge of the township context which occurred through the Family Foundation programme and it demonstrated the impact that this had on extending the organisation's service identity. The problem of resistance to new tasks being evoked amongst staff because too much was expected of too few with too little reward, as occurred with lower-status nurses in the medical profession (cited in Holdsworth, 1994), could be a potential issue in FAMSA if not carefully monitored.

### **Registration with Council for Social Work**

The advance of professionalisation of the Family Foundation took a new step when, after advocating that the course be accredited for registration purposes with the Interim Council for Social Work (See Appendix 5J), in January, 1998 the Council accepted the training and supervision programme as qualifying trainees for Auxiliary Social Work status. All nine people who applied for the registration were accepted (S.A. Interim Council for Social Work letter, dated 02/02, 1998). This was a cause for great celebration by FAMSA and the group, and seen as a development of major significance.

FAMSA then motivated to the state for two Auxiliary Social Work posts to be subsidised for the Family Foundation counselling work, and the subsidy was granted during 1998, another significant step forwards in the project's development. The remuneration received was shared between the eight volunteers, with whom a more formal contract was drawn up, including individual supervision. Thus the volunteer beginning had in fact, provided the opportunity for eventual access to some remuneration for their counselling work, as most of the trainees had hoped. It was indicative of transformation in the country that Auxiliary Social Work status was granted to trained lay community counsellors, as traditionally the role of these workers was seen as assistant to the social worker, generally in administrative matters, with "counselling" remaining the terrain of the professionals. This development was one of the great satisfactions of being able to be part of taking the risk of "creating new things" in the new social order in South Africa at this time.

## **5.4 CONCLUSION**

This chapter has aimed to communicate the process of implementing the Family Foundation training and practical supervision programme through analysing the themes of structuring, identity construction and support as well as the subsidiary themes of language, participation, power, culture and gender. The multi-faceted picture that has emerged has shown some predominant characteristics which are now presented.

### **5.4.1 The theme of structuring**

Under the theme of structuring, the goal of running an effective counselling skills training programme was seriously impacted by difficulties in time keeping and consistent attendance rates which have been reflected on in terms of a struggle to achieve "work-group mentality" in the group (Bion, 1961). The "structure" used to engage with this issue was the experiential teaching method of "processing", and the analysis showed an increased awareness of and accountability for punctuality and attendance during the counselling skills training course. Attendance rates were consistently maintained during the practical supervision period, but punctuality continued to be a problem, in large measure due to sessions being held on a Saturday. Changed attitudes in regard to time-keeping were however evident in the group behaviours described above. It is concluded that a psychoanalytic view of time-keeping, with the objective of establishing non-punitive time-management capacities in the training group, and the technique of "processing" to raise awareness of the meaning

and consequences of attendance and time-related behaviour, is extremely valuable in a context where reliability and consistency of services are still in the process of being developed, and are generally a rarity. It is felt that this approach will promote an inner attitude of limit-setting amongst lay counsellors, essential in working in seriously disadvantaged communities. Ongoing attention to this area is likely to be necessary, given the differences in context and attitudes towards time between the training programme culture and the indigenous culture, and this must be accepted and included as an integral and important aspect of the training.

The analysis of the group's interpretations of the meaning of "culture" and how they clashed with aspects of the training programme "culture", and the attempt to encourage "work-group mentality" challenging basic assumptive thinking in this area, produced indications of culture being reworked. This was a mutually interactive process, with the learning reverberating through the training group, the training team and FAMSA. The effort and time expended on drawing up a list of norms participatively in the group is considered to have been valuable in establishing a skeleton structure of agreed values and behaviour, which gradually took on meaning and clarity as they were challenged during the course, an indication of increasing maturity of functioning in the group. The active use of the norms structure in decision-making processes was one of the characteristics of the training programme which promoted the development of trust in the group. The growth of trust was particularly illustrated in the discussion on "ubuntu", and the new definition of its meaning and application for group functioning, which evolved out of the crisis over attendance. The resolution of this crisis demonstrated work-group mentality on the part of the group and FAMSA, in coming to terms with reality, based on mutual accountability and respect, tenets of both "ubuntu", and the psychoanalytic perspective used. The compatibility of the two cultures was therefore shown to be greater than had been suspected initially.

In regard to gender issues, basic assumption mentality was interrogated in the group,, with the norms again being found helpful in this process, and there were signs of the beginning of a reworking of gendered basic assumption thinking, with a strengthening of a human rights culture. However, it was clear that this aspect of the programme needed further thought and improvement in order to produce more lasting change.

The structure of trainer supervision with a psychodynamic perspective was described and analysed and its usefulness in and support for the education and development of trainer capacities to assess the suitability of trainees for the counselling role, and implement decisions in the training context was described. This demonstrated the development of work-group mentality amongst trainers.

Finally in regard to the structuring theme, evidence of work-group mentality was also shown in the acquisition by group members of administrative recording skills and the drawing up of a mutual contract between the group and the organization. Further evidence was provided in the process of obtaining suitable counselling venues in the community, and the value of a participatory mode of development and a creative partnership between the group and the organisation was illustrated. Needs for increased infrastructural administrative development and support emerged from the analysis. The examination of the capacity for work-group mentality and occurrence of

basic assumption mentality in the training group and the training team, was found to be a useful tool to assess the effectiveness of the programme's implementation, affirming the appropriateness of the use of this theoretical perspective in this setting.

### **5.4.2 The theme of identity construction**

In regard to the theme of identity construction, the use of social identity theory (Tajfel, 1972), was employed to examine the evidence for identity construction in the group, amongst the trainers and in FAMSA. It also underlay the use of the concept of "social capital" to evaluate successful implementation, which has been discussed under the theme of "Structuring" above (Campbell & Williams, 1998). The role that language and interpretation played in identity construction, and the close link between language and power relations was discussed.

Trainees were seen to be fulfilling needs for the efficacy-based self-esteem or empowerment which underlies identity construction, in areas such as mobilising the material resources they needed, their participation in guiding the direction of the Family Foundation project, such as finding venues for counselling, and increasing their social status through their role as a Family Foundation counsellor, amongst others. Indications of self-efficacy amongst trainers were observed in the areas of participation in designing and running the training programme and in interpreting. The "recipe for living" that was offered by the Family Foundation training programme met some of the life challenges being faced by trainees, such as the need to try out new gender identities, by women and men, and indications that in the context of the group, it was possible for women to be assertive. Finally, the role of the research being conducted on the programme in stimulating identity construction was investigated and the contribution of in-depth research interviews to this discussed. The use of social identity theory provided an alternative perspective to the psychoanalytic and systemic mode of the training programme, to explore perceived developments in the area of identity construction in the group, which it was held would strengthen the likelihood that they would be able to engage with the formidable task of starting to counsel people in their communities, and amongst trainers, to ensure commitment to the programme.

### **5.4.3 The theme of support**

In regard to the theme of support, endorsement of previous research findings of the importance of support for paraprofessional workers (Holdsworth, 1994) was provided through the analysis. Psychoanalytic concepts such as containment and the facilitating environment were used to analyse the occurrence of support in different ways during the programme. Support for the personal emotional, as well as the financial and career needs of participants was shown to be essential to the effectiveness or not, of the programme. The experience of the group was that there are few, if any places where personal feelings are listened to or shared in their daily lives, and it appeared that there was great need for such support and education spaces during the present time of recovery from apartheid and confusion over social change. Linked with this need, were pressing financial and career needs. The support role of language and indigenisation of knowledge through Human Scale Development was also discussed. The evidence of role support for counsellors was another aspect that was investigated, and finally, the

development of professionalisation of the training and consequent shifting power relations.

#### **5.4.4 Theoretical conclusions**

The connections to the underlying theories were made in an ongoing way throughout the text and their relevance was reflected on. Out of this grew a deeper understanding and respect for those theories, and their applicability and value in the township developmental context and compatibility with the basic humanitarian culture of the group. The vital importance of approaches which include working with unconscious as well as the consciously observable aspects of group functioning, was particularly endorsed in an environment recovering from the social and emotional damage of the apartheid era. This supported the assertion that psychoanalytic thinking is useful “in providing training and support to those “frontline workers” actually engaged in community health”, and in helping people face and come to terms with limitations (Swartz in Ivey, 1998, p. 54). It was found especially telling in the township training context, where offering a training course only to impose restrictions on qualifying, could well have seemed depriving, replicating past history in that setting. The limitations set for qualification as a Family Foundation counsellor were found difficult to accept by trainees and painful to maintain by trainers, but were managed successfully by both eventually, through employing an approach derived from psychoanalysis. This drew the sting out of the imposed limitation by enabling it to be raised to consciousness in the group, and feelings to be openly expressed and acknowledged, so that, through experiencing a “good-enough” emotional holding environment the group could accept their disappointment and a workable way forward could evolve. Colman’s (1984) contention that the more deprived the client, the more important it is to maintain boundaries was borne out in this study. This does not imply that the problems of disadvantage will magically be resolved by being firm about boundaries, but that this approach can help build a greater self-awareness and personal responsibility which can challenge the passivity of poverty that accepts anything anytime, because it has no other option.

There are three main aspects to the emergent theory that developed out of the analytic process. These relate firstly, to features external to the training programme which impacted on it, secondly, to the appropriateness of the training model in this context, and thirdly to the new training culture which evolved out of the implementation experience. These are discussed in more depth in the final chapter.

# **CHAPTER SIX: DISCUSSION AND RECOMMENDATIONS**

## **6.1 INTRODUCTION**

This chapter discusses the findings of the analysis of the process of implementing the Family Foundation Training and Supervision programme in Guguletu in a chronological way, commencing with the entry into the training relationship with the Family Foundation group, and ending with reflecting on most recent developments. Key areas addressed are needs assessment, selection, the training and supervision process, professionalisation and the impact of the programme on the organisation of FAMSA. Altered perceptions about the identity and role of the Family Foundation structure as it developed over the period of training and supervision and indications of the emergence of a new, co-constructed culture and transformation in FAMSA's developmental management style are discussed. The chapter concludes by looking towards the future and making recommendations for policy and further research in relation to interventions such as this.

## **6.2 DISCUSSION**

### **6.2.1 Needs assessment and selection procedures**

The absence of a formal needs assessment procedure, as has already been mentioned in Chapter Four, was a gap in the mode of entry into our relationship with the Family Foundation trainees. Entry into a training and consultation or supervisory relationship is considered a critical aspect of the relationship (Holdsworth, 1994), and the consequences of ignoring this in a context new to the organisation soon became apparent.

The application form for the course provided a preliminary profile of each participant, but a more comprehensive picture would have emerged through a careful needs assessment, for example about people's present circumstances and motivation for doing such a course, of language capacities and interpretation needs, and of the practicalities of their daily lives in relation to undertaking an extended period of training. This could have alerted us to emotional, material and linguistic needs earlier in the process, and possibly led to a less problematic decision being made about the day chosen for training, which seriously impacted on the programme. In general, the process of conducting a needs assessment would have better prepared the group and ourselves as trainers, as well as the organisation of FAMSA, for the realities of doing the training for the first time in this context. It was assumed that there had been "enough" grassroots indication of needs for the training, an informal type of needs assessment, to justify embarking on the programme, and we thus "rushed in where angels fear to tread". Maw (1996, p70) found that a similar situation can apply in the consultation

relationship with community health workers, and suggests in her study that in the South African context at least, "The value of a comprehensive needs assessment is not in question, but its practicability and the implications... are not foregone conclusions".

In regard to the selection procedures adopted, reducing the selection process to the bare minimum, as was done in the self-selection procedure adopted for the programme, was therefore also reducing the opportunity for FAMSA and the group to assess each other and themselves, before engaging with the programme. Trainers also assumed that advertising the course by word of mouth through such organisations as the Caring Network, followed by an information letter in English to everyone interested, an application form and a subsequent follow-up telephone call, would be sufficient to enable this particular course to start without any further preliminaries. This was a classic example of basic assumption thinking (Bion, 1961), in which the real challenges and difficulties of implementing the FAMSA training model in the township context were ignored, and which, compounded by our inexperience, had the consequences on the beginning of the training recorded in Chapter Five .

However, in spite of the inauspicious beginning, the basis on which selection of applicants had been made appeared surprisingly adequate in the end, in generating a small, committed group of volunteers, who formed the nucleus of the subsequent lay counselling structure. Taking the risk of trusting local knowledges and means of assessing suitability was shown to be practically – and theoretically (Campbell & Williams, 1998) - effective in this context, with perhaps a measure of good luck as well. It reflected a shift from previous approaches towards a greater reliance on indigenous know-how, giving the programme a different, more Africanised identity. This did not however mean that needs assessment and selection procedures could be done away with as unnecessary in future, but that ideally, both approaches should be employed in a complementary way for the optimum implementation of any new intervention.

#### **Criteria for assessing suitability for Family Foundation counsellor role:**

It was clear that:

- previous volunteer activity in the community,
- the existing bonds between members through shared community or religious commitments, ("social capital"),
- and FAMSA's tapping into an established existing need in a sister organisation,

were all important factors in producing a group which had the capacity to remain committed to the lengthy training and supervision period, and actively engage thereafter with counselling in their communities. FAMSA E.Rand's common-sense assessment tool for suitability for the counselling role of full and punctual attendance at all training sessions, was supported in the present study, but other factors in addition to those mentioned above, were also shown to contribute to effective assessment of suitability for both the training and the Family Foundation counsellor role. These were:

- **Word-of-mouth recommendation** for the course by community-knowledgeable FAMSA trainers, or by Family Foundation trainees with similar know-how, or by other like-minded community-based organisations.
- **The personal meaning of the work** for volunteer counsellors in terms of unconscious as well as conscious needs (Noonan, 1989).

- **Material and career needs** being acknowledged and met to some extent through the training and role of a volunteer Family Foundation counsellor (Ramphele, 1989).
- **The fundamental human need for positive self-esteem, self-efficacy and empowerment** (Campbell & Williams, 1998), being met through participation in the Family Foundation training experience and group, leading to identity construction.
- **A new and interesting dimension** being added to a participant's life in undertaking the training, which added to and complemented their normal work roles, such as that of a teacher, or a child-care worker, rather than being very similar to their existing work (Holdsworth, 1994).

An interesting finding was that the restructuring of the timing of the Basic Counselling Course into ten fortnightly sessions of four hours each, diluted the emotional intensity of the FAMSA National Council's Basic Counselling Course, but extended the period of time spent together and hence increased the level of bonding in the group. This meant that a good-enough holding environment (Winnicott, 1965), evolved, in which participants with particular difficulties and needs could be emotionally contained over time through the bonding that had developed. It suggested that trainees who might not have been accepted to do the course in the previous FAMSA selection procedure, could be accommodated in the Family Foundation course and develop the required skills because of the length (and the nature) of the training programme. The training programme was therefore providing some of the elements of a therapeutic group for such participants.

These criteria could be used to guide recruitment of potential participants for the training programme and to predict future effectiveness as a Family Foundation counsellor. It seemed that a return to a more formal individual selection procedure would not be necessary if recruitment was conducted on the above basis and a preparatory phase was integrated into the programme with more participation and time given to participants for decision-making.

Subsequent adaptations were made for the second group of trainees which included organising a preliminary meeting prior to commencing the training in October, 1997, in which the course was discussed with potential participants, and its experiential nature and expectations for attendance shared and clarified in a dialoguing process. Applicants then took home the application form which they were able to think about completing with far more knowledge than was available to the first group. This had the desired result of enabling those who were unable to meet attendance requirements or uncomfortable about attending an experiential course, to make a more considered decision, and hence promote a more consistent group from the beginning. We avoided using a Saturday and attendance and punctuality improved considerably with this group. However, in spite of this, and much to our disappointment, a much smaller number of people continued to function as Family Foundation counsellors after the training was completed than was the case with the first group. It seemed clear that their personal and career needs and life challenges were not being met in the same way as they were in the first group. One factor was that most were already counselling on an unpaid, or paid basis in different community-based organisations, for whom the training was not adding that new dimension to their lives that was evident in the first group. The personal meaning of the work for them was clearly not as powerful or significant. While FAMSA was happy to enhance counselling skills in other community-based organisations, this approach would not extend the base of Family

Foundation counsellors or develop FAMSA's particular form of outreach into disadvantaged areas. In the community course developed by FAMSA's previous Clinical Manager, a commitment to continue voluntarily helping FAMSA for two years after receiving training was negotiated with the group – which led to the ongoing participation by trainees in the Area Committee, for example. This element was not included in the Family Foundation course, to its detriment. It could also have acted as a further screening device for those whose real interests lay elsewhere. This aspect of undergoing the training therefore needs to be re-investigated for future trainings.

The amalgamation of the first and second groups during 1998 showed up the differences in interest and commitment between the two groups and prompted a recommendation from members of the group that in future, Family Foundation counsellors should assist with recruiting future participants by canvassing people in the community they considered suitable, because they “knew the sort of person that was needed”, as well as having first-hand knowledge of the course. Hence they were most likely to be able to select those with the potential for “goodness-of-fit” for the role of a Family Foundation counsellor. The training team trusted this judgement and welcomed the support offered in recruiting suitable prospective trainees. This was an indication both of the significance to these trainees of the Family Foundation group and the work it was doing in the community, and a sense of ownership and responsibility for its development. It also indicated the transformation of approach occurring in FAMSA, in utilising and relying upon indigenous, non-conventional resources, and investing in existing “social capital” as much as upon their professional know-how.

In summary, the key factors that have emerged thus far in regard to a selection procedure which will promote a growing body of effective Family Foundation counsellors, are that the majority of trainees should consist of people for whom counselling is a new and interesting role, different from their daily work, with a history of community volunteering, who have been personally recommended to do the course by an existing Family Foundation counsellor, and are therefore part of an existing social structure in the community. These criteria, combined with explanation and dialogue with potential participants during a preparatory meeting, constitute a practically useful basis indicative of an indigenising selection process, around which to develop a more professional selection procedure.

## **6.2.2 The Training Model**

The use of FAMSA National Council's Basic Counselling Course as the basis for the Family Foundation training model with the adaptations made to it, was found in this study to have been appropriate and effective in the training of lay counsellors and the development of a lay counselling service under FAMSA's auspices in the Cape Town township context. As seen in the previous chapter, the psychoanalytic stance underlying the model was shown to be of great value in enabling the unconscious as well as the conscious levels of functioning to be explored, which provided a more comprehensive understanding of the training process, and hence enabled more effective implementation to take place.

The adaptations made to the Basic Counselling Course for the Family Foundation training programme included the altered time frame, from an intensive seven-day

course to a ten-session fortnightly programme; the addition of a practical supervisory phase; the inclusion of small group discussions to promote participation; interpretation into Xhosa and use of mother-tongue when necessary; and the use of role plays by trainers as a teaching tool. Additional theoretical perspectives introduced into the programme included Human Scale Development (HSD) (Max-Neef, 1991), and the interactional Wheel of Fundamental Human Needs which replaced Maslow's (1968) hierarchical Triangle of Basic Needs, and the HSD concept of non-conventional resources to foreground indigenous knowledges and development. An HSD approach to conflict resolution training replaced the Basic Counselling Course module on conflict resolution. Training material from the E.Rand Family Foundation Training Manual (1994), and from Sterling and Lazarus' "Teaching Lay Counsellors: A Manual for Trainers" (1995), was introduced into the programme wherever it was felt it would enrich and better contextualise either the experiential or didactic learning of the Basic Counselling Course.

These additional resources and adaptations, as illustrated in Chapter Five in the section on "Support", were found to have contributed to promoting participation, empowerment, stimulation and enjoyment during the training programme, and thus enhanced the impact of the experiential training mode of the Basic Counselling Course.

Language played an important role in a cross-cultural course which was delivered primarily in English, to Xhosa-speakers. The identity and power issues associated with language use were described in the previous chapter. In practical terms, the fact that interpretation into Xhosa whenever necessary was made, added to the time taken in each training session, and my lack of fluency in Xhosa was found to be a disadvantage, but as trainees generally expressed satisfaction with the mixture of English and Xhosa used during the course, not a critical deficiency. It seemed also that the use of English facilitated the acceptance, or engagement with uncomfortable "new" ideas, for example on gender roles or domestic violence, which may have been even more threatening if introduced in Xhosa. A shift from English towards Xhosa as the more dominant medium of communication over the duration of the programme,

### **Training methodology**

The Basic Counselling Course training method of "processing" feelings and experiences during skills practice sessions and in "Unfinished Business" sessions required considerable therapeutic skill on the part of the trainers. The effectiveness of this method in promoting emotional learning and work-group mentality in the group was demonstrated through the resolution of the attendance issue, as described in the section on "structuring" in the previous chapter. While all trainers had been through the Basic Counselling Course twice in order to be able to train it, it was essential to the effectiveness of the programme that new trainers had the opportunity of observing more experienced trainers "processing" material in the group, that discussion and evaluation of this occurred during trainer supervision, and that in an apprentice-type situation during the training session, they could gradually begin to practise it themselves. The importance of trainer supervision being conducted from a commitment to the same perspective as that of the training model, namely a psychoanalytic and systemic one, was critical to the education and empowerment of new, (as well as experienced) trainers in this new context, in order to apply the principles of the model authentically

and consistently. As Colman (1984), has indicated, consistency is a critical component of work with deprived clients (or in South Africa, in historically disadvantaged contexts), and the capacity to maintain theoretical and clinical consistency is considered one of the factors that built trust in the group, leading to effective implementation of the programme. The increase in skills acquisition, personal growth and self-awareness **amongst trainers** was an important outcome of the training and trainer-supervision experience, and contributed to building a team of competent and empowered Family Foundation trainers for the future, hence promoting its sustainability. This study found that trainer supervision which was congruent with the theoretical perspective of the model, played a pivotal role in enabling successful implementation of the Family Foundation programme to occur, and how much this contributed to the ongoing containment of the process in a demanding context.

### **“Unfinished Business”**

The inclusion of a slot for “Unfinished Business” at the beginning of each Family Foundation training and practical supervision session meant that, because the time-frame of the programme extended over ten months, it was a particularly characteristic and prominent feature of the training process. Working with “Unfinished Business” consistently, implicitly conveyed the meaning that, as there was a specific space allocated for any unresolved feelings in the group about the course or related issues, the Family Foundation training was one in which individual feelings mattered, demonstrated by the fact that feelings were dealt with first on the programme and prioritised over content or business issues. It has been shown in the previous chapter how this procedure enabled blocks to be worked through, and growth and development in individual members and the group as a whole, to take place. It also modelled the counsellor/client relationship that was being trained. From an initial dis-ease and inability to make use of Unfinished Business for this purpose, because it seemed to indicate negativity towards the training or the trainers, the group gradually became more and more able to work with it, which indicated the capacity to take individual responsibility for feelings, signifying personal growth, and also the likelihood of developing a greater capacity as counsellors, to tolerate and work with “Unfinished Business” in the lives of their clients. The “ritual” of processing Unfinished Business and its inclusion as an ongoing component of the training and supervision process, played a critical role in emphasising the relevance and importance of communicating feelings for trainee-and-practising counsellors. Especially is this vital in a context where, as participants indicated, there is little space or time for discussion or sharing of feelings, and where a culture needs to be nurtured which does not perpetuate suppression of feelings by men or denigration of women’s feelings.

### **Norms and cultural reworking**

The practice of drawing up a list of norms participatively as a guide for group attitudes and behaviour, which is standard procedure in many training courses, was found in this study to be a particularly creative tool in the cross-cultural training context of the Family Foundation programme. Ethical theorists have advocated using a “care” perspective, representing the relational mode of collective cultures simultaneously with a “justice” perspective, representing the autonomous, human rights stance of individually-oriented cultures, in dialogue with communities, in order to facilitate moral decision-making processes in cross-cultural contexts (Pedersen et al, 1989). The

emergence of a new, co-constructed group culture was fostered through the interrogation of the list of norms when a group decision needed to be made or attitude adopted, such as in regard to attendance and punctuality at training sessions, or in relation to changes in the perception of gender roles. This was explored in detail in the previous chapter.

The list of norms took on new meaning over the duration of the course. Having started out more as a declaration of intent than an active arbiter of group attitudes, a skeleton with no flesh on it, the invocation of the norms at critical points and examination of their meaning in dialogue with the group, in particular contexts in the training programme, increased understanding of the implications and responsibilities attached to them, and promoted cross-cultural communication and understanding. Thus for example, the meaning of “ubuntu” which was included in one of the norms, shifted from the original assumed implication of an obligation primarily on FAMSA’s part to show understanding and respect for the group’s difficulties in regard to attendance and punctuality, to a perception that “ubuntu” also entailed the group’s obligation to accord FAMSA’s position on these matters understanding and respect. The emergent theory that resulted from this encounter held the tension between the two positions, reflecting a willingness on FAMSA’s part to recognise and accommodate to the context-related problems that affected consistent and punctual attendance at an extended training course, and the group’s acceptance of collective and individual responsibility to meet the minimum standards required to qualify. It has been asserted that the development and strict maintenance of norms is one of the most effective strategies for groups to influence members (Mackie & Goethals, 1987). This study revealed the value of non-punitively confronting basic assumption thinking about a norm, from a group perspective, thereby developing new understandings amongst all players about mutual, individual and collective responsibilities. Working actively with the agreed norms in dialogue with the group as an integral part of the training programme, is therefore regarded as a critically important training tool to promote communication and mutuality and hence collective cohesiveness around shared values in cross-cultural contexts, including the organisation of FAMSA itself. Its usefulness as an educational tool in reworking stereotypical attitudes in areas such as gender issues, sexuality and HIV/AIDS, merits further exploration. However the volatility of the issue of gender in the group reflected the cleavage in township culture around this issue and the need to provide a more effective educational environment in which men can be enabled to collectively reconceptualise masculinity and gender identities, and women likewise.

### **6.2.3 Supervision**

The design of the six-month practical supervision period was based on FAMSA’s professional responsibility to provide support and supervision of trainee counsellors’ work with clients, which was to be carried out in monthly group case discussions. As has been described in more detail in the previous chapter, the practicalities and “business” aspects took far longer than had been anticipated and developed into one of the major training activities of the programme. They must therefore be understood as integral components of the training process in this context. And as in the first phase of the programme, far too much was attempted in too short a time, which led to a similar sense of overload and pressure for trainees and trainers. The dissatisfaction of trainees was indicated in their comments about insufficient time being allocated for case

discussion, that not everyone had a chance to present a case, and the fact that they had “difficult” cases which needed more time, rather than less. The need for individual supervision or consultation for case work surfaced during the research interviews, and while peer consultation was encouraged by supervisors and used by trainees, and group discussions fulfilled the purposes of support, referral and networking to problem-solve in particular cases, there was clearly a gap in the supervision structure which had to be addressed.

In general it can be said that the supervision phase involved far more training than had been anticipated, and the Clinical Manager accurately renamed it “Supervision **and** Training”. Individual psychological supervision of community mental health workers likewise includes a strong training component, and “Consultation and Training” has been one of the approaches advocated to address the lack of mental health resources in disadvantaged communities in South Africa (Holdsworth, 1994). The Family Foundation training component of the supervisory relationship, needed to be multi-faceted, involving administrative training, ethical training, for example in maintaining confidentiality in this setting, and ongoing counselling skills training. Far from training in acquiring administrative skills “taking up valuable time”, it contributed to strengthening a sense of role adequacy and developing a collective social identity of the Family Foundation counsellors as people rendering a professional, accountable, recordable service in their communities, a sign of the value of their work, themselves, and their clients.

This study began to flesh out what the ingredients of an effective lay relationship counselling structure in this context would be, in terms of adequately resourced counsellors, and a viable mode of service delivery. The challenges that were presented by the context contributed to the learnings made, and in spite of the shortcomings of the training supervision phase, the factual evidence that clients were being counselled, and the hoped-for service beginning to be delivered, suggested that some of the necessary criteria for effective implementation in this context were being met. A definition of supervision given earlier in the study saw supervision as “a two-way street in which a positive relationship is built upon the supervisor’s creative blend of the administrative, educational and supportive functions (of supervision) and the supervisee’s creative use of supervision, in order to deliver the best possible services to clients” (Austin, cited in Mitchell, 1994, p. 14). In the Cape Town township context, this “creative blend” necessitated greater support by supervisors for the educational and training aspects of supervision, reflecting the gaps left by a disadvantaged educational system. The legacy of a lack of built social facilities in the township setting led to a greater reliance by FAMSA on the creative initiative and support of supervisees in finding suitable counselling venues in their communities. This reliance contributed towards building an authentic partnership between FAMSA and the Family Foundation trainees, in which power relations were flattened, as each party contributed the resources they had to offer and together developed effective functioning of the programme. This creative partnership was shown also in trainees developing links with local community structures such as churches, street committees and Reconstruction and Development Forums, so that knowledge about the new service could be spread, and referrals made to the Family Foundation counsellors.

Their active participation in developing the direction of the project was shown in the concern voiced by Family Foundation counsellors during a supervision session in mid 1999, about horrific crime levels in the township and what role they could play as lay counsellors, in this area. The group felt that a constructive long-term contribution to the situation would be to do lifeskills training work with youth they knew in the community, whom they felt were often the target of clever criminals making use of them. Two counsellors were already involved with such groups. They had found that youth were willing to work with them because of their training in counselling, and their non-judgemental approach. Thus the group initiated a new direction and extension of their role as Family Foundation lay counsellors into an area they considered of critical importance in their communities. It was also evidence that the Family Foundation programme was meeting a life challenge they were experiencing and identity construction work was continuing in the group (Campbell, 1997). Was it signifying a change in their primary task as short-term relationship counsellors? It seems likely that their task was becoming more clearly identified as being responsive to critical social issues in their communities, of which this was the latest. The training and skills they had acquired could be usefully employed in all these situations. FAMSA itself was examining the need for more work to be done with youth, and this investigative process was given added incentive by the grassroots' evidence from the Family Foundation. They had really become "the eyes and ears" of FAMSA into township communities, and were contributing to shaping service delivery in the organisation.

#### **The contract between Family Foundation counsellors and FAMSA**

The drawing up of a contract for this six-month training supervision period reflected the "justice" perspective of the model, with consent to contract to a set of mutually agreed principles and conditions regulating the counselling practice of supervisees and the supervision tasks of supervisors (Appendix 2A). However, this contract was drawn up in a particular context where the needs of family and community, and the importance of **being seen to be present, caring and responsible in the community** is part of the role of a concerned, respected member of that society, a society therefore functioning predominantly from a "care" perspective. Thus the model needed to be resilient and flexible enough not to be too threatened by individual unpunctuality or absenteeism. In the social context of the research group, such behaviour could legitimately be interpreted more as a comment on a strong sense of community and family responsibility, than lack of motivation or commitment to the Family Foundation project. We needed to learn to trust the resilience and cohesiveness of the group to "carry us through" occasional absenteeism, while maintaining boundaries around attendance through processing the consequences of unpunctuality and absence, and "being there" consistently ourselves. The struggle was to abide by the terms of the contract as far as possible, **understanding its nature as a relational organism in itself**, and not solely as a set of principles. It was the application of object relations theory in another arena.

So, for example, it was important to develop interpersonal links and create ways of "catching up" on what had been unavoidably missed. Extra sessions had to be organised after both the training course and the supervision phase which involved trainers in additional work. These "make-up" sessions as they came to be called, became an integrated and accepted feature of the training programme over subsequent

groups. The amount of active personal contacting work which supervisors did was probably considerably more than would traditionally (in Western culture) be considered acceptable or advisable, verging on crossing the boundary around individual autonomy and responsibility, core values in Western culture. It also absorbed additional energy and time. Possibly it built a certain dependency, but this was the “protection” around an emerging group which we discovered was needed in this context, the space allowed for dependency which Winnicott holds is necessary to provide the good-enough holding environment for emotional development and integration to occur. It was an important learning for FAMSA about effective implementation in this context, foregrounding the key role of the personal connection between people as a key sustainer of the programme’s functioning, more characteristic of the group’s “caring” cultural perspective than ours, and hence part of the Africanisation of the programme.

I learnt that what was being built was not so much a group of skilled, autonomous lay counsellors, as a living framework of human relationships, a human system, which was critically embedded in the surrounding human systems of FAMSA, local community structures, and other local human service delivery organisations, as well as professional, policy-making and ultimately state structures. Relying on and building connectedness between the Family Foundation group and these systems, which we did intuitively as part of the implementation process, was later verified in the theoretical concept of “social capital” which holds that successful implementation of such programmes depends on the extent to which social capital is activated (Campbell & Williams, 1998). I learnt that underlying this, the manner of connecting needed to reflect and **take on** the indigenous relational characteristic of ubuntu, which was also “object relations theory in a nutshell” (Maiello, 1996, p. 22), in order to ensure effective and sustainable development. “Africanising” psychological interventions such as the Family Foundation programme therefore had a sound basis in the theoretical framework of European psychoanalytic psychology (Dawes, 1998), and employing social and psychoanalytic perspectives together was found helpful in achieving real growth and change (Obholzer, 1994).

In the Family Foundation group, the tension between individual autonomy and responsibility and community care and involvement was an ongoing one, and compromises between individual and group needs were continually having to be made. Thus for example, a trainee had to leave a supervision session half-way through in order to attend a funeral, another had to miss two sessions in a row because of family commitments. But there was concrete evidence of the work being done at the same time, of the achievements of work-group mentality in difficult circumstances, as recorded in the previous chapter. Our part lay in maintaining continuity and the standards of attendance and case-reporting that we had set as far as possible, within the relational perspective of both object relations theory and “ubuntu”. This, as has been suggested above, was the best safeguard for the “social capital” of the Family Foundation counselling group (Kreuter 1997, in Campbell, 1998, p. 59).

#### **6.2.4 Professionalisation**

It has been said that professionalisation underlies all the factors considered influential in implementing training and supervisory relationships such as in the Family Foundation programme (Holdsworth, 1994). By this is meant the power of the

professional hierarchy to impose its framework of theory and practice on lower-level professions or groups such as the Family Foundation lay counsellors. Turton (1986), criticised the Rogerian mode of counselling imposed on counsellors in Soweto which failed dismally to address the needs of people in that context. The “imposition” of FAMSA National Council’s Basic Counselling Course in Guguletu, with its psychoanalytic theoretical basis could be seen in the same light. This study has however shown the appropriateness and applicability of the approach in promoting personal growth and skills acquisition amongst trainees and trainers in the Family Foundation programme.

Power, as Foucault has said “traverses and produces things, it induces pleasure, forms of knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body...” (1984, p. 61, in Maw, 1996, p. 35). The recognition by the Interim Council for Social Work during 1997 of qualified Family Foundation counsellors as eligible to register as Auxiliary Social Workers, positioned them in the professional hierarchy, albeit at the lower end of one of the lower-status service professions. The official identification as an auxiliary social worker was a significant sign of upward mobility and higher status to them. Thus for example at the preparatory meeting before commencing with training a new group, which members of the first group attended, they spontaneously showed the prospective trainees their official annual registration cards as auxiliary social workers, as an indication perhaps of the standard of the Family Foundation training, and an encouragement to them, demonstrating the potential professional status accessible to those who qualified. The registration card was also reported by counsellors as being helpful in establishing credibility for the Family Foundation in community structures and giving them authority when intervening in crisis community situations. Professionalisation therefore increased the role legitimacy of Family Foundation counsellors.

## 6.2.5 Impact on FAMSA

The vicissitudes of developing the Family Foundation training and supervision programme and its impact on FAMSA as a training organisation had much of the quality of a rather anxious new mother with a colicky baby – wondering what effect the next feed might have, whether it was enough, too much, or whether baby was allergic to the milk, or would drain and exhaust the mother entirely. It was a time of weighing each other up, surviving the bouts of colic, and settling down into a relationship where each knew the contours of the other a little more realistically. It was a classic case-study of object relations theory in practice (Klein, 1946), with the early paranoid-schizoid position experienced at the beginning of the programme, alternating between extravagant hopes of fulfilment and excitement at the new life, and being dashed to pieces in despair at the impossibility of doing this particular training in this particular context.

The triumph of the graduation of the group at the end of the training course – “You have uplifted black people. You have uplifted us. **WE CAN DO IT.** God gave us wings...we can fly!” (FAMSA Annual Report 1996/97), contrasted with the often devastating realities of doing counselling work in the community during the practical supervision phase. “My vision (of people) has changed – I’ve learnt to know people. I get sleepless nights now – I nearly cried counselling one woman. It’s coming into your

head – it's too much" (Post-supervision-phase interview with male trainee). The horror that the mother has unwittingly precipitated the baby into an unbearably cruel and harsh world. And the discovery that the relational responsiveness of the training model, with its justice and caring perspectives, was the path along which we would encounter the mutual support and respect for the other of "ubuntu" in the group, finding a commonality of values, and impinging on each other in a way that built trust, so that together we could look the horrors in the eye, experience them, weep over them and carry on. In psychoanalytic terms, we had moved into the "depressive position" described by object relations theory (Klein, 1946), indicating emotional growth. A durable connection and relationship had developed over the training process which was the basis for a sustainable service to evolve. It was through the vicissitudes encountered that we got to know each other, as a fractious baby/mother pair do. And it was the psychoanalytic and systemic perspective of the training model that sustained us through the process, mediated through our trainer supervision sessions, so that we were empowered to hold the baby for long enough to enable an authentic relationship to develop. This capacity to hold, patiently, for long enough, without judgement characterises the care perspective. And perhaps it was good-enough care that was experienced that contributed most in this context, to effective implementation. But **how** to do this, and how critical it was, we learnt from the insights of psychoanalysis.

Meantime, as administrative and management organisation, FAMSA experienced similar vicissitudes. Its ambivalence, as ours as trainers to the programme, has been described in the previous chapter. Adapting to the realities of delivering a training programme in the township context was a test of the nerve and flexibility of the agency on many levels. Unexpected and unbudgetted-for expenses, such as rent for counselling venues in the community, wages for a nightwatchman to keep guard over a counselling bungalow that had been broken into and robbed of all its furniture, led to some colicky sessions with management, which reflected the quite realistic fear of loss of control in such unpredictable circumstances, and that the new baby's demands might ruin the agency. When the Clinical Manager left FAMSA to go into full-time private practice, the organisation took on the additional financial cost of agreeing to her ongoing supervision of the Family Foundation training team, at their request, and in order to maintain continuity with new trainers joining the team. An unforeseen expenditure, but the training team's needs and the nature of the work was now better known in FAMSA, and the value of continuity was appreciated, so the resources were found to support this. The relationship between the agency and the Family Foundation veered between being the source of pride and some envy as the exciting, newest (and politically correct) baby in the FAMSA W Cape family, and the most exasperating and unpredictable baby, who was stretching the available resources to their limits. The baby was for some time held at arm's length, while Head Office warily appraised the implications of nurturing this new member of the family.

The worst fears were realised when I and a Family Foundation member were hijacked at gunpoint in New Crossroads and the agency car and all the materials and provisions for the official launch of the Family Foundation stolen, the car being crashed in the process. But in spite of fears in the New Crossroads community that FAMSA would instantly withdraw from the area, and the launch would be cancelled, FAMSA held steady, made additional financial resources available at short notice and went ahead

with the event. This was a demonstration of faith and commitment by FAMSA to the project which was crucially important for all concerned, especially the training team, the Family Foundation trainees and the community of New Crossroads. It was the courage to continue holding a baby in the midst of a fearful bout of colic which identified FAMSA as part of, and not separate from, the difficulties and dangers inherent in social developmental work in the townships. The process of getting acquainted with each other has been hard work on both sides, but three years after its beginning the Family Foundation programme is no longer held at arms' length, but is accepted and integrated more fully into the organisation, and FAMSA's identity has expanded and changed, so that it is now not seen as "very white, very therapy-oriented" as it once was, but reflects more fully the diversity and complexity of our Cape Town communities.

## 6.3 RECOMMENDATIONS

### **Theoretical orientation**

Recommendations regarding needs assessment and selection procedures for the training programme have been dealt with earlier in this chapter. The fundamental recommendation of this study is to assert the value of the psychoanalytic and systemic theoretical orientation of the training model as the guiding perspective for the ongoing implementation and development of the Family Foundation programme, and for similar community-based counselling training programmes, and the effectiveness of the experiential learning model employed. The study showed the salience of acknowledging and working with unconscious levels of group functioning, as well as consciously observable functioning, on which Social Identity Theory (Tajfel & Turner, 1979), shed useful insights. It also showed how, through the psychodynamically oriented supervision provided to trainers, and their own experiential learning process, problematic areas in the group such as time management and gender issues were confronted in a non-punitive way which enabled trust to develop, and greater awareness, improved social functioning and increased emotional maturity to grow. Its capacity to promote change in this context was therefore endorsed. Moreover, the psychoanalytic perspective was found to have characteristics which were remarkably similar to those of the core indigenous value of "ubuntu", especially in the ideas of object relations theory, and the study showed how a reworking of culture in the FAMSA training team and the trainee group occurred, through the shared value and implementation of respectful interpersonal relating.

### **Gender issues**

The area of gender relations was found to be a volatile one in the research group, and a recommendation arising from this study is that in order for the beginning that was made to bear fruit, the gender issue needs to be further interrogated, and male and female lay counsellors supported in their efforts to find new meanings for masculinity and femininity. Groups such as the Catholic Welfare & Development's "Five-in-One" men's group offer the possibility of further learning and empowerment in this regard, and a connection with them should be pursued. The pervasiveness of domestic violence also makes it vital that educational men's groups for perpetrators of violence

are run in the township context, none of which exist at present, which may be a possible future role for Family Foundation counsellors, given FAMSA's experience and expertise in this area. The role that language can play in cultural reworking was an interesting observation in this study, with English seeming to enable shifts in traditional patriarchal attitudes. This shifted the original perception that ideally the training programme should be run entirely in Xhosa, to the recommendation that fluency in Xhosa was essential for all trainers, but, as most trainees said, a mix of English and Xhosa was useful for various reasons, one being the introduction of new thinking about gender issues. Further research into this area would be useful.

### **Human Scale Development**

It is recommended that Human Scale Development be integrated into any community-based life skills training programmes as a perspective encouraging a holistic approach to development and empowering indigenous knowledges. It was found particularly creative in encouraging Family Foundation trainees to conceptualise how the counselling service might be developed in the township context, and to take action as a result. The importance of emotional, educational, material and role-related support being provided for counsellors was demonstrated in this study, which indicated a need for "bridging" education in groups such as the research group who have suffered historical educational disadvantage, as well as the need for emotional support in a context where there is little space or time for such support, and acknowledgement that people function as "economic beings" (Ramphele, 1991), when volunteering, and their material needs must be taken into account. The importance of the social aspect of the Family Foundation programme, satisfying needs for participation, idleness, creativity, identity and affection must be recognised as an important component of implementation effectiveness. Jointly organising events such as the official launch of the project in New Crossroads, the graduation ceremony, the Christmas Picnic, attending the FAMSA Annual General Meeting, were all important contributory events to the "elan vital" of the group. Training programmes need to contain all these elements in such settings for effective implementation to occur. This demonstrated the Human Scale Development concept of synergic development, in that the group's fundamental needs for understanding, affection, participation, protection, subsistence and identity were well enough met to enable effective implementation to occur.

Urgent attention must however be paid to, and resources allocated for, community-based infrastructural support to programmes such as the Family Foundation. An administrative system dealing with all such aspects of running the programme in the township setting needs to be set up, so that trainers may be released from manual labour and freed up to focus on the training or supervision process. Without this support for trainers, it may be seen that those working in the poorest areas receive the least back-up, which would perpetuate the sense of discrimination from the past, and lead to disillusionment and burn-out.

### **Research**

In regard to the action research carried out in this study, it is suggested that the very process of conducting the research and the awareness in the group that it was continuing over the two-year research period, contributed to the empowerment process, to participants' sense of participating in and shaping the model, and to increasing their

and resources in the township setting was problematic. It is therefore recommended that FAMSA National Council's Basic Counselling Course continue to be used as an appropriate basis for training community-based lay counsellors and providing a broad life-skills education, which can be creatively adapted to suit local contexts, with additional infrastructural support provided.

Thirdly, it was observed that the maintenance of boundaries around attendance and time which produced one of the major challenges to the implementation of the programme, was subjected to a process of cultural reworking, out of which common ground, after a struggle, emerged. This was a product of the relational characteristics of object relations theory, inherent in the culture of the training model, and the core indigenous value of ubuntu. Effective implementation in this context could tolerate greater flexibility around time structuring when it was accompanied by increased awareness of individual responsibility and evidence of commitment to the work.

## **6.4 CONCLUSION**

In conclusion, the impact of cultural reworking transformed our programme in the direction of a warmer, more personal and flexible way of managing the group, within which required standards could be maintained in ways which were congruent with the new culture. This deepened commitment in the group and hence sustainability. It was drawing on an abundant indigenous non-conventional resource – that of ubuntu - which, as Human Scale Development holds, multiplies as it is used, rather than diminishing with use, as is the case with conventional material resources. The benefits of this learning for FAMSA as an organisation, or any organisation involved in rendering human services and concerned with building a more caring society, is that it is a powerful and accessible resource for building the “social capital” which South Africa so greatly needs as it moves away from the apartheid era into the new millennium.

## REFERENCES

- Abrahams, D.L. (1996). **A Case Study Exploration of the Therapeutic Phenomena of Projective Identification, Transference and Countertransference: A Brief Therapy with a Patient with Psychotic Anxiety.** Unpublished master's thesis, Department of Psychology, University of Cape Town, Cape Town.
- Akin-Ogundeji, O. (1991). Asserting Psychology in Africa. *The Psychologist*, 4, 3-4.
- Alma-Ata. (1978). **Primary health care.** Geneva: World Health Organisation.
- ANC. (1994). **National Social Welfare and Development Plan.** African National Congress. Bellville: University of the Western Cape.
- ANC. (1994). **The Reconstruction and Development Programme.** Johannesburg: Umanyano Publications.
- Anonymous. (1986). Some thoughts on a more relevant or indigenous psychology in South Africa: Discovering the socio-political context of the oppressed. *Psychology in Society*, 5, 81-89.
- Austin, M.J. (1994). **Supervisory Management for the Human Services.** Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Awotona, A., Japha, D., Prinsloo, I., le Grange, L., Huchzermeyer, M., Boberg, D., & Briggs, M. (1995). **Townships in Cape Town: case study area profiles.** Working Paper No. 9. Newcastle-upon-Tyne: CARDO-UCT Cape Town Project.
- Awotona, A., Huchzermeyer, M., Boberg, D., Japha, D., le Grange, L., Prinsloo, I., & Higdon, D. (1996). **Townships in Cape Town: a pilot study of Nyanga, New Crossroads and KTC.** Working Paper No. 12. Newcastle-upon-Tyne: CARDO-UCT Cape Town Project.
- Benson, J. F. (1987). **Working More Creatively with Groups.** London: Tavistock Publications.
- Berman, J.S., & Norton, N.C. (1985). Does professional training make a therapist more effective? *Psychological Bulletin*, 98, 401-407.
- Berry, J.W. & Kim, U. (1993). The way ahead: From indigenous psychologies to a universal psychology. In U. Kim & J.W. Berry (Eds.), **Indigenous psychologies: Research experience in cultural context** (pp. 260-280). Newbury Park: Sage Publications.

- Billig, M. (1991). **Ideology and opinions: Studies in rhetorical psychology.** London: Sage Publications.
- Binedell, J. (1993). **Methods and madness: researching community health workers' perceptions of mental illness in Khayelitsha and Nyanga.** Unpublished master's thesis, Department of Psychology, University of Cape Town, Cape Town.
- Bion, W.R. (1961). **Experiences in Groups and other papers.** London: Tavistock Publications.
- Bion, W.R. (1962). **Learning from experience.** Northvale: Jason Aronson.
- Bion, W.R. (1967c). Attacks on linking. In **Second thoughts: Selected papers on psycho-analysis** (pp. 93-105). Northvale: Jason Aronson.
- Bozalek, V. (1997). Representations of the family and South African realities. In C. de la Rey, N. Duncan, R. Shefer, & A. van Niekerk, **Contemporary Issues in Human Development: A South African focus.** Johannesburg: International Thomson Publishing Company.
- Brawley, E.A. & Schindler, R. (1991). Strengthening professional and paraprofessional contributions to social service and social development. **British Association of Social Workers**, ?, 515-531.
- Breakwell, G.M., Hammond, S., Fife-Shaw, C., (Eds.). (1995). **Research Methods in Psychology.** London: Sage Publications.
- Campbell, C. (1990). The Township family and women's struggles. **Agenda**, 6, 1-22.
- Campbell, C. (1992). Social change and intergenerational conflict in township families. In J. Mason, J. Rubenstein, and S. Shuda (Eds.), **From Diversity to Healing.** South African Institute of Marital and Family Therapy. Durban: University of Durban-Westville.
- Campbell, C. (1993). Identity and difference. **Agenda**, 19, 44-63.
- Campbell, C. (1996). Social identity and violence in the domestic and political spheres: A gendered common denominator? In L.E. Glanz & A.D. Spiegel (Eds.), **Violence and Family Life in a Contemporary South Africa: Research and Policy Issues.** Pretoria: HSRC Publishers.
- Campbell, C. (1997). Self-esteem in context: A case study of the motivational processes underlying social identity construction by township youth. **Psychology in Society**, 22, 20-36.

- Constitutional Assembly. (1996). **Constitution of the Republic of South Africa**, (Act No. 108 of 1996). Cape Town: Government Printers.
- Crabtree, B.F., & Miller, W.L. (Eds.). (1992). **Doing Qualitative Research**. Newbury Park: Sage Publications.
- Crawford, A. (1994). Black patients/white doctors: Stories lost in translation. Cape Town, National Language Project.
- Culley, S. (1991). **Integrative Counselling Skills in Action**. London: Sage Publications.
- Dawes, A. (1985). Politics and mental health: the position of clinical psychology in South Africa. **South African Journal of Psychology**, 15, 55-61.
- Dawes, A., & Donald, D. (Eds.). (1994). **Childhood and Adversity: Psychological Perspectives from South African Research**. Cape Town: David Phillip.
- Dawes, A. (1998). Africanisation of Psychology: Identities and Continents. **Psychology in society (PINS)**, 23, 3-16.
- Denzin, N.K. (1994). Interpretive interactionism: The interpretive process. In B.F. Crabtree, W.L. Miller, R.B. Addison, V.J. Gilchrist, and A.J. Kuzel, (Eds.), **Exploring collaborative research in primary care** (pp. 87-102). California: Sage Publications.
- Department of Welfare. (1996). **Draft White Paper for Social Welfare, No. 16943**. Cape Town: Government Printers.
- Department of Welfare. (1997). **White Paper for Social Welfare, No. 18166**. Cape Town: Government Printers.
- Desjarlais, R., Eisenberg, L., Good, B. & Kleinman, A. (1995). **World mental health: problems and priorities in low-income countries**. New York: Oxford University Press.
- DiNicola, V.F. (1986). Beyond Babel: Family therapy as cultural transition. **International Journal of Family Therapy**, 7, 179-191.
- Drennan, G. (1996a). Counting the cost of language services in psychiatry. **South African Medical Journal**, 86 (4), 343-345.
- Drennan, G. (1996b). Institutional obstacles to equitable access to psychiatric services in the Western Cape. Paper presented at the conference: Communication for the health professional in a multi-lingual society, University of Natal, Durban, 11 July 1996.

- Dryden, W., & Thorne, B. (Eds.). (1991). **Training and Supervision for Counselling in Action**. London: Sage Publications.
- Dryden, W., Horton, I., & Mearns, D. (1995). **Issues in Professional Counsellor Training**. London: Cassell.
- Durlak, J. A. (1979). Comparative effectiveness of paraprofessional and professional helpers. **Psychological Bulletin**, *36*, 80-89.
- Eden, C. & Huxham, C. (1996). Action Research for the Study of Organizations. In S.R. Clegg, C. Hardy, & W.R. Nord (Eds.), **Handbook of Organization Studies**. London: Sage Publications.
- Egan, G. (1986). **The Skilled Helper: A systematic approach to effective helping**, (3<sup>rd</sup> ed.). California: Brooks/Cole Publishing Company.
- Eisenberg, L. (1995). The social construction of the human brain. **American Journal of Psychiatry**, *152*, 1563-1575.
- Emrick, C.D., Lassen, C.L., & Edwards, M.T. (1977). Biprofessional peers as therapeutic agents. In A. Gurman & A. Razin (Eds.), **Effective psychotherapy: A handbook of research**. New York: Pergamon Press.
- Enriquez, V.G. (1979). Toward cross-cultural knowledge through cross-indigenous methods and perspectives. **Philippine Journal of Psychology**, *12*, 9-16.
- Erikson, E.H. (1968). **Identity: Youth and crisis**. New York: Norton.
- Family & Marriage Society of South Africa (FAMSA) (E.Rand)**. (1994). **Family Foundation Training Manual**. Kempton Park: FAMSA.
- FAMSA National Council**. (1990). **Basic Counselling Course**. Kempton Park: FAMSA.
- FAMSA National Council**. (1991). **Policy Guideline: Selection of Volunteer Counsellors**. Circular No. 71. Kempton Park: FAMSA.
- FAMSA W.Cape**. (1994). **Annual Agency Programme 1994/95**. Cape Town: FAMSA.
- FAMSA (W.Cape)**. (1996). **Annual Report**. Cape Town: FAMSA.
- FAMSA (W.Cape)**. (1998). **50<sup>th</sup> anniversary publication**. Cape Town: FAMSA.
- FAMSA (W.CAPE)**. (1999). **FAMSA News: From the Director's Desk**. Cape Town: FAMSA.

- Fast, H. (1995). **Project Report: An Overview of African Settlements in the Cape Metropolitan Area to 1990**. Cape Town: Urban Problems Research Unit, University of Cape Town.
- Fisher, J. (1993). Identity and intimacy in the couple: three kinds of identification. In S. Rusczyński (Ed.), **Psychotherapy with couples: Theory and Practice at the Tavistock Institute of Marital Studies**. London: Karnac Books.
- Fordham, p. (1998). Training Adult Educators in African Universities. **Adult Education & Development**, 51, 199-231. Bonn: Institute for International Co-operation of the German Adult Education Association (IIZ/DVV).
- Foster, D., Freeman, M., & Pillay, Y. (Eds.). (1997). **Mental Health Policy Issues for South Africa**. Cape Town: Multimedia Publications.
- Foucault, M. (1984). Truth and Power. In P. Rabinow, (Ed.), **The Foucault Reader** (pp. 51-57). Harmondsworth, Middlesex: Penguin Books.
- Freedman, J.L., Carlsmith, J.M., & Sears, D.O. (1974). **Social Psychology** (2<sup>nd</sup> ed). Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Freeman, M. (1989). **Paving the road towards a primary mental health care approach in South Africa**. Centre for the study of health policy, University of the Witwatersrand.
- Freeman, M. (1990). **Mental health care in crisis in South Africa**. Johannesburg: Centre for the study of health policy, University of the Witwatersrand.
- Freeman, M., & Lazarus, R. (1996). **Promoting Youth Well-being: an evaluation of a youth development/life-skills programme**. Johannesburg: The Centre for Health Policy, University of the Witwatersrand.
- Freeman M., & Pillay, Y. (1996). Mental health Policy and Planning: Continuing the Debates. **Psychology in Society**, 21, 60-71.
- Freeman M., & Pillay Y. (1997). Mental Health Policy – Plans and Funding. In D. foster, M. Freeman & Y. Pillay (Eds.), **Mental Health Policy Issues for South Africa** (pp. 32-54). Cape Town: Multimedia Publications.
- Freire, p. (1981). **Pedagogy of the oppressed**. New York: The Continuum Publishing.
- Freud, S. (1919). Lines of advance in psycho-analytic therapy. **Standard Edition of the Complete Psychological works of Sigmund Freud**, 17, 159-168. London: The Hogarth Press.
- Gaw, B. A. (undated). **Processing Questions: An aid to Completing the Learning cycle**. Paper produced by University Associates.

- Gecas, V., & Schwalbe, M.L. (1983). Beyond the looking-glass self: Social structure and efficacy-based self-esteem. *Social Psychology Quarterly*, **46**, 77-88.
- Gibson, K. & Swartz, L. (1996). The University of Cape Town approach to community clinical psychology. Paper presented at the conference on **Child and Family Well-being: Strategies for Community Partnerships and Mental Health Training**. Cape Town, 31 January – 2 February.
- Gillette, J., & McCollom, M. (1995). **Groups in context: new perspectives on group dynamics**. Maryland: University Press of America.
- Glanz, L.E., & Spiegel, A.D. (Eds.). (1996). **Violence and family life in a contemporary South Africa: Research and policy issues**. Pretoria: HSRC.
- Glaser B., & Strauss, A. (1967). **The discovery of grounded theory**. Chicago: Aldine.
- Golden, G.K. (1991). Volunteer counselors: an innovative economic response to mental health service gaps. *Social Work*, **36**, (3), 230-232.
- Gordon, R. (1978). **Dying and Creating: A Search for Meaning**. London: Sage Publications.
- Gubrium, J.G. (1994). Interviewing. In B.F. Crabtree, W.L. Miller, R.B Addison, V.J. Gilchrist, & A.J. Kuzel, (Eds.), **Exploring collaborative research in primary care** (pp. 65-76). California: Sage Publications.
- Harrison, D., & McQueen, A. (1992). **An overview of Khayelitsha: Implications for health policy and planning**. University of Cape Town, Medical Research Council/Child Health Unit.
- Hassard, J. (1996). Images of Time in Work and Organization. In S.R. Clegg, C. Hardy, & W. Nord, **Handbook of Organization Studies**. London: Sage Publications.
- Hattie, J.A., Sharpley, C.F., & Rogers, H.J. (1984). Comparative effectiveness of professional and paraprofessional helpers. *Psychological Bulletin*, **95**, 534-541.
- Hofstede, G. (1980). **Culture's consequences: International differences in work-related values**. Beverley Hills, CA: Sage Publications.
- Hogg, D. (1992). **The Social Psychology of Group Cohesiveness: From Attraction to Social Identity**. London: Harvester Wheatsheaf.
- Holdsworth, M. (1994). **Consultation and training challenges at the Mamre Community Health Project**. Unpublished master's thesis, Department of Psychology, University of Cape Town, Cape town.

- Homans, G.C. (1965). Group factors in work productivity. In H. Proshansky & L. Seidenberg (Eds.), **Basic Studies in Social Psychology** (pp. 592-604). New York: Holt.
- Hood, V.G. (1995). Work-related counselling – a psychodynamic approach. **Psychodynamic Counselling**, 1.2, 239-252.
- Hope, A., & Timmel, S. (1984). **Training for Transformation**. Gweru: Mambo Press.
- Ivey, G. (1998). Pure gold or therapeutic alloy: Some issues raised by the conference "Change: Psychoanalytic Perspectives". **Psychology in society**, 23, 52-57.
- Jaques, E. (1955). Social Systems as a Defence against Persecutory and Depressive Anxiety. In M. Klein, ? Hermann, & ? Money-Kyle (Eds.), **New Directions in Psycho-analysis: The Significance of Infant Conflict in the Pattern of Adult Behaviour**. New York: Basic Books.
- Jordaan, L., Kingwill, H., & Te Water, M. (1999). What is ubuntu? **The Big Issue**, 21, 10-12.
- Kabeer, N. (1994). **Reversed Realities**. London: Verso.
- Kareem, J. & Littlewood, R. (Eds.). (1992). **Intercultural therapy: themes, interpretations and practice**. Oxford: Blackwell Scientific Publications.
- Keesing, R.M. (1987). Anthropology as interpretive quest. **Current Anthropology**, 28, 61-169.
- Kim, U. & Berry, J.W. (1993). **Indigenous Psychologies: Research and Experience in Cultural Context**. Newbury Park: Sage Publications.
- Klein, M. (1946). Notes on Some Schizoid Mechanisms. In M. Klein et al (Eds.). **Developments in Psycho-analysis**. London: Hogarth Press.
- Klein, M. (1959). Our adult world and its roots in infancy. **Human Relations**, 12, 291-303.
- Kleinman, A. (1977). Depression, somatization and the new cross-cultural psychiatry. **Social Science and Medicine**, 11, 3-10.
- Kleinman, A., Eisenberg, L., & Good, B.J. (1978). Culture, illness and care: Clinical lessons from anthropological and cross-cultural research. **Annals of Internal Medicine**, 88, 251-258.
- Korten, D. (1990). From Relief to People's Movement. Paper delivered at the **People-centred Development Forum**. Manila, 1990.

- Kottler, A. (1996). Voices in the winds of change. **Feminism and Psychology**, 6, (1), 61-68.
- Kvale, S. (1988). The 1000-page question. **Phenomenology and Pedagogy**, 6 (2), 90-106.
- Kreuter, M. (1997). National level assessment of community health promotion using indicators of social capital. Unpublished WHO/EURO working group report. CDC, Atlanta.
- Lazarus, S. (1988). **The role of the psychologist in South African society: In search of an appropriate community psychology**. Unpublished doctoral thesis, Department of Psychology, University of Cape Town, Cape Town.
- Lee, C.C., & Richardson, B.L. (1991). **Multicultural issues in counseling: New approaches to diversity**. Alexandria, VA: American Association for Counseling and Development.
- Lincoln, Y.S., & Guba, E.G. (1985). **Naturalistic Inquiry**. Beverley Hills: Sage Publications.
- Littlewood, R. (1992a). How universal is something we can call therapy? In J. Kareen & R. Littlewood (Eds.). **Intercultural therapy: Themes, interpretations and practice** (pp. 3-13).
- Lock, M. & Scheeper Hughes, N. (1990). A critical-interpretive approach in medical anthropology: Rituals and routines of dissent. In T. Johnson, & C. Sargent (Eds.), **Medical anthropology: A handbook of theory and method** (pp. 47-72). New York: Greenwood Press.
- Mahoney, M.J., & Arnkoff, D.B. (1978). Cognitive and self-control therapies. In S.L. Garfield & A.E. Bergin (Eds.), **Handbook of psychotherapy and behaviour change** (2<sup>nd</sup> ed). New York: Wiley.
- Maiello, S. (1996). Cultural differences and psychoanalytic perspectives: Mdelezana. **Psychoanalytic Psychotherapy in South Africa**, 6, (1), 16-29.
- Mail & Guardian**, (1998, December). "Most rapists known to victims".
- Mail & Guardian**, (1999, 30 April). "No place for Mrs T".
- Mamdani, M. (1996). Centre for African Studies: Some Preliminary Thoughts. **Social Dynamics**, 22, (2), 1-6.

- Maslow, A.H. (1968). **Towards a psychology of being**. (2<sup>nd</sup> ed). New York: Van Nostrand Reinhold.
- Massarik, F. (1981). The interviewing process re-examined. In P. reason, & J. Rowan (Eds.), **Human inquiry: A sourcebook of new paradigm research**. Chichester: John Wiley & Sons.
- Mathews, C., van der Walt, H., Hewitson, D.W., Toms, I.P., Blignaut, R., & Yach, D. (1991). Evaluation of a peri-urban community health worker project in the Western Cape. **South African Medical Journal**, 79, 504-510.
- Maw, A. (1996). **The Consultation Relationship as a Complex Partnership: Experiences of Psychological Consultation in Atlantis**. Unpublished master's thesis, University of Cape Town, Cape Town.
- Max-Neef, M. (1991). **Human Scale Development: Conception, Application and Further Reflection**. New York: The Apex Press.
- McKendrick, B., & Hoffman, W. (Eds.). (1990). **People and violence in South Africa**. Cape Town: Oxford University Press.
- Mgoduso, T., & Butchart, A. (1992). Authoritarianism and autonomy: Power, politics and alienated nursing care in a South African primary health care system. **South African Journal of Psychology**, 22, 194-201.
- Midgley, J. (1981). **Professional Imperialism: Social Work in the Third World**. London: Heinemann.
- Miles M.B. & Huberman, A.M. (1994). **Qualitative Data Analysis**. Thousand Oaks: Sage Publications.
- Miller, E., & Rice, A.K. (1975). Selections from "Systems of Organization". In Colman & Bexton (Eds.), **Group Relations Reader**. Sausalito, Cal: GREX.
- Miller, E.J. (1990). Experimental learning in groups : the development of the Leicester model. In E. trist & H. Murray (Eds.), **The Social Engagement of Social Science** (pp.165-187). London: Free Association Books.
- Mosse, J. (1994). The institutional roots of consulting to institutions. In A. Obholzer & V.Z. Roberts (Eds.), **The unconscious at work**. London: Routledge.
- Noonan, E. (1989). The Personal Significance of Work. In L. Klein (Ed.), **Working with Organizations**. West Sussex: Kesterei.
- Normann, H. (1991). A Special Report: The Research into Indigenous Helping & Indigenous Helpers within the Southern African Context. **Indigenous Theory & Practice Project**, C7, 1-5.

- Nouwen, H.J. (1988). **Circles of love: Daily readings with Henri J. Nouwen.** London: Darton, Longman & Todd, Ltd.
- Nouwen, H.J. (1990). **The Wounded Healer.** New York: Doubleday.
- Ntusi, T. (1992). A Special Report: Indigenous Helping Networks and Social Work Practice in Rural Communities. **Institute for Indigenous Theory & Practice, D11, 1-2.**
- Obholzer, A. & Zagier Roberts, V. (1994). **The unconscious at work.** London: Routledge.
- Orford, J. (1992). **Community Psychology: Theory and Practice.** Chichester: John Wiley & Sons.
- Petersen, I., Parekh, A., Bhagwanjee, A., Gibson, K., Giles, C. & Swartz, L. (1997). Community Mental Health Care: ensuring Community Participation. In D. Foster, M. Freeman & Y. Pillay (Eds.), **Mental Health Policy Issues for South Africa** (pp. 55-68). Cape Town: Multimedia Publications.
- Pedersen, P., Draguns, J., Lonner, W., & Trimble, J. (1989). **Counseling across cultures** (3<sup>rd</sup> ed). Honolulu HI: University of Hawaii Press.
- Peshkin, A. (1985). Virtuous subjectivity: In the participant observer's I's. In D.N. Berg & K.K. Smith, (Eds.), **Exploring clinical methods for social research** (pp. 351-381). Beverley Hills: Sage Publications.
- Petersen, I. (1998). Comprehensive integrated primary mental health care in South Africa. The need for a shift in the discourse of care. **South African Journal of Psychology, 28** (4), 196-203.
- Phorie, C.L. (1989). **The Role of the Marriage Counsellor in a Xhosa Community.** Unpublished master's thesis. Department of Social Work, Rhodes University, Grahamstown.
- Pick, W.M., Cooper, C., Klopper, J.M.L., Myers, J.E., Hoffman, M., & Kuhn, L. (1990). **A study of the effects of urbanisation on the health of women in Khayelitsha, Cape Town: rationale and methods.** Working Paper No. 1, Department of Community Health, University of Cape Town, Cape Town.
- Pinderhughes, E.B. (1983). Empowerment for our clients and for ourselves. **Social casework: The Journal of Contemporary Social Work, 64,** 331-338.
- Posavac, E.J., & Carey, R.G. (1992). **Program Evaluation: Methods and Case Studies** (4<sup>th</sup> ed.). Englewood Cliffs, New Jersey: Prentice Hall.
- Posel, D. (1991). **Women's Powers, Men's Authority: Rethinking Patriarchy.** Paper for Conference on Women and Gender in Southern Africa.

- Poss, S. (1995). **Some thoughts that underlie this work.** Paper from the Course on Systemic and Psychoanalytic Work. Kempton Park: FAMSA National Council.
- Psychological Society of South Africa. (1997). "We've got it but does anybody want it?" **Psychology in South Africa**, 2, 14.
- Putnam, R. (1993). **Making democracy work.** New Jersey: Princeton University Press.
- Ramphela, M.A. (1991). **The Politics of Space: Life in the migrant labour hostels of the Western Cape.** Unpublished doctoral thesis, Department of Social Anthropology, Cape Town University, Cape Town.
- Ramphela, M.A. (1995). **One Life.** Cape Town: David Philip.
- Ramphela, M.A. (1996). How sweet is home? Family dynamics in New Crossroads. In L.E. Glanz & A.D. Spiegel, (Eds.), **Violence and Family Life in a Contemporary South Africa: Research and Policy Issues.** Pretoria: HSRC Publishers.
- Rape Crisis. (1999). **Information pamphlet.** Cape Town: Rape Crisis.
- Reynolds, P. (1997). Vision: Wellbeing and Suffering. In D.Foster, M. Freeman & Y. Pillay (Eds.), **Mental Health Policy Issues for South Africa.** Cape Town: Multimedia Publications.
- Rice, A.K. (1963). **The Enterprise and its Environment.** London: Tavistock Publications.
- Rice, A.K. (1976). Individual, group and intergroup processes. In E.J. Miller (Ed.), **Task and Organisation.** London: John Wiley.
- Ridley, C.R. (1995). **Overcoming unintentional racism in counseling and therapy: a practitioner's guide to intentional intervention.** London: Sage Publications.
- Roberts, V.Z. (1994). The organization of work: Contributions from open systems theory. In A. Obholzer & V.Z Roberts (Eds.), **The unconscious at work.** London: Routledge.
- Rogers, C. R. (1961). **On becoming a person.** Boston: Houghton Mifflin.
- Salzberger-Wittenberg, I., Henry, G., & Osborne, E. (1983). **The Emotional Experience of Learning and Teaching.** London: Routledge.

- Sampson, I.E.E. (1993). Identity politics: challenges to psychology's understanding. **American Psychologist**, **48**, (12), 1219-1230.
- Seedat M., & Nell, V. (1992). Authoritarianism and autonomy: Conflicting value systems in the introduction of psychological services in a South African primary health care system. **South African Journal of Psychology**, **22**, 185-193.
- Segall, M.H., Dasen, P.R., Berry, J.W., & Poortinga, Y.H. (1990). **Human behavior in global perspective: An introduction to cross-cultural psychology**. New York: Pergamon.
- Shaw, S., Cartwright, A., Spratley, T., & Harwin, J. (1978). **Responding to drinking problems**. London: Croom Helm.
- Simkins, C. (1986). Household composition and structure in South Africa. In S. Burman & p. Reynolds (Eds.), **Growing up in a Divided Society: The Context of Childhood in South Africa**. Johannesburg: Ravan Press.
- Sinclair, D. (1985). **Understanding Wife Assault: A Training Manual for Counsellors & Advocates**. Toronto: Ontario Publications.
- Sinha, D. (1993). Wisdom meets psychology. **CSD/SWO Bulletin**, **5**, 11.
- Smith, M.F., Tobin, S.s., & Toseland, R.W. Professional and peer counseling of family caregivers. **Social Work**, **37**, (4), 345-351.
- Southern African Development Education Programme (SADEP). (1995). **SADEP Report**. Bellville: University of the Western Cape.
- Stake, R. (1976). **Evaluating educational programs: The need and the response**. Washington, DC: OECD Publications Center.
- Stapley, L. (1996). **The Personality of the Organisation: A psychodynamic explanation of culture and change**. London: Free Association Books.
- Steier, F. (Ed.). (1991). **Research and reflexivity**. New York: Sage Publications.
- Steinberg, D. (1989). **Interprofessional consultation**. Oxford: Blackwell.
- Sterling, C., & Lazarus, R. (1995). **Teaching lay Counsellors: A Manual for Trainers**. Cape Town: Child Guidance Clinic, University of Cape Town.
- Strauss, A., & Corbin, J. (1990). **Basics of Qualitative Research: Grounded Theory Procedures and Techniques**. Newbury Park: Sage Publications.
- Sue. D.W., Ivey, A.E., & Pedersen, P.B. (1996). **A Theory of Multicultural Counseling and Therapy**. Pacific Grove: Brooks/Cole Publishing Company.

- Swartz, L. (1996). Crossing or creating boundaries: Challenges in clinical psychology in the community. Inaugural lecture, University of Cape Town, October.
- Swartz, L., Drennan, G., & Crawford, A. (1997). Changing Language Policy in Mental Health Services – a matter of interpretation? In D. Foster, M. Freeman, Y. Pillay (Eds.), **Mental Health Policy Issues for South Africa**. Cape Town: Multimedia Publications.
- Swartz, L. (1998). **Culture and mental health: A southern African view**. Cape Town: Oxford University Press.
- Swartz, S. (1997). Preface. In C. de la Rey, N. Duncan, T. Shefer & A. van Niekerk, **Contemporary Issues in Human Development: A South African focus**. Johannesburg: International Thomson Publishing.
- Symington, J., & Symington, N. (1996). **The Clinical Thinking of Wilfred Bion**. London: Routledge.
- Tajfel, H. (1972). Experiments in a vacuum. In J. Israel & H. Tajfel (Eds.), **The context of social psychology**. London: Academic Press.
- Tajfel, H. & Fraser, C. (1978). **Introducing social psychology**. Harmondsworth: Penguin.
- Tajfel, H. & Turner, J. (1979). An integrative theory of intergroup conflict. In W. Austin & S. Worchel (Eds.), **The social psychology of intergroup relations**. San Francisco: Brooks/Cole.
- Thornton, R. (1988). Culture: a contemporary definition. In E. Boonzaier & J. Sharp (Eds.), **South African keywords: The uses and abuses of political concepts** (pp. 17-26). Cape Town: David Philip.
- Triandis, H.C., Bontempo, R., Betancourt, H., Bond, M., Leung, K., Brenes A., Georgas, J., Hui, C.H., Marin, G., Setiadi, B., Sinha, J., Verma, J., Spangenberg, J., Tousard, H., & de Montmollin, G. (1986). The measurement of the etic aspects of individualism and collectivism across cultures. **Australian Journal of Psychology**, **38**, 257-267.
- Turner, V. (1968). **The drums of affliction**. Oxford: Clarendon.
- Turton, R. W. (1986). Bourgeois counselling and working-class clients: Some problems and political implications. **Psychology in Society**, **6**, 85-100.
- Van Bertalanffy, L. (1956). General Systems Theory. **General Systems**, **1**, 1-10.
- Van der Vliet, V. (1991). Traditional husbands, modern wives? Constructing marriages in a South African township. In A.D. Spiegel & P.A. McAllister (Eds.), **Tradition and Transition in South Africa**. **African Studies**, **50**, 219-241.

- Van der Waal, C. S. (1996). The violence of social relations in a Northern Province settlement. In L.E. Glanz, & A.D. Spiegel (Eds.), **Violence and Family Life in a Contemporary South Africa: Research and Policy Issues**. Pretoria: HSRC Publishers.
- Vogelman, L. (1986). Apartheid and mental health. In **Apartheid and mental health** (pp. 3-12). Johannesburg: Organisation for Appropriate Social Services in South Africa.
- Weber, V.C. (1990). **Volunteer Counsellors: Prediction of performance in a community bases crisis centre**. Unpublished master's thesis, Faculty of Arts, University of the Witwatersrand, Johannesburg.
- Wells, L. Jr. (1985). The Group-as-a-whole perspective and its theoretical roots. In A.D. Colman & M.H. Geller (Eds.), **Group Relations Reader 2**. Washington: A.K. Rice Institute.
- Wells, L. Jr. (1995). The Group as a Whole: A Systemic Socioanalytic Perspective on Interpersonal and Group Relations. In J. Gillette & M. McCollom (Eds.), **Groups in Context: A New Perspective on Group Dynamics**. Maryland: University Press of America.
- West, L. (1996). The Poetics of Fishing: Change, learning and civil society. **Adults Learning**. 8, (no..3), 68-70.
- Whitehead, F. (1998). **A Descriptive Study of Abusive Dating Relationships Amongst Adolescents**. Unpublished master's thesis, Department of Psychology, University of Cape town, Cape Town.
- Wilson, F., & Ramphela, M. (1989). **Uprooting Poverty: The South African Challenge**. Cape Town: David Philip.
- Winnicott, D.W. (1965). **The Family & Individual Development**. London: Tavistock Publications.
- Winnicott, D.W. (1965). **The Maturational Process and the Facilitating Environment**. London: Hogarth.
- Winnicott, D.W. (1971). Transitional objects and transitional phenomena. In **Playing and reality** (pp. 1-30). Harmondsworth: Penguin Books.
- Winnicott, D.W. (1988). **Human Nature**. London: Free Association Books.

# SOUTH PENINSULA MUNICIPALITY

R.	S.A.S.

<b>URBAN &amp; ENVIRONMENTAL SERVICES BUILDING SURVEY</b>	APPLICATION NO. _____
<b>APPLICATION TO ERECT, ALTER OR ADD TO A BUILDING</b>	

I, the undersigned, hereby apply, in terms of Section 4(2) of Act 103 of 1977 for approval to undertake building work, as depicted on the plan(s) submitted herewith, on the undermentioned site.

OWNER OF PROPERTY OR AUTHORIZED PERSON (PROOF TO ACCOMPANY APPLICATION)			
NAME		TELEPHONE : HOME	
ADDRESS		TELEPHONE : WORK	
		FACSIMILE	
		CODE:	

I, the registered owner, hereby declare that I have personally checked the Title Deeds or any other documents for the property concerned and declare that the proposed work is not contrary to any restrictive conditions or servitude applicable thereto and, in the event of such contravention, will bear the sole responsibility for any aforesaid contravention.

I, the undersigned, hereby declare that I am duly qualified to be my lawful representative and to act on my behalf in the submission of this application in terms of Section 4(2) of Act 103 of 1977 and to do all things lawfully required by the Local Authority to ensure that this application complies with the provisions of the National Building Regulations and Building Standards Act No. 103 of 1977 and any other applicable law.

I, the undersigned, hereby undertake to execute this work strictly in accordance with the approved application, the National Building Regulations and any additional requirements laid down by the Council. New building work shall only be occupied/used after the Certificate of Occupancy has been issued.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ARCHITECT / DESIGNER			
NAME		TELEPHONE : HOME	
ADDRESS		TELEPHONE : WORK	
		FACSIMILE	
		CODE:	
SIGNATURE		DATE	

OFFICE NO.		ADDRESS OF ERF	
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**NOTE : ALL BUILDING PLANS FOR THE DEVELOPMENT OF VACANT SITES TO BE ACCOMPANIED BY A COPY OF THE APPROVED AND REGISTERED PROPERTY DIAGRAM**

DESCRIPTION OF WORK: Please state in full -

BUILDING \_\_\_\_\_

ALTERATIONS/ADDITIONS \_\_\_\_\_

REPAIRS \_\_\_\_\_

HAS ANY PORTION OF THE PROPOSED WORK COMMENCED?

YES	NO
-----	----

HAS NOTICE BEEN SERVED?

YES	NO
-----	----

IF NONE OF THE ABOVE, PLEASE GIVE FULL DETAILS \_\_\_\_\_

\* \* \* PLEASE NOTE \* \* \*  
**THIS APPLICATION WILL ONLY BE VALID ON FULL PAYMENT OF SCRUTINY FEES**

# SOUTH PENINSULA MUNICIPALITY

R.	S.A.S.

<b>URBAN &amp; ENVIRONMENTAL SERVICES BUILDING SURVEY</b>	APPLICATION NO. _____
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I, the registered owner, hereby declare that I have personally checked the Title Deeds or any other documents for the property concerned and declare that the work is not contrary to any restrictive conditions or servitude applicable thereto and, in the event of such contravention, will bear the sole responsibility for any aforesaid contravention.

I, the undersigned, hereby declare that I am authorized to be my lawful representative and to act on my behalf in the submission of this application in terms of Section 4(2) of Act 103 of 1977 and to do all things lawfully required by the Local Authority to ensure that this application complies with the provisions of the National Building Regulations and Building Standards Act No. 103 of 1977 and any other applicable law.

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

ARCHITECT / DESIGNER			
NAME		TELEPHONE : HOME	
ADDRESS		TELEPHONE : WORK	
		FACSIMILE	
		CODE:	
SIGNATURE		DATE	

NO.		ADDRESS OF ERF
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**NOTE : ALL BUILDING PLANS FOR THE DEVELOPMENT OF VACANT SITES TO BE ACCOMPANIED BY A COPY OF THE APPROVED AND REGISTERED PROPERTY DIAGRAM**

DESCRIPTION OF WORK: Please state in full -

BUILDING \_\_\_\_\_

ALTERATIONS/ADDITIONS \_\_\_\_\_

HAS ANY PORTION OF THE PROPOSED WORK COMMENCED?	YES	NO
NOTICE BEEN SERVED?	YES	NO

IF NONE OF THE ABOVE, PLEASE GIVE FULL DETAILS \_\_\_\_\_

**PLEASE NOTE**

**THIS APPLICATION WILL ONLY BE VALID ON FULL PAYMENT OF SCRUTINY FEES**

# **APPENDICES**

**AN ANALYSIS OF THE DEVELOPMENT OF  
A LAY RELATIONSHIP COUNSELLING  
TRAINING PROGRAMME IN GUGULETU**

**Judy Cooke**

Dissertation submitted to the Faculty of Humanities,  
University of Cape Town,  
for the degree of Master of Arts.

# APPENDIX 1

## 1.A BRIEF TOWNSHIP HISTORY AND PROFILES

### Brief history

In the last half of the nineteenth century, Cape Town's "black" population consisted of people from many different backgrounds, including Xhosa-speaking people who fled from the Eastern Cape to Cape Town after the Frontier War of 1834 and the famine of 1856 (Fast, 1995). There were no official residential restrictions, apart from segregated locations built by employers at the docks and railways, and black people were dispersed throughout the Cape Metropolitan Area (ibid). However, this changed at the turn of the century when state and local authorities first attempted to coerce Africans into legally segregated areas, by establishing Ndabeni in Cape Town as a "Native Location", with a pass system and no freehold title allowed (ibid). The Urban Areas Act of 1923 introduced influx control and attempted to freeze the number of Africans in the urban areas, with migrant labour to be utilised for any additional labour required. However, increasing numbers of Africans sought work in Cape Town and by 1927 there were 10,000 Africans officially living there and many more unofficially resident. (Kinkead-Weekes, 1985, p. 57, in Fast, 1995, p. 4). An acute housing shortage led to shack settlements springing up – many on the periphery of the city in areas like Retreat or Athlone which were beyond the jurisdiction of the Urban Areas Act, and there was less likelihood of pass raids (Fast, 1995). A trend of moving black people further and further out of the city began with the establishment of Langa in 1927, when Ndabeni, which was closer to the industrial areas of the inner city was deproclaimed as a "Native Location", and its residents compelled to move to Langa in 1936. Many refused to comply with this and moved instead to the less controlled areas already mentioned. Economic factors also played a part in this trend, with below bread-line wages forcing black people to move to low-rent areas most of which were on the outskirts of the city, but also having to pay more for their transport costs than those living closer to centre. Thus a combination of legal restrictions, economic need and a severe housing shortage led to an increasing pattern of residential and racial segregation in the Cape Metropolitan Area from the mid 1920's onwards (Fast, 1995).

This was heightened when the National Party took over the government of the country in 1948 and influx control was tightened in urban areas under the Group Areas Act (1950) and the Illegal Squatting Act (1951). "Illegal" black residents were sent back to the rural areas, and "legal" residents were located in officially segregated peri-urban locations, first in Langa, then Nyanga (1946) and then Guguletu (1958) (Cleminshaw, 1985). However this did not stop the flow of Africans from impoverished rural areas coming to look for work in Cape Town, many "illegally" in spite of the stringent influx control measures, demolishments of illegal structures and endorsements out of the area. The government froze any further developments in township areas outside of the "bantustans" (the so-called self-governing, independent territories), and there was a moratorium on new family housing for Africans in the Cape Town Metropolitan Area from 1962 (Fast, 1995). This exacerbated the housing crisis and led to the proliferation of shack and "squatter" dwellings in these areas.

By 1979 the government realised that the influx control system was unworkable and uneconomic, and a "reconceptualisation" of separate development began (Cleminshaw, 1985), in which urbanisation was acknowledged as an inevitable process (Binedell, 1993). A "self-help" scheme was announced in 1982, with the first proposal of the idea of the "satellite city" of Khayelitsha (Binedell, 1993). "Squatting" was not permitted, but where it already existed had to be controlled, and infrastructure and the built fabric, if possible, upgraded (Harrison & McQueen, 1992, in Binedell, 1993). Today we no longer have the Group Areas Act nor the Illegal Squatting Bill on our statute books, but the heritage of environmental and social deficiency resulting from the extended process of residential and racial discrimination remains a major challenge for social scientists as well as town-planners (Awotona et al, 1996).

## Profile of Guguletu

Guguletu was established in 1958, and was originally known as "Nyanga West". It was a part of Nyanga, which is one of Cape Town's older townships, developed in the 1940's to accommodate the excess population from Langa, where the lack of new housing had led to overcrowding and squatter settlements being put up, which were a source of concern for the city authorities (Awotona et al, 1996). It was renamed "Guguletu" meaning "Our Pride", in 1962. It lies approximately 20 kilometres from central Cape Town, between Klipfontein and Lansdowne Roads, and is relatively well connected to the northern and western sections of the city where most employment opportunities are located, although transport costs are a major consideration for the mainly working class inhabitants. Its present population is in the region of 260,000 which is five times the planned population for the area (SA Township Annual, 1994). Guguletu is characterised by a vast number of backyard shacks, with many of the formal, three-roomed homes having two families living in them (ibid). Most residents have been urbanised for two or three generations.

It has 14000 formal housing units with an average of 10 people per housing unit, 37000 backyard shacks with 4 people per shack, and 372 hostels with over 5000 beds, and an average of 3-4 people per bed (ibid). These figures give some idea of the extent of overcrowding and desperate need for additional accommodation, with its inevitable impact on family life. Its amenities consist of a day hospital, one library, one post office, one police station, a night club and small shopping complex, a sports centre, and numbers of food outlets. Amenities are gradually being improved, but are still woefully inadequate for the density of population in the area (SA Township Annual, 1994).

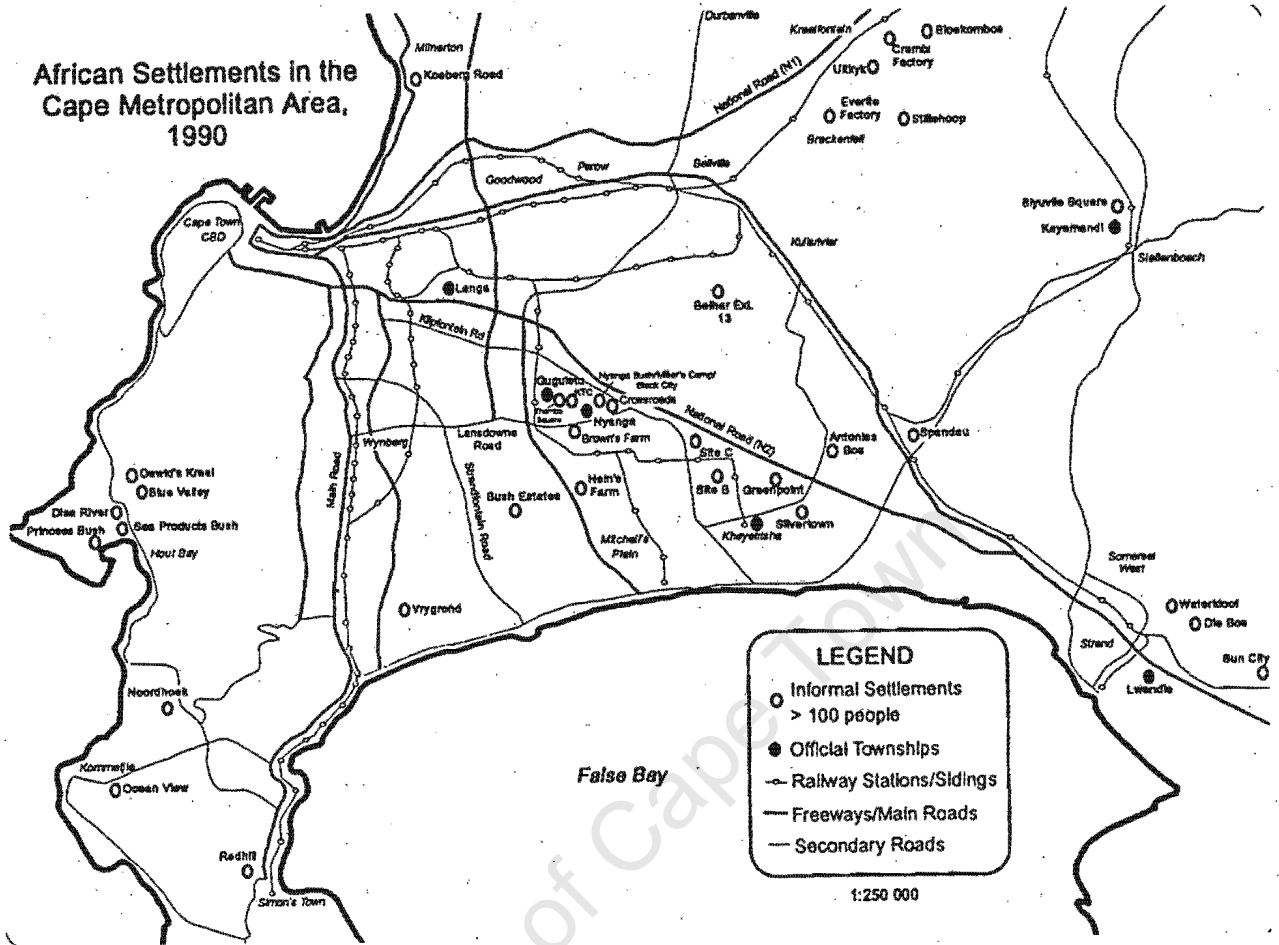
## Profile of Khayelitsha

Khayelitsha, meaning "New Home" was envisaged in the early 1980's as the future permanent home for all the African residents of Cape Town (Awotona et al, 1996), part of the "reconceptualisation" of separate development mentioned earlier. It was planned without consultation of the people designated to live there, and met with resistance, and international protest, which eventually led to the government agreeing to some of the existing townships, such as KTC and Crossroads remaining (Binedell, 1993). It is situated on a large tract of sandy dune-land, west of the existing "coloured" satellite town of Mitchell's Plain, approximately 30 kilometres from central Cape Town. Having grown very rapidly over the past ten years, with an estimate of between 350000 and 400000 people living there (Awotona et al, 1996), Khayelitsha is more a "satellite dormitory town", like Mitchell's Plain, than a single neighbourhood like Guguletu. It is far from the main development areas of Cape Town and is therefore poorly integrated with the rest of the city, but the railway line and the N2 highway provide a link to employment opportunities, although the cost and unreliability of formal transport is a major issue for residents (ibid.). The people of Khayelitsha are very diverse, consisting of long-urbanised people who relocated there from other township areas such as Crossroads, and those from rural areas, seeking employment and the resources that city life offers.

Khayelitsha consists of a number of "Towns" with four "Villages" in each, comprising different residential environments, ranging from middle income developer housing, to core housing (one-bedroomed houses), to older site and service areas such as Site B and Site C, newer site and service areas such as Harare, and finally bands of squatting (Awotona et al, 1996). There are supposed to be supporting facilities in each village, but these are still minimal (ibid).

There are 10808 formal housing units with an occupation rate of 9 people per unit, and 41947 shacks with an occupation rate of 5 people per shack (SA Township Annual, 1994). The density of occupation is therefore excessively high, although slightly lower than in Guguletu. Amenities are few, with two sports complexes, a library, 3 police stations in the northern section, a mobile police station in Site C, and few public facilities such as schools and day hospitals, particularly in the more recent site and service areas (Awotona et al, 1996). There are also few formal commercial enterprises in Khayelitsha, the nearest big shopping centre being in Mitchell's Plain, about 5 kilometres from the centre of the town. There are four petrol stations, mainly in the northern, more established section where there are strong traffic flows, and where some formal retail facilities have also developed. The informal trade market is very active in Khayelitsha with spaza shops and roadside stalls along well-used walking routes which do good business as many residents are too poor to afford taxi costs, and therefore walk long distances to get to their destinations.

### African Settlements in the Cape Metropolitan Area, 1990



## APPENDIX 2

### 2.A FAMILY FOUNDATION CONTRACT



**FAMSA** WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
CAPE TOWN OFFICE • KAAPSTAD KANTOOR

RAMS  
Practice No.  
Praktyknr. 9011072

814 GROOTE KERK BUILDING  
GROOTE KERKGEBOU 814  
CAPE TOWN 8001 KAAPSTAD

Our Ref/Ons Verw:  
Your Ref/U Verw:

☎: (021) 461 7360  
Fax • Faks: (021) 461 9198  
Appointments • Afsprake: (021) 461 4228

#### ***FAMILY FOUNDATION: WESTERN CAPE***

#### ***CONTRACT WITH TRAINEE FAMILY FOUNDATION COUNSELLORS***

Having completed 10 training sessions in the Family Foundation Counselling Course it is agreed that:

#### ***Family Foundation Trainee Counsellors Will:***

1. Continue to develop their counselling skills by counselling clients in their communities during the 6 months training supervision period from January 25, 1997 to June 14, 1997.  
Counsellors will thereafter be evaluated, and a Family Foundation badge given to those who have met the requirements. A further contract will then be negotiated.
2. Team up with another Family Foundation Counsellor to do joint counselling when necessary - for example, if they do not have clients of their own or they would feel more comfortable doing joint counselling in a particular case.
3. Make themselves available for ± 2 hours on a weekly basis to counsel clients in the community.
4. Not discuss cases except with the FAMSA supervisors or FAMSA social workers or Family Foundation members.
5. Attend all group supervision sessions punctually to discuss cases they have seen and participate in any further training.
6. Keep records of cases seen strictly confidential and hand in at monthly supervision sessions.
7. Not charge for their counselling services.

#### ***FAMSA Will:***

1. Provide regular group supervision for 2 hours on a monthly basis for 6 months commencing January 25, 1997. Ongoing supervision after this initial training period will be negotiated.
2. Provide telephonic consultation to Family Foundation members with Family Foundation supervisors, either at FAMSA Head Office or with the FAMSA social workers in the Khayelitsha or Guguletu offices, during office hours.

3. Organize any additional training that may be required.
4. Assist counsellors in finding a suitable venue for counselling in the community.
5. Assist with transport costs to and from supervision sessions as required.
6. Inform community organizations about the Family Foundation and the names of its counsellors, and that referrals may be made to them from time to time by Family Foundation counsellors.
7. Keep a central file of all Family Foundation cases to which counsellors will have access during office hours as needed.

*Any changes to this contract will be negotiated with the Family Foundation group and the supervisors.*

.....  
J. Cooke (Mrs)  
FAMILY FOUNDATION SUPERVISOR

.....  
L. Ningiza (Ms)  
FAMILY FOUNDATION SUPERVISOR

.....  
TRAINEE FAMILY FOUNDATION COUNSELLOR

pp F. van der Walt (Mrs)  
DIRECTOR

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## APPENDIX 3

### 3.A CODING PROCEDURE

Following Strauss & Corbin's (1990) open coding procedure, a close examination of sentences, phrases, and sometimes single words was made of the transcribed audiotaped recordings of the ten training sessions, and units of significance noted in the margin of the journal. Codes were then developed on the basis of comparison, grouping similar units of significance together, which were defined according to the properties each was considered to have. These are set out below. Thereafter they were condensed into the three meta-codes of Structuring, Identity Construction and Support, with sub meta-codes of Participation, Gender, Language, Power and Culture. These constituted the overwhelming proportion of the data that had been collected.

1. Code: **Attendance**  
Property: Attendance or absence by trainees at training and supervision sessions as recorded on Attendance Register.
2. Code: **Basic assumption mentality:BaD (Dependency)**  
Property: Behaviour indicating assumption of dependency, as in child/parent relationship, thus avoiding task at hand.
3. Code: **Basic assumption mentality: BaF (Fight/flight)**  
Property: Behaviour based on fight/flight assumption, hence task avoiding.
4. Code: **Basic assumption mentality:BaP (Pairing)**  
Property: Behaviour based on pairing assumption, thus task avoiding.
5. Code: **Boundary flexibility**  
Property: Flexibility regarding boundaries traditionally set in Basic Counselling Course, e.g. selection, assessment, trainer role, etc.
6. Code: **Boundary maintenance**  
Property: Maintenance of boundaries as in Basic Counselling Course, e.g. qualification criteria, authority of FAMSA management decisions, etc.
7. Code: **Confronting**  
Property: Observing or challenging a perceived discrepancy or contradiction in speech or behaviour, breaking a norm, etc., by trainers or trainees.
8. Code: **Containing**  
Property: Providing a conceptual/emotional framework for strong feelings, attitudes, words or actions by trainers or trainees.
9. Code: **Creativity**  
Property: Designing or improving new strategies, techniques, activities, related to training programme.
10. Code: **Culture**  
Property: Aspects of behaviour, language, attitude, and values, identified as part of accepted social heritage of a particular community. Term may be used defensively, or to articulate, understand or critique "culture".
11. Code: **Empowerment**  
Property: Indications of individual or group efficacy in speech or action, or strategies to promote such efficacy.
12. Code: **Enjoyment**  
Property: Indications in speech or behaviour by trainers or trainees of pleasure during training process.
13. Code: **External context**  
Property: Factors from external environment impacting on training programme, including transport problems, crime, community and family, funerals, historical events, etc.
14. Code: **FAMSA**

- Property: Impact of FAMSA on training programme in regard to policy, funding, administrative and organisational matters.
15. Code: **Gender**  
Property: Observations or actions relating to gendered behaviour or attitudes; or training strategies addressing gender issues.
16. Code: **Group bonding**  
Property: Indications of identification with group by trainees or with training team by trainers.
17. Code: **Identity**  
Property: Observations or indications of identity of the group and trainees by trainers or trainees.
18. Code: **Individual/collective orientation**  
Property: Benefits and constraints of individual and collective attitudes and behaviours.
19. Code: **Language**  
Property: Observations of language use and meanings attached to words, and adaptations in language usage during training course.
20. Code: **Learning**  
Property: Indications of trainees or trainers learning or acquiring concepts, skills and understanding.
21. Code: **Logistics**  
Property: Observations on practical, organisational, or technical aspects of training programme, indications of need for infra-structural support.
22. Code: **Motivation**  
Property: Observations or indications of motivating aspects of course for trainees or trainers.
23. Code: **Networking**  
Property: Indications of role of networking in implementation of programme.
24. Code: **Participation**  
Property: Observation and indications of levels and role of participation in programme by trainees and trainers.
25. Code: **Power**  
Property: Observations or indications of power relations exhibited in speech or actions during programme.
26. Code: **Processing**  
Property: The surfacing by trainers, of feelings, thoughts and actions in response to the training programme for discussion, reflection and possible action in the group.
27. Code: **Resistance**  
Property: Observations and indications by word or in action, of resistance to concepts, attitudes and values, the training programme.
28. Code: **Role**  
Property: Observations on perceived roles played by trainers and trainees.
29. Code: **Resources**  
Property: Inner and outer resources and existing skills and strengths in trainees and trainers.
30. Code: **Space**  
Property: Physical, social psychological and emotional space needed and/or provided for trainers and trainees.
31. Code: **Spirituality**  
Property: Observations of religious/spiritual attitudes, values, speech and actions.
32. Code: **Support**  
Property: Indications in speech or action of supportive behaviour by trainees or trainers.
33. Code: **Teaching**  
Property: Indications of educational and teaching actions on part of trainers.
34. Code: **Time-keeping**

- Property: Observations on trainee or trainer punctuality capacities, or lack thereof.
35. Code: **Trainee feelings**  
Property: Observations on perceived feelings of trainees during course.
36. Code: **Trainer feelings**  
Property: Perceived feelings and self-observations of researcher/trainer and other trainers.
37. Code: **Training model changed/questioned**  
Property: Changes made in training programme, or model questioned.
38. Code: **Training model maintained/endorsed**  
Property: Retention of programme or endorsement of it.
39. Code: **Transforming**  
Property: Indications of changing attitudes or values in words or actions.
40. Code: **Ubuntu**  
Property: Indications of "ubuntu" (mutual respect, support and understanding), or lack of it in speech or action by trainees or trainers.
41. Code: **Unfinished Business**  
Property: Indications of capacities to use or avoidance of "unfinished business" either in time slot allocated for it, or during training process.
42. Code: **Unconscious**  
Property: Apparently non-rational attitudes or actions in individuals or group and attempt to understand them as unconscious acts of communication.
43. Code: **Work group mentality**  
Property: Behaviour by group or trainers indicating ability to engage with task at hand in reality-based mode.

### 3.B DATA SOURCE CODES

The phrase, sentence or word identified as significant in the transcribed text of the training sessions was written onto an index card under the code which it best fitted. On the back of the index card the source for each unit was recorded. Sources were categorised into three major categories: details of the journal of the transcribed text from which they were taken, the person referred to or responsible for the entry made, and additional sources from which data was derived such as post-training session notes made on individual training sessions, trainer supervision sessions, the attendance register, etc. The coding technique is set out below.

#### Category 1

J 1	Journal No. 1
p.1	Page 1...etc.
Par.4	Paragraph 4

#### Category 2

FF Tr.	Family Foundation trainer
HSD Tr.	Human Scale Development trainer
FF Svr.	Family Foundation supervisor
Te.	Trainee
Tr.G.	Training group

#### Category 3

FFTC6	Family Foundation Training Course session 6
Prep. Mtg.	Family Foundation preparation meeting
FFTr.N.	Family Foundation trainer notes
FFR96	Family Foundation attendance register, 1996
FFTM	Family Foundation Training Manual
FFSV10	Family Foundation trainer supervision for session 10
FAMSA	FAMSA Head office

### 3.C DRAFT REFERENCED ANALYSIS

The final text for the thesis document was developed on the basis of the referenced analysis of the ten training sessions, eight of which follow in order to illustrate the procedure.

#### Session 1 (FFR 1996 & FFTC1)

**Attendance:** 5 people who had applied to do the course and who had confirmed that they would attend the first session on being telephone-contacted, did not arrive at the session. No apologies or explanations were sent. One person arrived who had not applied before to do the course.

**Punctuality:** 3 people arrived very early, one of whom had arrived at 9.30 a.m., thinking the course started then. 4 people arrived half an hour after the session had begun, including 2 Area Committee members. My 2 co-trainers arrived half an hour later than had been agreed for preparation of the meeting room, putting out handouts, refreshments, etc. The participants already present helped instead.

**Comments:** The session started 15 minutes later than scheduled because preparation took longer than expected. The four participants who arrived late missed the important experiential beginning to the course. The programme was far too full, the time allocated for tea was reduced to try and end on time, and participants got tired. (J1 p10 FFTC1). 2 Area Committee members left after the tea break for another commitment, and therefore missed the input on Human Scale Development, which they said they were familiar with anyway. The amount of time taken to draw up norms with the group took twice as long as was allocated because practical issues such as times, dates and venues for meetings were involved – part of the aim of promoting participation in decision-making in the group - and this process took longer than expected. Translation of parts of the programme also took more time than anticipated. This contributed to the sense of pressure and tiredness observed.

#### Session 2 (FFR 1996 & FFTC2)

**Attendance:** There are 7 new faces. They include 4 Caring Network volunteers. 3 of the 5 who had applied to do the course and said they would attend, did not arrive for this session either. 3 participants drop out, having attended only one session, including the person who had not formally applied before commencement of the course.

**Punctuality:** 2 participants missed the first processing of “Unfinished Business” in the group, due to helping out with an emergency on behalf of one of the trainers. (J1, p15 FFTC2)

Participants were otherwise all present on time for this session. My 2 co-trainers were 10 minutes later than arranged to help prepare for the session and participants assisted as before.

**Comments:** It was clear at this meeting that it had been an error to commence training at the very first meeting, and that a preliminary meeting to introduce both the nature of the course and allow time for participants to think through the implications of doing the course, should have been arranged as the first step.

The Human Scale Development section required more time than expected and there was again the sense of being pressurised for time during the remainder of the session. (J1, p17 FFTC2). It was announced at the end of the session that the group was now closed for the year, and no further applicants would be admitted.

#### Session 3 (FFR 1996 & FFTC3)

**Attendance:** There are no new faces at this meeting and numbers have been maintained.

**Punctuality:** My co-trainers are 10 minutes late and participants help set up as before. The setting-up takes more time than the half-hour allocated, and the session starts 10 minutes late. FAMSAs has requested photographs of the group for the Annual General Report, and an additional 15 minutes to take the photographs at the end of the session is negotiated with the group. The session ends half an hour later than scheduled because of these factors. 3 participants, including 2 Area Committee members, arrive at the ending of processing Unfinished Business and 3 further participants, including another Area Committee member arrive during the next skills training exercise. 2 of the latecomers publicly apologised and shared with the group the reasons for their late arrival, and this was then processed in the group. (J1 p20 FFTC3)

**Comments:** I experienced great relief when the same group (less one) arrived for the third training session (J1 p18 FFTC3). I was concerned that with this difficult and over-pressurised beginning, there

would not be sufficient motivation and interest to continue doing the course, especially as most participants had not yet paid a deposit.

During the Unfinished Business session, one participant said that, looking back to the previous training session, "Time was a little bit short...seeming we closed the door for people to share with us – though I know time is limited to spend more time sharing...even those who spoke were left hanging....I questioned whether there was someone else who wanted to share...because I think this is something that is being moulded – that's why we are here – so that people can't just go out of this without having experienced this (i.e. sharing) (J1 p19, FFTC3, my parentheses). This conveyed the sense in the group of the programme being over-pressurised for time and the potential for experiential learning to be reduced as a result. Evidence that the trainees were again tired at the end of the session indicated that sessions were too long and too tightly packed. (J1 p24, FFTC3).

## Session 4 (FFR96 & FFTC4)

**Attendance:** 2 Area Committee members absent. Numbers consistent otherwise..

**Punctuality:** Co-trainers arrive shortly after 12 p.m., our scheduled meeting time to get ready. Keys to the office where heater, cups, tea and coffee are stored have been mislaid by the centre caretaker – I spend 15 minutes searching for them, and there is a rush, as usual, to be ready by 12.30p.m. The training team, as a result of discussion with the Clinical Manager about the previous session and the punctuality issue in the group, decided to start the session punctually at 1 p.m. however many or few participants were present, and not to "chase up" participants to come into the meeting room. We started the session with only 8 trainees present, the others still finishing their refreshments in the entrance foyer. 5 other participants arrived during the first half hour of the session.

**Comments:** The improved punctuality of the co-trainers indicated that the boundaries set around time in regard to trainees during the supervision session with the Clinical Manager had had an impact also on their own time-keeping, and that a sense of co-ownership of these aspects of the programme was beginning to develop in the team.

Latecoming in the group was thoroughly and carefully processed during the session in terms of the agreed norms and peoples' feelings of anxiety, loss, irritation at the interruption, as well as the losses to the person who missed out on parts of the training, and its relevance in the counselling context. (J1 p30, FFTC4). This set the pattern for all future sessions whenever there were "empty chairs" in the group at the beginning, and gradually raised greater awareness of the emotional and practical consequences for the person and the group of latecoming and a new attitude to timekeeping, not necessarily always behaviourally evident, began to develop in the group. Much the same phenomenon was occurring in the training team. Practicing the management of time was given during group exercises, when a member of the group would be asked to be responsible for keeping to the time allocated for the exercise (J1 p41, FFTC4).

However this would be contradicted by the ongoing difficulty that the trainers had with time management, in that this session also finished half an hour later than scheduled, it was too long, and participants were tired and ready to leave by 4.30p.m. – again indicating a programme with too much crammed into it. (J1 p34 FFTC4). A crucial boundary was crossed in the group when trainers suggested that dates for the course be changed to accommodate 14 of the trainees who were involved in a Caring Network function on the same date as the next training session. The date of this function, although it had been scheduled before the Family Foundation course started, had not been conveyed to the group until this point, only two weeks before it took place. Because of our close connection with the Caring Network and desire to support their activities, we agreed to make a change in our own programme. (J1 P31, FFTC4). Little did we realise the ramifications that this would have on the course. We assumed, quite wrongly, that the group, having agreed on the new dates for meeting, would remember them without needing a reminder, and would inform others who were not present. Although this was a community-based course, we did not comply with the standard community practice of reminders to people shortly before meetings – especially if they had been rescheduled. Our typically Western focus on times and dates seemed absent, or of less relevance to the group, as evidenced by the following reaction: 2 members arrived late for the session, just at the end of the discussion about the change of dates. I asked the group whether those who had just arrived were "missing anything", meaning knowledge about the change of dates. They however replied "They haven't got their names" (i.e. nametags) (J1 p33, FFTC4), and did not mention the datechange. This was apparently less significant or relevant than not having the identification of a nametag.

## Session 5 (FFR96, FFTC5)

This took place on the changed date, discussed above.

**Attendance:** This dropped from 21 to 15 people at this session. Those absent included the 2 latecomers from the previous session who had missed the discussion on the date change, and the 2 Area Committee members who had not attended the previous session. None of these 4 had therefore been directly informed by the training team about the change of date, although the changes had been written up on the flip chart at the previous session which 2 had attended. Both Area Committee members dropped out of the course subsequently.

**Punctuality:** Only 12 participants were present at the beginning of the session, in comparison with the 21 who had attended the previous session. Three arrived later – but 5 people were therefore missing their partners for counselling practice. During the Unfinished Business section I asked if there was anything anyone would like to bring up, but the group was silent. I then said “I notice that the group is very quiet and we have nearly a whole row of empty chairs today. Does the group want to say anything about that?” (J1 p49, FFTC5). This was following the Basic Counselling Course teaching model which encourages trainers to model whatever skill is being taught in a particular session, so that they experience it in interaction with trainers as well as in the counselling practice with their partners – in this case, the skill of confrontation. Responses from the group included: “I just think maybe its because of transport as the taxis are (not operating)...even in Khayelitsha the people were just standing in the busstops”. And (a latecomer) “I’m used to coming by car, it was easy for me, but now to use the bus...I was lost”. The reason for one participant’s absence because of bereavement, and being at the funeral, was explained in Xhosa. The two other latecomers explained “We are late because Mr..... was on duty – he was supposed to be getting off at 2 o’clock, supposed to be getting someone to take his place.....” (J1 p50, FFTC5). Empathizing with these situations led to one of the latecomers saying:

“I was checking our norms – I think.....being absent (as well as present) is a person’s responsibility”. The co-trainer raised the issue of responsibility to our skills practice partners as well: “I hear you also saying something about the commitment we have made to our partners in our roles – it does really affect the group – to have to change (partners) all the time”. Another said: “My suggestion is – most of us don’t stay alone.....if I know before time I won’t be here I can go and tell (the person I live close to) – will you tell them I won’t be there?” The group agreed that they would do this and also inform either the Head Office or one of the satellite offices if they were not going to be present. One participant announced that he would not be present for a meeting a month ahead. Co-trainer: “And the responsibility to your partner?” Participant: “I’ll tell her”. Co-trainer: “I want to raise a point that if we still remember we said a person can only miss one session – if more than one is missed he or she can’t graduate this year. But we hope to continue with a possible course next year – which we’re not sure about at this stage” (J1 p50,51, FFTC5, my parentheses).

The feelings of participants who did not have partners for a skills practice exercise were processed. Comments made were: “I feel rejected, disappointed”. “It was very difficult, I’m sorry they’re not here” (J1 p58 FFTC5). One participant suggested that the course should be reviewed at the next session as so many had been absent, in order to find out why people were not coming. This was agreed to, to be raised during Unfinished Business by the group. At this session, half an hour was allocated for the tea break which was an improvement on previous sessions. However the session finished half an hour late again, at 5 p.m. The extension of time had been negotiated with and agreed to by the group but participants were tired and the benefit of the extra half hour was doubtful. (J1 p59 FFTC5).

**Comment:** The discussion during Unfinished Business foregrounded the attendance/punctuality issue and responsibility to one’s partner in the group, and the boundaries around graduation, all of which continued to feature prominently during the remaining sessions. The practice of sending an apology for unavoidable absence started. However the sense that there was the possibility of a “second chance” at graduating, even if it were to be the following year, which had been suggested before (FFTC 4) weakened the boundary that had been set, and conveyed an ambivalence in the trainers towards maintaining those boundaries. This was further evidenced by the extension of the ending of the session by half an hour. The problem of an overfull programme was again evident. Commitment to the group and a sense of participation and shared responsibility was indicated by the concern expressed by one trainee about absentees, and the proposal – agreed to by the group - to review the course’s relevance at the next session.

## Session 6 (FFR 6, FFTC6)

**Attendance:** Attendance at this session was similar to the 5<sup>th</sup> session, with two more participants. However, neither of these two continued with the course after this session. A letter received from the Area Committee member who had not been informed about the change of dates and said she would be withdrawing from the course, was read and processed with the group and a response agreed to. This is further discussed below. No other apologies were received.

**Punctuality:** Only 8 people were present in the meeting room when the session started at 1 p.m. A group member went out hurriedly to fetch the others in the foyer as the programme began. 4 people arrived late for the session. At the end of the session one participant gave notice that he would be late at the next session and two indicated that they would be away.

**Comments:** As agreed at the previous session, the group was offered the opportunity to raise the issue of absenteeism during the Unfinished Business section. The co-trainer asked: "Is there anything left over from the last session – anything hanging?" One participant responded: "I think what we said last time – to think about people not coming any longer, and their partners – the person being absent without informing their partners". Another participant added "And also to discuss the previous session with them". (J1 p71, FFTC6). This gave evidence that the group was able to pick up on the responsibility of confronting the implications of absenteeism, as they had undertaken to do at the previous session. They asserted the norm about it being the person's responsibility, if they were absent, or late, to inform themselves about the previous session, and one said that latecomers were disturbing. They opted to leave chairs close to the entrance empty, specially for latecomers, to achieve the minimum of disturbance, but also to show "ubuntu", or consideration for the embarrassment of latecomers as they arrived. One participant asked if any apologies had been received at the FAMSA offices. Another commented that certain members had now missed two sessions – i.e. implying that these people would not be able to qualify as Family Foundation counsellors. The growing awareness of and implications of absenteeism, and also a sense of an "in-group" mentality developing is illustrated in the following group discussion:

- A: "The people from Khayelitsha – the transport is difficult still"  
 B: "It's not an excuse – you just have to come earlier, I came early"  
 C: "I'm also from Khayelitsha, and I'm here on time".  
 D: "Is it laziness?"  
 B: "It's not laziness. I'm committed – it's a "must""  
 E: "I was absent last week because of the funeral of my sister. I sent a message..."  
 F: "Do others not here inform management (if they're absent)?"  
 G: "These empty chairs make you feel lazy"  
 F: "I'm worried about.....'s absence. I won't be having my partner – I confide in him. I would like to share my problem"  
 H: "I'm worried about my partner – I will miss her this week – it's the second time".(J1 p72, FFTC6, my parentheses).

The level of participation in this discussion shows a shared awareness and concern in the group about the issue. The demotivating effect of absenteeism on the group (empty chairs make you lazy), and the value people were finding in the counselling practice sessions, (I would like to share my problem), and fear of abandonment by their partners, is also evident. At this point in the session, three people arrived, to the great and openly expressed relief of their partners. Transport problems were cited and apologies tendered. The group was then reminded that it had been agreed to evaluate the relevance of the course in this session, but the person who had suggested it said it should be "kept over". The Unfinished Business session was then concluded, but just as the topic for the next session was started, participant B (above) again raised the subject, asking whether those who were still absent might still come, indicating that anxiety about the issue was still present, and saying "We must consider ubuntu at the same time".(J1 p72, FFTC6). She suggested that we should phone all those who had not arrived at the session. The bonding that had occurred in the group and ambivalence about setting boundaries was demonstrated.

Prior notice about late arrival or non-attendance at the next session which was shared at the end of the session, was an indication that awareness had been effectively raised in the group about the issue. After this session and discussion with the training team, I contacted FAMSA E Rand's Director to check again on their policy, and confirmed that they insist on 100% attendance at their training course. If a participant has been too ill to attend, they are required to catch up the material missed and give an oral report to the

group at the beginning of the next meeting.(J1 P68 FFTC6, Howes, Sept. 1996) It was beginning to appear that our difficulty in maintaining attendance and punctuality boundaries and the changes made in the timetable we had drawn up initially with the group, was the prime cause of the fall-off in attendance, and probably with the amount of latecoming as well. Our struggle to achieve clarity and unanimity on this matter in the training team is described in the section on "Support".

## Session 7 (FFR96, FFTC7)

**Attendance:** 15 people attended the session. Apologies were received from 2 trainees for the first time prior to the session actually taking place. Appreciation for this was expressed by the trainers. One of the trainers was absent and her apologies were tendered to the group. A trainee explained the absence of her friend who is involved in a women's group trying to organise community action around a murder that had taken place in her street that weekend. Another trainee informed the group that she would have to leave the session early, for work reasons.

**Punctuality:** One trainee arrived nearly an hour late and missed the critical debate around attendance and graduation. The session finished promptly at 4.30p.m. at the group's request. Content was missed out on, but a time boundary was maintained as a joint effort, for the first time. It was significant that this occurred during this session.

**Comment:** The accountability demonstrated in terms of apologies sent and given, as well as explanations for absence, and the fact that only one person was late in comparison with previous sessions, indicated that there was an improvement in the group in regard to time-keeping. The management of time by trainers was assisted by the group who insisted on ending on time. The scheduled topics of limit-setting, containment of the work and referral skills were therefore only superficially dealt with and this session showed that further training in such areas would be needed in future. In spite of the particular relevance of these topics for community workers, the fact of holding onto the time limit for the session was more important for the group in the long run, as a demonstration of limit-setting in the immediate, challenging situation. The identity of the Family Foundation was beginning to show evidence of becoming a partnership, co-constructed by both parties.

During this session, the attendance and graduation issue came to a climax, and a resolution to the conflict was eventually reached. The trainers had struggled painfully during the preparatory supervision session with the Clinical Manager to come to terms with the implications of losing valued people to the Family Foundation because they had not fulfilled attendance requirements. This preparatory work laid the basis for the successful working through of the conflict and is described in greater detail in the section under "Support". It is interesting to note that the conflict in the group occurred immediately after the previous training session which had dealt with the topic of conflict management. The work took three quarters of an hour and was "hard labour" for the group as a whole, but the new understanding that developed was a major achievement and a step forward towards greater maturity for trainers and trainees, and the processing of the conflict reaped a reward of greater commitment and bonding in the group.

Exerpts from the transcribed audiotaped discussion are quoted from to illustrate this process.

### 1. Setting the boundary

We had decided in our trainer preparation session that I would raise the issue of there being some who would not qualify for graduation this year. I was anxious, but confident because of the unanimity that we had reached as trainers about the issue.

"I think we also need to say that people who have missed more than one session – unfortunately, it won't be possible for those people to graduate with the people who have been all the way through, and who for some emergency, were not able to attend one session. So ...it is a great pity...but.....we really hope next year there'll be some way in which it will be possible for those people to make up.....but there will have to be a commitment to making up what has been missed for you then to join the Family Foundation."

**Trainee A:** "In order to graduate, if you missed these sessions....if you attend maybe next year....maybe two sessions....?"

**Trainer:** "We'll have to work out what it is we require of those people in order to become a member of the Family Foundation. It may be attending two sessions – we're not sure – we're trying to think of a way in which .....we don't lose the people, but at the same time they have to make a

commitment on their side to attend something further. And then it may be possible for them to graduate. But at this stage, unfortunately its not possible". (J1 p87 FFTC7)

## 2. Explaining the training model

**Trainer:** "In this model we have a partner, and if we miss out the session our partner is deprived, is disadvantaged. And because you don't get the chance to practise the skill with your partner, you're not getting the proper training. If you only have a bit here and there – you are missing out" (J1 p88 FFTC7)

## 3. Testing the boundary

**Trainee A:** "Consider the fact that people are not children – they don't attend, because there are valid reasons why they can't.....This Family Foundation, we are trying to promote it, so if we can consider other means to encourage (them).....not to be too tough or too strict".

**Trainer:** "We know how difficult it is for people often. But in the Family Foundation in Gauteng, they expect 100% attendance. We are already lenient here".

**Trainee B:** "(I want) to mention the word "ubuntu" – also to mention flexibility....the reasons (we are absent) are beyond our means which causes one to miss sessions. I know FAMSA should stick to his rules, but there should be that allowance of understanding of circumstances that are beyond someone's....." (J1 p 89, FFTC7)

## 4. Maintaining the boundary

**Trainee C:** "Flexibility that can be allowed is to think about what can be done for them to fit in next year – that's the flexibility – I think FAMSA is being very realistic in letting them have that possibility".

**Trainee D:** "We should stick to our norms. They shouldn't be broken".

**Trainee E:** "We're all responsible for the course – everyone is responsible for herself or himself and this course is something new to everybody, and as it is new it is set up that you need to have the lecture that was set in order to graduate. So I'm with (Trainee C) – a possibility that FAMSA can only put them on the next year". (J1 p89, FFTC7)

## 5. Testing the boundary

**Trainee B:** "Can't FAMSA arrange something for us before the end of the year?"

**Trainer:** "That will be very difficult – we are fully committed until the end of the year. We have to have it next year".

**Trainee F:** "I just want to ask....about those who've got a confusion about the dates. They want to come, but because of the confusion they couldn't come. What are we going to do about those people?"

## 6. Maintaining the boundary

**Trainee F:** "...our responsibility is.....to make yourself informed about the decision of the group that day".

## 7. Challenging the boundary

**Trainee A:** ".....I'm thinking for those who've missed sessions – if we can ask from **them** why they missed sessions – there might be valid reasons why.....so that we can make our decision then. Not just imposing – now I'm feeling we are imposing things on people and we are deciding **for** people, we are not deciding **with** people. Now we're just imposing rules".

**Trainer:** "Does the group agree we are imposing rules on people?"

**Group:** "No, no, they were also part, they were present". (J1 p90, FFTC7)

So the debate continued with different views and perceptions being challenged and defended against. A turning point was reached when the norms for attendance were read out and the meaning of "ubuntu" was redefined.

## 8. Turning point

**Trainer:** "Our norm says: "Punctuality and attendance at every session, but "ubuntu". Also "It's the person's responsibility to catch up on what has been missed".

**Trainee E:** "I think this "ubuntu", its only one-sided. Its supposed to be even for that person who's late to consider the feeling of the group. Not just "I'm late, and the group is responsible to have ubuntu".

**Trainee F:** "I think also the notion of ubuntu is not only on one side". (J1 p91)

After this, there was a greater openness in the group to examine one's own actions and not to defend as much, viz:

**Trainee G:** "...if we agree to something we must write it down. Last week I didn't come, I waited for my transport (with another Family Foundation trainee), and my transport was confused on the other end. I checked my diary and thought maybe I'm confused. I waited and waited and it didn't come, and I didn't have money to come either. So I had to go back home".

**Trainer:** ".....I hear people expressing a feeling it's a pity we changed the dates...that changing dates is a problem. Maybe in future we've got to learn about changing dates because it makes problems.....a lesson we must all learn, if you put out dates, you must stick to those dates and that's it". (J1 p92)

### 9. Moving forward

The use of the skill of empathy while maintaining boundaries, and its capacity to promote growth was demonstrated in the next exerpt:

**Co-Trainer:** "I want to share with the group that we've (the trainers) really exhausted this issue at FAMSA with our supervisor. We were trying to get to the problem of people not graduating. We know there are people who are very committed like (Trainee), and there might be confusion and all that stuff – but then we are convinced that the model we are using in this course—its very important that everyone should attend right through the course. Otherwise – we're also quite uncomfortable with this kind of a decision – really, we do feel sorry – we empathise...."

**Trainee B:** "I'm feeling very sorry about (Trainee). Ever since it was my fault that I didn't pick her up. I'm so sorry about that. I apologise to her. Secondly on behalf of those who have missed two sessions, I want to ask them to let go – we musn't be selfish to others – and discuss our fault. We must accept – it is painful, but there is no alternative".(J1 p93).

### 10. Clarifying

**Trainee E:** "Does this mean, if we're missing two sessions – we can graduate if we make it up?"

**Trainer:** "Not if three are missed, but two is valid. We will take it back to our supervisor. You will have to trust us to look at each situation with care...to see if that person is eligible to complete those two sessions. If not – we ask you to accept FAMSA's judgement in this situation. We are really concerned about the course, the group, the Family Foundation, and we want it to be a strong....unified thing, but at the same time we have to have standards".(J1 p94)

### 11. Co-constructing boundaries

**Trainee A:** "...I was also going to discuss what time do we end our session exactly – to clear up that point. Being strict to some things (like graduating) and being flexible to others as well (like ending on time). You should keep tight to our norms. Not only to certain things are we tough – and then when it comes to time (we are flexible)....if we start at 1 and finish by this particular time....we should be very strict" (J1 p 94).

And later: "Half past four we finish" (J1 p103, my parentheses).

And so we did!

## Session 8 (FFR96, FFTC8)

**Attendance:** 17 people attended – a cause for relief, as it was a wet day and rain often has an adverse effect on attendance at community events because people use public transport and often have to walk some distance to their destination. Two apologies had been received during the week before the session. 4 out of the 5 Area Committee members who enrolled had dropped out by this session. The reasons for this are considered later.

**Punctuality:** My co-trainers arrived before I did for the first time, and we had sufficient time to sort out the foyer, which was in a chaotic state, remove a large table out of the meeting room and arrange everything by 12.30 as participants began to arrive. Time-keeping was well managed during this session, there was no rush, we had the full 30 minutes for the tea break, and finished on time. One participant

arrived half an hour late. This therefore was maintaining the improvement noted in the previous session in the numbers of people coming late.

**Comments:** There was a sense of the calm after the storm of the previous session. The tension and anxiety had been dissipated through the process of resolving the conflict, the group and we trainers were all more relaxed, and the pace throughout the session was unpressurised, unlike any of the previous sessions, and input and group exercises were managed within the time allocated. This was the first session in which partners did not practise or experience counselling with each other and when the format was more didactic, in this case dealing with marriage and divorce. However the quality of discussion was very rich and people contributed and shared at a deeply felt level which I attribute to the experiential training mode used thus far and particularly as an outcome of the powerful previous session.

University of Cape Town

### 3.D SEMI-STRUCTURED QUESTIONNAIRE

1. If you visualise yourself as a counsellor, what do you see? What do you see yourself doing? How do you feel about it?
2. Do you feel you have had adequate training through the Family Foundation training course to deal with couple and family relationship problems?
3. If you think you need further training, what do you think it should cover and from whom?
4. What was the reason you decided to participate in the Family Foundation training course?
5. What did you enjoy/not enjoy about the training course?
6. What did you think about the ideas of Human Scale Development?
7. What do you think your role as a Family Foundation counsellor will be in relation to FAMSA?
8. How do you feel about counselling now? Do you feel confident enough? Do you have enough time? Do you have a place where you can counsel people?
9. Dealing with people who have relationship problems can be very stressful. How will you manage that? How do you look after yourself? Do you think you could benefit from more support? What would make you feel supported?
10. Was the difference in culture between us (myself as one of the trainers, and yourself as trainee), a concern for you?
11. Did the fact that I cannot speak Xhosa concern you?
12. Did the fact that I am a woman impact on the training relationship we established?

From: Holdsworth, 1994, p. 66, and Maw, 1996, p. 96.

# APPENDIX 4

## 4.A INFORMATION LETTER TO APPLICANTS



# FAMSA

WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
CAPE TOWN OFFICE • KAAPSTAD KANTOOR

RAMS  
Practice No.  
Praktyknr. 9011072

814 GROOTE KERK BUILDING  
GROOTE KERKGEBOU 814  
CAPE TOWN 8001 KAAPSTAD

Our Ref/Ons Verw:  
Your Ref/U Verw:

☎: (021) 461 7360  
Fax • Faks: (021) 461 9198  
Appointments • Afsprake: (021) 461 4228

15 July 1996

Dear .....

### ***FAMILY FOUNDATION TRAINING COURSE***

Thank you for the interest you have shown in taking part in this course.

This letter is to provide you with some information and also to make a request of you.

**Firstly** - the Family Foundation is a project which FAMSA Western Cape is trying to develop in the community to provide more support to couples or families with relationship problems. We are wanting to do this with the help of you, our participants, and we see it as very much a joint effort in which we will all learn from each other.

The course will be based on FAMSA's "Basic Counselling Course" which some of you already know. So we will be working on the skills you most need to be a good counsellor, but also on the other issues which you feel are important in counselling in your community.

Other things we feel you need to know are:

1. The course will comprise 10 sessions of 3 - 4 hours each. The first session will take place on Saturday July 27th 1996 from 12H30 - 17H00 at the Masizakhe Centre, NY 22, Guguletu. Practical matters such as transport, dates and times of sessions will be discussed then.
2. The fee for the 10 sessions is R100-00. A deposit of R25-00 is payable at the first session and the balance should be paid by the end of August. Would you please bring this with you to the first session? If you wish to discuss payment, please contact Mrs Sandra Langer at FAMSA in the mornings at 461 7360. This fee will go towards, any handouts or notes we provide, a light snack at each session and transport costs if necessary.
3. We expect full and punctual attendance at every training session in order to qualify to become a Family Foundation Counsellor.
4. Support and supervision of counselling work will be provided by FAMSA after the end of the course, for qualified Family Foundation counsellors.
5. The training is based on the belief that the best kind of learning is when we learn from *our own experience* and gain insights for ourselves rather than being "lectured" to.

So it is a learning in which everybody, trainers and learners together, need to participate *actively*, and for which we each need to take responsibility.

6. Personal growth is a very important goal of the training.

We are really looking forward to sharing the Family Foundation training with you, and are sure it is going to be a fulfilling experience for everyone.

**Secondly** - I want to ask your permission to conduct research on this course while we are doing it.

I am working on my Master's Thesis on Psychology at the University of Cape Town and my topic is the development of the Family Foundation. Would you be willing for us to tape-record some of our group discussions? This would enable us to have a very complete record of the discussion which would help the development process. I may also need to ask you for an individual interview. Any personally identifying information will be kept confidential and not included in the report, which will be made available to you when the research is completed.

In this way, we will all participate in the research and in the aim of developing the Family Foundation together.

I do hope that this will be acceptable to you.

Please would you complete the attached information and permission form and bring it with you to the first training session on Saturday 27 July at 12H30?

Thank you very much. We look forward to seeing you there.

Yours sincerely

J. Cooke (Mrs)  
TRAINER

L. Ningiza (Ms)  
TRAINER

pp F. van der Walt (Mrs)  
DIRECTOR

## **4.B FAMILY FOUNDATION TRAINING PROGRAMME**

### *FAMILY FOUNDATION COUNSELLING COURSE*

#### *PROGRAMME*

- |                    |   |
|--------------------|---|
| <b>SESSION I</b>   | Beginnings, Introductions, Expectations, Norms, Human Scale Development.  |
| <b>SESSION II</b>  | Unfinished business, Life cycle, Self awareness, Human Scale Development. |
| <b>SESSION III</b> | Listening and Clarifying.   |

- SESSION IV** Reflecting and Summarizing.
- SESSION V** Self disclosure and Confrontation.
- SESSION VI** Conflict resolution, Human Scale Development.
- SESSION VII** Limit setting ; Referral.
- SESSION VIII** Grief counselling and Debriefing.
- SESSION IX** Domestic violence / abuse.
- SESSION X** Marriage and divorce. Endings. Evaluation.

This programme is tentative. Any changes will be negotiated.

## 4.C TRAINING SESSION SAMPLE

### *FAMSA WESTERN CAPE: FAMILY FOUNDATION COUNSELLING COURSE*

#### **TRAINERS' PROGRAMME**

#### **SESSION III**

13H00 - 13H10

**UNFINISHED BUSINESS** (10 minutes)

Flip chart  
FHN's chart  
Objectives

- Unfamiliarity
- Recognize what we did before arriving here influences how we feel now
- How might this affect counselling?

13H10 - 13H15

Genogram and life stage questionnaire: (5 mins)

Discuss with neighbour most important thing learned (2 minutes each way).

13H15 - 13H20

Life stage handout (5 mins)

Brief plenary discussion.

If many comments, participants to note them down to be collected.

13H20 - 13H30

## EGAN'S MODEL/LISTENING (10 mins)

## OBJECTIVES

- To learn about barriers to listening.
- To learn about Egan's model of counselling.
- To practice listening with a real problem.
- To listen, remembering Egan's model, human scale development and our own experience.
- To become more aware of non-verbal messages.
- To develop some ability to stay with a client in distress.

Flip chart  
Objectives  
Handouts  
Egan's model  
Listening

13H30 - 13H40

## EXERCISE: NOT LISTENING (10 mins)

"Two at a time". Groups of 3

One in the middle, 2 on either side facing one ear each.

2 to talk at the same time for  $\pm$  1 minute to middle person. Middle person to try and listen to both conversations to relate later. Swop over so each have chance to be in middle.

13H40 - 13H50

## PROCESS IN PLENARY

- What was it like listening to two people at once?
- How did you feel when you were talking / listening?
- Have you experienced conversations that are like a competition with people interrupting or talking over other people?
- If so, what about interrupting when we are counselling?
- If you really want to listen to someone, what kinds of non-verbal behaviour would you use?

13H50 - 14H20

## DEMONSTRATION ROLE PLAY (30 mins)

Facilitators take turns to take on roles of client and counsellor and demonstrate how *not* to listen.

Emphasize that these are ways we all use sometimes (hopefully not all at once) i.e. we all make mistakes.

*Group task*

Observe the role play carefully and identify what is *not* helpful.

- note what counsellor says, does, feels (verbal, non-verbal, attitude/feelings)
- Comment after each role play

*Role Play*

X will play counsellor first, Y the client.

The client is pregnant - works in a restaurant. She is the sole breadwinner and is afraid that she will lose her job. She comes to see the counsellor about her problem.

Flip chart  
Write up  
group task

X as counsellor is over sympathetic, too reassuring.  
Y as counsellor minimizes her problem and is judgmental.

After role play, derole, then have X lead discussion in the group with Y noting own feelings and observations at end.

Repeat group task with facilitators swapping roles.

**Summary**

Flip chart  
Write up

Highlight main points from both role plays.

14H20 - 14H30

HOW TO LISTEN - POSITIVE QUALITIES

PLENARY DISCUSSION

Flip Chart  
Write up

14H30 - 14H40

**T E A**

14H40 - 15H10

PRACTICING LISTENING WITH A REAL PROBLEM

*Announce the design of the course*

You are about to begin to work with your *first* client, and you will have a number of other sessions with this client.

The best way to develop yourself as a counsellor is through being a client and learning from the experience.

Therefore please take your client role very seriously i.e. be a client, don't play a role. You owe this task also to your counsellor, and have to trust that your client will do the same for you, so that you may develop your skills as a counsellor.

Feelings about this arrangement may be dealt with in Unfinished Business sessions and/or with your client/counsellor, as part of the process.

*Announce the role of trainers / facilitators*

... and we will move about to listen to your work in order to facilitate and make sure that the counsellor is using the skill effectively. We will be mindful of the confidentiality, and will be paying attention to the *counsellor*, not to the client. We are aware that this arrangement may feel intrusive ... etc.

**TASK:**

Flip chart  
instructions  
to listener

Take two minutes to think about and write down the most important issue or problem you have right now.

Divide into pairs - one is A one is B.

A is to listen to B's problem and note non-verbal behaviour.  
B is to talk about : - A problem I have right now

While you are listener A, you need to observe the following rules:

1. Listen
2. Keep the time
3. If your partner is stuck, and *only if you cannot bear the silence*, you the listener may repeat your partner's last word or phrase.

Then reverse the process, B listening to A.

You may have 10 minutes each to listen.

15H10 - 15H20

**PROCESS**

What happened for the

- clients?
- counsellors?
- who used a real problem?
- who did not?
- how was it different when problems were real?
- did any clients get distressed?
- how was it for counsellors when talkers were upset?
- what did you do?
- what helps clients?
- how did clients experience counsellors non-verbally?

15H20 - 15H30

**EMPATHY****OBJECTIVES**

- To define empathy.
- To practise making empathic statements.
- To use the skills of empathy as a counsellor.
- To experience an empathic response as a client.
- To become aware of the MEANING of empathy for a client.

Flip Chart  
Objectives  
Handouts  
Empathy  
statement

**BRAINSTORM**

- What do you understand by empathy?
- Have you experience empathy on this course?
- How was empathy expressed?
- What has to happen for someone to show empathy?

**DEFINITION OF EMPATHY**

Empathy is the ability to enter into and understand the world of another person and to communicate this understanding to him or her.

Flip chart  
Put up  
definition

15H30 - 15H40

**EXERCISE I**

Divide into 3 groups

Going round the group read statements aloud - and let each group member have a chance to respond.

15H40 - 16H10

**EXERCISE II**

Using the same problem counsellor and client take 10 minutes each way using the skill of empathy.

**PROCESS**

What happened?

- For the counsellor?
- For the client?
- What have you learnt about empathy?
- What was the meaning of your counsellor's response to you?

16H10 - 16H15

**WHAT HAVE WE LEARNT?**

Write up

**FAMSA WESTERN CAPE****FAMILY FOUNDATION COUNSELLING COURSE****HINTS ON HOW TO EMPATHIZE ACCURATELY**

To empathize (or reflect) *accurately*, you need to listen carefully and then check your impressions with a client and if necessary, adapt them.

To develop this skill, you need to become more aware of your own feelings and of the feelings of others around you.

You also need to accept that you will make mistakes, but that if you base your empathy on the evidence you see, hear and feel, you will become more skilled at it.

Adapted from: Teaching Lay-Counsellors, A manual for trainers  
Sterling, C. & Lazarus, R.  
Child Guidance Clinic, University of Cape Town 1995

**FAMSA WESTERN CAPE****FAMILY FOUNDATION COUNSELLING COURSE****EMPATHY**

(Egan: chapter 4 and 6)

EMPATHY involves:

- getting inside the client's world;
- looking at the outer world through the client's frame of reference; and
- communicating this understanding to the client.

EMPATHY conveys *understanding* - of the client's - feelings  
- experiences  
and/or - behaviours.

EMPATHY involves going / being *with* the client, in his/her world, in his/her shoes, with his/her burdens...

EMPATHY may convey understanding of;

- content
- and basic empathy
- feelings
- or what is
- implied
- half-expressed advanced empathy

EMPATHY needs to be *accurate* to convey understanding. If the helper offers empathy inaccurately, i.e. showing that he/she does not quite understand fully, the client may well correct him/her, and *clarify his own awareness* at the same time, (i.e. achieve the goals of Stage I and II of the helping process).

e.g. Counsellor: "You're feeling angry?"

Client: "No, I'm *furious*; - I'm really MAD at her... I didn't realize until now that that's what I'm feeling ..."

#### HINTS FOR IMPROVING EMPATHY

- Give yourself *time* to think.
- Use short responses.
- Use a tone of voice and manner that fits with the feeling you are understanding and commenting on.
- Use language in tune with your client's.

#### LISTENING

You are not listening to me when .....

You do not care about me;

You say you understand before you know me well enough;

You have an answer for my problem before I've finished telling you what my problem is;

You cut me off before I've finished speaking;

You finish my sentence for me;

You find me boring and don't tell me;

You feel critical of my vocabulary, grammar or accent;

You are dying to tell me something;

You tell me about your experience making mine seem unimportant;

You are communicating to someone else in the room.

oo oo oo

You are listening to me when .....

You come quietly into my private world and let me be me;

You really try to understand me even if I'm not making much sense;

You grasp my point of view even when it's against your own sincere convictions;

You realise that the hour I took from you has left you a bit tired and drained;

You allow me the dignity of making my own decisions even though you think they might be wrong;

You do not take my problem from me, but allow me to deal with it in my own way;

You hold back your desire to give me good advice;

You do not offer me religious solace when you sense I'm not ready for it;

You give me enough room to discover for myself what is really going on;

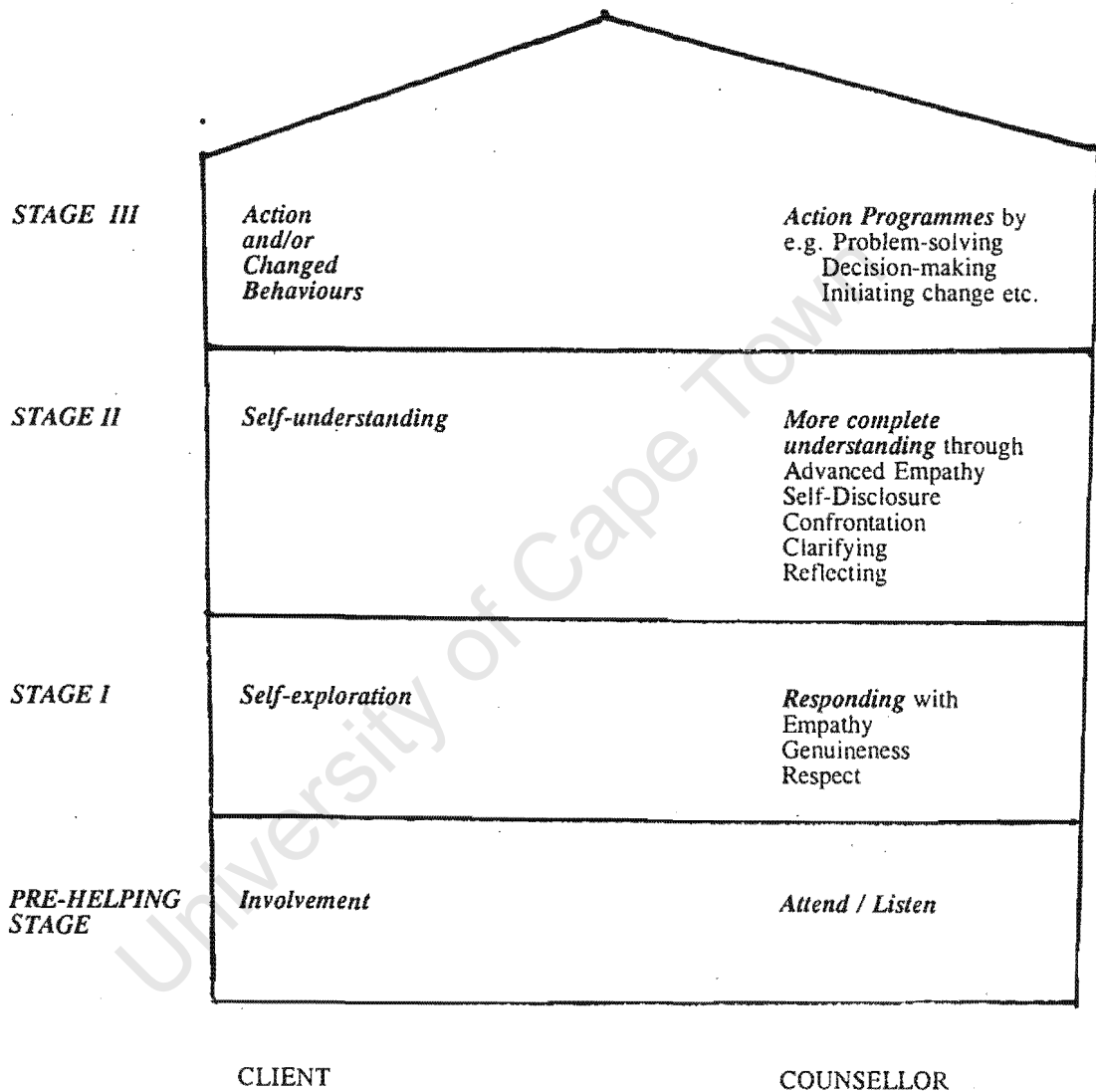
You accept my gift of gratitude by telling me how good it makes you feel to know you have been helpful.

**FAMSA WESTERN CAPE: FAMILY FOUNDATION COUNSELLING COURSE:**

**EGAN'S MODEL OF HELPING / COUNSELLING**

**GOALS OF THE CLIENT AND COUNSELLOR**

*Reference: EGAN, G: The Skilled Helper, Brooks/Cole, California, 1982*



# How Do You Feel Today?



## 4.D SUPERVISION PROGRAMME SAMPLE

**FAMILY FOUNDATION: WESTERN CAPE**

**SUPERVISION TRAINING**

**SESSION 3**

**22 MARCH 1997**

**09H30 - 10H00**

**TEA**

Arrange chairs in circle  
Sign register  
Transport money

**10H00 - 10H15**

**OPENING PRAYER AND WELCOME**

Today's programme:

- a. Notices
- b. Previous Case Discussion - Brief report back
- c. Interdict Input
- c. Case Discussion - 4 cases ½ hour each
- d. Practical Issues

1. Information, notices.  
FAMSA Divorce Conference  
HIV/AIDS Training Session  
Area Committee meeting: 15/04/97: Transport?

Handouts

Photographs  
Letters to organisations

2. Brief report back on previous Case Discussion  
Main points emerging from discussion - able to put into effect?  
Reminder re notes on Confrontation, neutrality skills.

**10H15 - 10H30**

**INPUT ON INTERDICT AND PERSONALIZED SAFETY PLAN**

- \* Introduction: Pro's and Con's of Interdict Flip Chart
- \* How to get an Interdict Handouts
- \* Interdict form
- \* Personalized Safety Plan

**10H30 - 11H30**

**CASE DISCUSSION**

Flip Chart

Two groups 2 cases each (½ hour per case).

Appoint time keeper.

Counsellor does own genogram.

- Focus on:
- \* Summary of problem
  - \* Clients feelings
  - \* Counsellors feelings
  - \* Results
  - \* Plan of action

Refer to counsellor report form.

**11H30 - 11H40**

**PLENARY DISCUSSION: LEARNINGS**

Flip Chart

**11H40 - 12H00**

**PRACTICAL ISSUES**

1. Copy of contract:
2. Venues: Site C Container  
Nomsa Mapongwana  
Zibonela Community Centre  
Site B Police Station  
Harare Police Station  
Guguletu Clinic
3. Referral letter: No additional sentence.  
  
Counsellors aim to help people help themselves.  
  
Statutory referrals are different.  
  
Client feedback: They can be asked to let you know but don't pressurize them. NB reminder that it is *the client's* problem not theirs. Limit setting.
4. FAMSAs expectations of F.F. counsellors: crisis management and support and referral, mainly.
5. Next session: 4 case presentations.

**12H00**

**CLOSURE**

Date of next session: Saturday 19 April 1997 at 09H30

## APPENDIX 5

### 5.A FAMILY FOUNDATION TRAINING PROGRAMME 1997

#### *FAMILY FOUNDATION COUNSELLING COURSE*

#### *PROGRAMME*

<i>SESSION I</i>	Beginnings, Introductions, Expectations, Norms.
<i>SESSION II</i>	Human Scale Development, Life Cycle, Self Awareness.
<i>SESSION III</i>	Listening, Empathizing.
<i>SESSION IV</i>	Empathizing (continued), Reflecting.
<i>SESSION V</i>	Clarifying, Summarizing.
<i>SESSION VI</i>	Confronting.
<i>SESSION VII</i>	Conflict resolving.
<i>SESSION VIII</i>	Problem solving.
<i>SESSION IX</i>	Limit setting, referral.
<i>SESSION X</i>	Endings, Evaluation.

**This programme is tentative. Any changes will be negotiated.**

## 5.B LETTERS TO ORGANISATIONS



**FAMSA** WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
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Fax • Faks: (021) 461 9198  
Appointments • Afsprake: (021) 461 4228

The Chairperson: Counsellor N. C. Mfeketo  
The Executive Committee  
City of Cape Town  
P O Box 298  
8000 CAPE TOWN

11 March 1997

Dear Madam

### RE: FAMSA WESTERN CAPE FAMILY FOUNDATION COUNSELLORS

We are writing to inform you about FAMSA's "Family Foundation" Community Counselling project which has recently begun to operate in the various sections of Langa, Nyanga, Guguletu and Crossroads areas. So far we have 15 trained counsellors but the training will be run on an ongoing basis, so the pool of counsellors will increase over time.

FAMSA Western Cape's Family Foundation counsellors have received a 40-hour training by FAMSA Western Cape in counselling individuals, couple and families who are experiencing difficulties in their relationships. The counselling is done on a voluntary basis, and is available in the community during the day, outside office hours or over weekends if necessary. The purpose is to extend the present counselling service provided by FAMSA social workers during office hours in the Catholic Welfare & Development Centre E305 Khayelitsha (tel no. 361 9098), and the Masizakhe Centre NY 22 Guguletu (tel. no. 637 6706). Appointments can be made by telephoning these offices from Tuesday to Friday. Contact with Family Foundation counsellors can also be made through these offices.

Family Foundation counsellors will mainly do crisis intervention work in individual, couple or family relationships, and short term counselling, and will refer clients to the appropriate organisation for further assistance. Each counsellor has a letter of authority to counsel under FAMSA'S auspices. The names of counsellors working in the area under your jurisdiction are attached for your information.

We would greatly appreciate it if you would inform counsellors whose wards are in the above mentioned areas so that they become aware of the Family Foundation Project, FAMSA'S services, and publicise this in their wards.

Thank you very much for your assistance.

Yours sincerely

J. Cooke (Mrs)  
Community Development Co-ordinator

pp. F. van der Walt (Mrs)  
Director

WO 4820010  
FI/FR 08 80007 10006

Lid van die Gemeenskapskas van Wes-Kaapland • Member of the Community Chest of the Western Cape

16 APR 1997

**CITY OF CAPE TOWN  
STAD KAAPSTAD  
ISIXEKO SASEKAPA**

Civic Centre  
Hertzog Boulevard  
P O Box 298  
Cape Town 8000

*Executive Committee*

Fax : (021) 419-8469  
Tel : (021) 400-2209

10 April 1997

Mrs J Cooke  
Community Development Co-ordinator  
FAMSA  
814 Groote Kerk Building  
Cape Town  
8001

Dear Mrs Cooke,

Thank you for your letter dated 11 March 1997 regarding the "Family Foundation" Community Counselling project which has recently begun in Langa, Nyanga, Guguletu and Crossroads. It is good to know that such an important service is now provided to the families living there.

I have forwarded copies of your letter to the Councillors who are involved in those areas and wish you success in this new venture.

Yours sincerely,

**Cllr NOMAINDIA MFEKETO**  
Chairperson: Executive Committee



**FAMSA** WESTERN CAPE • WES-KAAP

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The Secretary  
Khayelitsha Health & Welfare Forum  
Site B  
7784 KHAYELITSHA

26 February 1997

Dear Sir / Madam

**RE: FAMSA WESTERN CAPE FAMILY FOUNDATION COUNSELLORS**

We would like to inform you about FAMSA's Family Foundation project, which consists of community members who have received training by FAMSA Western Cape in counselling couples, families or individuals who are experiencing problems in their relationships. These counsellors offer counselling services on a voluntary basis and their work is supervised by FAMSA Western Cape staff. In this way it is hoped to extend FAMSA's outreach into communities and to support couples and families with relationship problems.

Each counsellor has a letter of authority to counsel under FAMSA's auspices. The names of the counsellors are attached for your information. They will mainly do crisis intervention and short term counselling work, and will refer clients to the appropriate organization when necessary. We hope you will publicize this project and support our counsellors in their valuable work.

We are in need of office space in order to do counselling in your area, and would be grateful if you would consider allowing us to use one of your offices for this purpose.

Thank you for your co-operation.

Yours sincerely

J Cooke (Mrs)  
COMMUNITY DEVELOPMENT CO-ORDINATOR

pp F van der Walt (Mrs)  
DIRECTOR

JC/st/avr (LettersK.doc (A))

This letter was send to the following people on 19/02/97:

Mr A. Jackson  
Child Welfare Society  
P O Box 18008  
**WYNBERG**  
7824

Ms T. Tickton  
Cape Mental Health Society  
Private Bag X17  
**OBSERVATORY**  
7935

The Director  
PAWC: Social Services  
Private Bag X14  
**BELLVILLE**  
7535

The Director  
PAWC: Social Services  
Private Bag X7  
**WYNBERG**  
7800

The Director  
Parent Centre  
31 Eden Road  
**CLAREMONT**  
7700

The Director  
SANCA  
P O Box 51362  
**CAPE TOWN**  
8002

The Director  
Safeline Child Abuse Unit  
66 Tarentaal Road  
**BRIDGETOWN**  
7764

The Director  
Rape Crisis  
P O Box 13110  
**MOWBRAY**  
7705

The Director  
NICRO  
P O Box 10005  
**CAPE TOWN**  
8000

**RE: CLIENT REFERRALS**

We would like to let you know that FAMSA Western Cape is involved in running a lay counselling project in the Khayelitsha, Lwandle, Guguletu, Langa, Crossroads areas in order to extend our couple and marriage counselling work into these communities.

15 Community members have received 10 four hour training sessions in basic counselling skills, marriage and divorce and domestic violence issues and grief counselling.

They have been awarded a certificate by FAMSA and are now members of the "Family Foundation" a project under the auspices of FASMA Western Cape for voluntary community counsellors. Ongoing group supervision and telephonic consultation is provided by FAMSA for these counsellors.

They will be involved mainly with crisis intervention and short term relationship counselling, and will be referring clients to the appropriate organizations should they require further assistance.

We would be very grateful if you would inform your Intake officer of the possibility of referrals to your agency by our Family Foundation counsellors.

A list of the names of the counsellors is attached for your information.

Thank you for your co-operation.

Yours sincerely

J. Cooke (Mrs)  
COMMUNITY DEVELOPMENT COORDINATOR

pp F. van der Walt (Mrs)  
DIRECTOR

# 5.C COUNSELLING REPORT FORM

**FAMILY FOUNDATION: WESTERN CAPE**

*Counselling Report Form: (Strictly Confidential)*

Counsellor's Name: .....

Case number:..... (FAMSA case number:.....)

Client's Name: .....

Date First interview: .....

Referred By: .....

Date Final Interview: .....

Presenting Problem: .....

Referred to: .....

MALE (Husband, single, father, step father, child) Please Circle	FEMALE (Wife, Single, Mother, Step mother, Child) Please Circle
1. Name: .....	1. Name: .....
2. Address: .....	2. Address: .....
3. Tel. number: Home: .....	3. Tel. number: Home: .....
Work: .....	Work: .....
4. Date of Birth: .....	4. Date of Birth: .....
5. Married / Divorced / Single with relationship or single without relationship: (Please circle)	5. Married / Divorced / Single with relationship or single without relationship: (Please circle)
6. Previous Marriage(s): .....	6. Previous Marriage(s): .....
7. Children & Ages: .....	7. Children & Ages: .....
.....	.....
8. Education: .....	8. Education: .....
9. Occupation: .....	9. Occupation: .....
10. Significant illnesses: .....	10. Significant illnesses: .....

**INTERVIEW NOTES:**

1. Summary of Problem: .....
2. Client's Feelings: .....
3. Counsellor's Feelings: .....
4. Comments on Process: .....
5. Result of Counselling: .....



2. **CLIENT'S FEELINGS:**

1. The client feels angry with her mother because she thinks her mother loves the other children more than her.
2. She feels lonely at home and abandoned by her mother who goes to her church every night.
3. She feels that the counsellor is taking the mother's side and therefore is resistant to her.
4. She feels threatened by the counsellor's contact with her mother.

3. **COUNSELLOR'S FEELINGS:**

1. The counsellor felt frustrated at first because it was very difficult to reach the mother to talk to her, because she was never at home.
2. She felt manipulated by the client at times.
3. She felt pleased that she had persisted and finally been able to contact the mother.
4. She felt angry with SANCO, because they did not listen to both sides. She was aware of these feelings, able to handle them through giving an opportunity to the mother to put her point of view so that both sides of the problem were eventually heard.

4. **COMMENTS ON PROCESS:**

1. There was a lot of resistance from the client initially.
2. The interaction with the mother was helpful to the situation.
3. The client was confronted by counsellor.
4. A problem-solving strategy was worked out with the client and the mother.

5. **RESULT OF COUNSELLING:**

1. The payment of the disability grant was monitored.
2. The client stays with the neighbour when mother is at work.
3. The mother began to accept her daughter's needs, and made plans to find time to be with her at home and do things with her.
4. The client is beginning to understand her situation and her illness a little bit better.
5. She is beginning to think about joining a support group where she would learn coping skills, etc.

## 5.F REVISED COUNSELLING REPORT FORM

**FAMILY FOUNDATION: WESTERN CAPE**

*Counselling Report Form: (Strictly Confidential)*

Counsellor's Name: .....

Case number:..... (FAMSA case number:.....)

Date First interview: .....

Referred By: .....

Date Final Interview: .....

Issue: .....

Referred to: .....

.....

MALE (Husband, single, father, step father, child) Please Circle	FEMALE (Wife, Single, Mother, Step mother, Child) Please Circle
1. Date of Birth: .....	1. Date of Birth: .....
2. Married / Divorced / Single with relationship or single without relationship: (Please circle)	2. Married / Divorced / Single with relationship or single without relationship: (Please circle)
3. Previous Marriage(s): .....	3. Previous Marriage(s): .....
4. Children & Ages: .....	4. Children & Ages: .....
5. Education: .....	5. Education: .....
6. Occupation: .....	6. Occupation: .....
7. Significant illnesses: .....	7. Significant illnesses: .....

JC/hk

**INTERVIEW NOTES:**

1. **Summary of Problem:** .....
2. **Client's Feelings:** .....
3. **Counsellor's Feelings:** .....
4. **Comments on Process:** .....
5. **Result of Counselling:** .....

**FAMILY FOUNDATION: WESTERN CAPE**

ISSUE	CODE		
Affair	A	Ill Health	I.H
Alcohol Abuse	A.A	Incest	I
Bereavement	B	Marital	M
Child Abuse	CA	Maintenance	Mt
Communication	C	Parenting	P
Depression	D	Remarriage	R
Divorce	Di	Sexual	S
Domestic Violence	D.V	Step Family	S.F
Drug Abuse	D.A	Suicide	Su
Family	F	Unemployment	U
Housing	H	Other	O

## 5.G TRANSLATED FORMS AND QUESTIONNAIRES



# FAMSA

WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
CAPE TOWN OFFICE • KAAPSTAD KANTOOR

RAMS  
Practice No.  
Praktyknr. 9011072

814 GROOTE KERK BUILDING  
GROOTE KERKGEBOU 814  
CAPE TOWN 8001 KAAPSTAD

Our Ref/Ons Verw:  
Your Ref/U Verw:

☎: (021) 461 7360  
Fax • Faks: (021) 461 9198  
Appointments • Afsprake: (021) 461 4228

### INFORMATION FORM FOR FAMILY FOUNDATION COURSE

PLEASE ANSWER ALL QUESTIONS

NAME: (Surname first): .....

ADDRESS: .....

TELEPHONE NO.: (Home) ..... (Work) .....

DATE OF BIRTH: .....

STATUS: (single/married/widowed/divorced) .....

CHILDREN: (Sex, Age) .....

HEALTH: (Rate yourself: Good; Average; Poor (if poor, please comment)).....

LANGUAGES: (Rate yourself: Good; Average; Poor)

	Reading	Writing	Speaking
English			
Afrikaans			
Xhosa			
Other (Specify) .....			

EDUCATION: (Academic qualification and year completed): .....

PRESENT OCCUPATION: .....

**HAVE YOU HELPED AS A VOLUNTEER IN YOUR COMMUNITY? IF SO -**

WHAT KIND OF HELP DID YOU GIVE?	HOW LONG DID YOU DO THIS?	FOR WHOM WERE YOU DOING IT?

**PLEASE TELL US ABOUT ANYTHING IN YOUR LIFE THAT YOU FEEL HAS MADE YOU INTO A PERSON WHO LIKES TO BE HELPFUL TO OTHERS:**

**YINTONI EBOMINI BAKHO OCINGA UKUBA YAKUNCEDA UKUBA UTHANDE UKUNCEDA ABANYE ABANTU?**

.....  
 .....  
 .....

**WHAT ABILITIES DO YOU HAVE THAT COULD HELP YOU BE A COUNSELLOR?**

**ZIMPAWU ZINI ONAZO EZINOKWENZA UKUBA UBEYI "COUNSELLOR"?**

.....  
 .....  
 .....

**DO YOU REQUIRE TRANSPORT TO AND FROM TRAINING SESSIONS?**

**YES: ..... NO: .....**

**IF YES, PLEASE STATE THE COST: R.....**

.....  
 SIGNATURE

.....  
 DATE

**P.S. IF YOU INTEND TO ATTEND THE TRAINING COURSE PLEASE HAND IN THIS FORM TO THE FAMSA OFFICE AT CATHOLIC WELFARE & DEVELOPMENT CENTRE, E505 SCOTT ROAD, KHAYELITSHA BY TUESDAY 30 SEPTEMBER 1997 BEFORE 4.00 P.M.**

FAMSA WESTERN CAPE  
FAMILY FOUNDATION COUNSELLING COURSE 1996

UKUZAZI (SELF-AWARENESS)

IMIBUZO NGOKWEEMFUNO, NAMANQANABA OBOMI  
(LIFE STAGES AND NEEDS QUESTIONNAIRE)





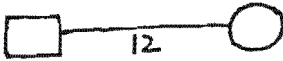









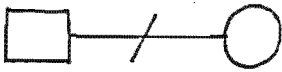
1. Chaza izinto zibentlanu ngokubhekiselele esiqwini sakho?
2. Chaza izinto onokuthi uggibelele ngazo, zibentanthu?
3. Ingaba ungomkhulu, omncinane okanye ophakathi ngokokuzalwa kokwenu?
4. Ukuba ungongakanani, ibuchaphazele njani ubomi bakho loo nto?
5. Cinga ngesiganeko/isehlo/intlekela eyakha yehlela usapho, okanye ikhaya lakho?
6. Abanye abantu ekhaya okanye abantakwenu bayamkela njani loonto?
7. Wena, walamkela njani oloo daba, wathini?
8. Ingaba wonke umntu ekhaya walamkela ngokufanayo okanye ngokwamlukileyo oolo daba?
9. Ngubani owafumana ubunzima obukhulu ukuya mkela loo meko?
10. Ngubani owakhawulezayo ukuyamkela nokuziqmelanisa naloo meko/oolo daba?
11. Zeziphi iinguqu, okanye iimeko, okanye iinzima ezakha zahlela ikhaya lakho/usapho lwakho kwiminyaka emihlanu edlulileyo?

12. Xa sele ucinga, zeziphi ezinye iimeko okanye intlungu enokuthi yehlele ikhaya lakho kwiminyaka embalwa ezayo?
13. Ngawaphi amalungu osapho anokuthi achaphazeleke nangakumbi yi meko/yintlekele leyo?
14. Ucinga ukuba ungenza njani xa unokuba ngumcedisi (counsellor) uzama ukunceda umntu owehlelewe yintlungu lintlekelela? - Ngokufanayo okanye ngokwahlukileyo kunoba wawenze njalo kwi famili yakhho?

***FAMILY FOUNDATION: WESTERN CAPE SUPERVISION / TRAINING  
EVALUATION AND FEEDBACK***

1. Kwezinyanga zintandathu zidlulileyo, uyifumanise injani ifamily foundation kunye nesupervision niyigroup?
2. Zinto zini ezibalulekileyo ozifundileyo?
3. Zeziphi zinto ozifumanise zinzima kuwe?
4. Zeziphi enzinye izinto ongathanda ukufunda ngazo kakhulu / ocinga ukufunda ngazo kakhulu?
5. Yintoni enothanda itshintshe kule nkqubo (supervision)?
6. Ubafumanise benjani abaququzeleli?
7. Yintoni ongathi iyitshintshile kuwe lenkqubo?
8. Ingaba ikhona enye into ofuna yongezwe?

**FAMSA WESTERN CAPE: FAMILY FOUNDATION COUNSELLING COURSE:  
GENOGRAM UMQONDISO**

1. Umntwana/umntu oyindoda 
2. Umntu wesifazane 
3. Umzekelo utata oneminyaka eyi 57 
4. Umama oneminyaka eyi 60 
5. Abantu abatshatileyo  
Umtshato wesinto  
Iminyaka sitshatile 
6. Isini ezingaziwayo 
7. Abantwana abane  
Ababini ngamadoda ababini ngamantombazana 
8. Ubuhlobo ubuliqilima 
9. Ubuhlobo obungacacanga  
Okanye uthando lwexesha elide olufutshana 
10. Umntu oyindoda osela utywala ngokugqithisileyo 
11. Umntu olibhinqa osela utywala ngokugqithisileyo 
12. Abantwana abangamawele 
13. Indoda eswelekileyo  
Inkwenkwe eswelekileyo 
14. Umntu ongumama oswelekileyo  
Ntombazana eswelekileyo 
15. Uqhawulo mtshato  
Okanye ukwahlukana 

## 5.H LETTER OF AUTHORISATION



# FAMSA

WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
CAPE TOWN OFFICE • KAAPSTAD KANTOOR

RAMS  
Practice No.  
Praktyknr. 9011072

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GROOTE KERKGEBOU 814  
CAPE TOWN 8001 KAAPSTAD

Our Ref/Ons Verw:  
Your Ref/U Verw:

Tel: (021) 461 7360  
Fax • Faks: (021) 461 9198  
Appointments • Afsprake: (021) 461 4228

### TO WHOM IT MAY CONCERN

This is to inform you that the bearer of this letter ..... is a member of the Family Foundation, a lay counselling project under the auspices of FAMSA Western Cape.

Family Foundation members have received a 10 - session training in counselling skills, in the area of family and couple relationship problems. They counsel people in the community with relationship problems under supervision from FAMSA. This is done as a voluntary service in the community, in order to provide these services during weekends or after office hours, when the FAMSA offices in Cape Town, Guguletu and Khayelitsha are closed.

They do primarily crisis intervention and short term counselling, and refer longer term cases, or cases with special needs, to the appropriate organization.

We would appreciate your support for our Family Foundation counsellors, and are happy to provide you with any further information during office hours at Tel. 461 7360 (Cape Town), 361 9098 (Khayelitsha) or 637 6706 (Guguletu).

Yours sincerely

.....  
J Cooke (Mrs)

SUPERVISOR  
FAMILY FOUNDATION

.....  
N Sigonya (Miss)

N Ntoyanto (Miss)  
SOCIAL WORKER  
(KHAYELETSHA)

.....  
Z Ntobongwana (Miss)

G Mandindi (Miss)  
SOCIAL WORKERS  
(GUGULETU)

.....  
FAMILY FOUNDATION COUNSELLOR

27 January 1997  
JC/st Famfoun (B)

# 5.1 REFERRAL FORM AND CALL-IN LETTER

5/4/11



**FAMSA** WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
CAPE TOWN OFFICE • KAAPSTAD KANTOOR

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Appointments • Afsprake: (021) 461 4228

FAMILY FOUNDATION (WESTERN CAPE)

TO WHOM IT MAY CONCERN:

I am referring this client/these clients.....(name)  
to your organisation for further assistance.

Thank you for your assistance.

Yours sincerely

.....  
FAMILY FOUNDATION COUNSELLOR

DATE:.....

pp F van der Walt (Mrs)  
DIRECTOR

## 5.J LETTER TO SA COUNCIL FOR SOCIAL WORK



# FAMSA

WESTERN CAPE • WES-KAAP

FAMILY AND MARRIAGE SOCIETY OF SA • FAMILIE- EN HUWELIKSVERENIGING VAN S.A.  
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Fax • Faks: (021) 461 9198  
Appointments • Afsprake: (021) 461 4228

FOR ATTENTION: Mrs Santie Pruis

30 July 1997

The Registrar: Dr J Lombard  
S.A. Council for Social Work  
Private Bag X2  
**HATFIELD PRETORIA**  
0028

Dear Madam

**RE: FAMSA WESTERN CAPE FAMILY FOUNDATION COUNSELLORS**

I am writing to ask the Council for Social Work to consider the possibility of registration as auxiliary social workers of the above-mentioned volunteer counsellors.

The background to the Family Foundation project which is a new one for FAMSA Western Cape, is that it was developed in response to needs expressed in local and peri-urban townships, for FAMSA to make its counselling and support services more accessible in these communities, both in terms of areas served and times of availability. At present four FAMSA social workers are attempting to meet the relationship counselling needs and do preventive public education work with the estimated one million people living in the Khayelitsha / Langa / Guguletu / Crossroads areas of Cape Town.

We took as our model for development FAMSA East Rand's Family Foundation project which has been training lay counsellors in the Boipatong / Vosloorus areas of the East Rand since 1992.

Over the past year we have trained 15 lay people who come from Lwandle (Somerset West), Khayelitsha, Crossroads and Guguletu, in a 40 hour counselling training course and six months practice compulsory supervision. The participants all have a minimum of Std. 8 education and fluency in written and spoken English. They include child care workers, teachers, social workers, lay and ordained ministers of religion, a nursing sister and unemployed housewives. At the end of the 40 hour training a certificate was issued, and a Family Foundation badge at the end of the six month supervision period to those who had fulfilled the requirements.

WO 1 02 0010  
FI/FR 08 80007 10006

Lid van die Gemeenskapskas van Wes-Kaapland • Member of the Community Chest of the Western

## 5.K LIFE CHALLENGES AND IDENTITY CONSTRUCTION

Illustrations of the Family Foundation training programme meeting life challenges being faced by members, and their need to extend their horizons and find emotional and educational support for these, taken from the transcribed text of training sessions.

### Session 3

**“What do people need from this group?”**

**Trainee:** “For me, time was a little bit short, seeming we closed the door for people to share, though I know time is limited, we need to spend more time sharing...even those who spoke were left “hanging”...because I think it (i.e. the Family Foundation), is something that is being moulded – that’s why we are here...that people cannot just go out of this without having experienced this” (i.e. sharing, experientially in the group) (my parentheses).

**Comment:** This comment suggests the need for space to “experience” and share feelings, and that this is the purpose and identity of the Family Foundation programme – which is therefore meeting the life challenge faced by most that there is no such space in their daily lives for this.

### Session 4

**Defining my identity as a Family Foundation counsellor**

**Trainer:** “One important aspect (trainee) raised is, “Can your counsellor be your friend?”

**Trainee A:** “No...but he can be the person you confide in, like a friend at home, somebody you trust, you believe in, you can say whatever you want. So...not maybe in the way the word “friend” means...”

**Trainee B:** “If you go to somebody for counselling, if you feel happy with that particular person, maybe that you can develop that relationship with somebody you can tell just delicate things to, but you can’t just at first...but you go bit by bit...at the same time you can maybe develop that counsellor to be a kind of friend”.

**Trainee C:** “I cannot be a friend with a counsellor. A friend for me – you don’t necessarily have to confide in me, it depends on the type of relationship you have. I can be friendly with you, but then not be sort of confidantes. I think a counsellor – if I’m a client I’m going there to ask, you know, for a certain professional kind of help. It’s my own choice – it doesn’t happen by chance, like a friendship does. And I develop a different kind of relationship...whereby that person will help me to help myself...but then I choose to confide in that person, because I realise that this person has got certain skills that I do not have, that my friends do not have. So I cannot be friends because this is a totally different kind of relationship”.

**Comment:** This illustrates the group debating the nature of their future identity and role as Family Foundation counsellors, and anticipating the likely challenge of being taken as a “friend” by clients, especially if they live in the same neighbourhood.

### Session 8

**Problems of the institution of marriage in the 1990’s**

**Trainee D:** “I’m going to talk about the marriage of today. The marriage of today, we don’t have the respect, and manners. Because my husband may get an affair, stay the whole weekend over, whatever he wants. We don’t have respect. Even the wife, she can have an affair, next door. I don’t know what’s happening”.

**Trainee E:** “To me, in our days marriage is also just a certificate. There’s no real marriage. The days before, like our parents, they used to have marriage. Because they used to have their problems, and they keep their problems. But today, if you’ve got a problem you go to the offices and get a divorce. So there’s no marriage – only a certificate to say there’s a marriage”.

**Trainee F:** "I would like to come to the topic of marriage today. It seems to me that it's like a business, because if you want to get something, the marriage is there. You can't get that something unless you can produce the marriage certificate. You see now I can go straight and marry a person so that I can get that thing".

**Trainee G:** "The women are very obsessive – that's what I would say. In the olden days, our daddies used to have affairs, but our mummies didn't worry that time. Because they know, he's a man, he's the head of the family, he can go and come back – they're happy".

**Group:** "NO! That's WRONG!" (Much contention and discussion, indistinct).

**Trainee H:** "It was because in those days, that party, that is my husband and the girlfriend, they were doing it very respectfully, not publicly. But these days the women will come to the house and tell me about the affair. In the days before, it's only my husband who's going to tell me about the affair, if he wants to. And I won't be seen outside for my husband's affairs. But these days she makes the point that I know about it. Sometimes the girlfriend comes to you and says "You're wasting your time – it's my husband too". And they're getting babies together"...

**Trainee I:** "For me, what I could say, we can't compare marriage of the 90's with the marriages of those years...we are no longer more traditional. Women of today are more educated, they are more empowered, they are more aware. 'Coz like, I would say years ago we women used to be obedient to our husbands even if they're doing things we don't like, and we were more dependent on them. But now it's precisely the opposite, because now if your husband is doing something you don't like you can go out and seek for another relationship. So what I would say...the difference between our marriages and the marriages of our grannies and our mummies – it's only that it's the change of society..."

**Trainee H:** "I think (regarding affairs), in the olden days they used to hide these things from the children you know, and these days we are just open. We didn't know about those "steps" – like "step-sister" or "step-brother" – but these days you know this is my step-brother – you know it's your brother. Keep quiet, you know it's your brother, that's all".

**Trainee J:** "Marriage has no quality because they don't know what is marriage".

**Trainee G:** "Today as women are more educated and have jobs, if he does this (i.e. have an affair), you can leave any time..."

**Trainee I:** "Today, mostly, we are bound by love, not by what we've got – 'cos I've got what I've got and he's got what he's having, so everybody's got the freedom to do what you want, but just because you've got one common thing, that you love one another, then you can stay in the marriage, you understand. That's what I would say".

**Trainee K:** "But love is lacking – people are not getting married for love. Love is something that will keep them together – it opens the way to discuss what has happened. But since there is no love, a slight mistake that takes place leads to divorce".

**Trainee G:** "But coming back...in the olden days mostly the girls didn't know their husbands, they didn't love them. But they're with the parents and come together, and they learn to love each other".

**Trainee H:** "I think in those days that love was very deep. Because you know that I loved him, he's my husband and I can't go anywhere. It's because marriage was not among two people, it was among two families. And today marriage is among two people. So if you've got a fight with your husband you may say "O.K. you can go out to wherever you want to, and I will also go to wherever I want to. And I won't go to my in-laws. But in olden days even if your husband has beaten you, you go to your in-laws. You know your security is there, with your in-laws. But not today...no..."

**Comment:** This discussion illustrates the extensive discussion there was in the group about the institution of marriage "in the 90's", as a certificate you can throw away with the relationship in divorce, as a business (to entitle you to get a house, etc), the vulnerability of wives to predatory modern women who parade their affairs with their husbands under their noses, the loss of the security of the old ways, and the respect and security – of a sort – it brought women. And the loss of an identity or meaning to marriage any more. The extent of the confusion and disillusionment in the group suggested that participating in the Family Foundation relationship counselling training programme was meeting a life challenge most faced in regard to marriage.

## MEMORANDUM

**FROM :** Libbi Downes: Faculty of Humanities  
**TO :** Sarah Daitsh: African Studies Library, Jagger Level 2  
**DATE :** 13 December 1999

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### **MASTERS DISSERTATION : ANDREW NORTH**

I enclose two copies of the following dissertation for lodging in the library:

**“CURRENT ACCOUNT SUSTAINABILITY: EVIDENCE FROM SOUTH AFRICA”**

Would you please acknowledge receipt of these copies

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**LIBBI DOWNES**