POLITICS AND EMOTION IN WORK WITH DISADVANTAGED CHILDREN

CASE STUDIES IN CONSULTATION FROM A SOUTH AFRICAN CLINIC

University of Cape Town

Kerry Gibson

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ABSTRACT

There are limited professional resources available to address the mental health needs of children in South Africa, most particularly Black children who have been historically disadvantaged in terms of their living conditions and their access to services. Community consultation has been offered as one solution to this problem, potentially providing a way of linking up the skills of mental health professionals with the knowledge and experience of those organisations already working closely with children from these communities. This thesis explores the social and psychological dynamics of consultation partnerships established between a psychological clinic and a variety of children's organisations. The research aims to develop a deeper understanding of the process of consultation by making visible the emotional and political complexities involved. This kind of work is usually informed by the broad principles of community psychology and carries a concern with the broader political context of mental health. Typically, however, this approach gives less consideration to the emotional dynamics of this kind of community work and the subtle forms in which they might appear during the intervention. In this research, the concepts of community consultation are expanded through psychoanalytic theories of group, organisational and social processes. It is argued that this set of theoretical ideas, although less commonly applied in this context, can helpfully begin to articulate important connections between emotional and political experience and shed further light on the limits and possibilities of the consultation process.

The focus of the research is a programme established by the University of Cape Town's Child Guidance Clinic, which aimed to provide consultation, support and training to organisations working with children 'at risk'. A number of long-term community consultation relationships were developed out of this. Three of these consultation relationships are described in this thesis in the form of case studies, developed within a psychoanalytically-oriented hermeneutic paradigm. Each case study analyses work with a different organisation, including a children's home, a community-based children's mental health service and a school for deaf children. A focus for each case study was provided through the accounts given by organisational representatives of their experiences of the consultation relationship and their perceptions of the organisation's needs within it. These perceptions were elicited through interviews, which provided a starting point for a broader exploration of the meanings assigned to the consultation relationship and the possible origins of these in the specific emotional and political dynamics of each organisation and each consultation relationship. This understanding was extended through the use of extensive file notes on the consultation processes, further interviews and group discussions. It also included my own reflections arising from my experiences as the co-ordinator of this consultation programme.

The analysis of the case study material illustrated the specificity of experiences and needs within each consultation relationship. Greater understanding of the needs of each organisation seemed to be achieved by considering the particular emotional needs of the group of children they worked with as well as the tasks that they identified, consciously and unconsciously, in relation to them. The emotional experiences of the client

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group seemed to shape the way that the staff of each organisation experienced their work. Each organisation carried ideas about what their work entailed, which reflected not only the rational primary task, but also institutional defences against anxiety, mediated through other features of the organisational environment. Organisations' phantasies about the nature of their work seemed, in turn, to influence the particular needs and disappointments within the consultation relationship. The consultants in each case found themselves drawn into the underlying dynamic of each organisation, a relationship to which they also contributed their own anxieties and preoccupations. While this kind of dynamic layering is a relatively well-established pattern within the psychoanalytic literature on organisations, this analysis draws out the ways in which the emotional processes also held political meaning and interacted with and reproduced some of the more painful political realities of our society. The insights taken from the case studies were used to reflect on and deepen the understanding of central concepts such as training, support and empowerment, which underlie the practice of community consultation.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

1.1.1 Addressing children's mental health needs

In South Africa, as in many low-income countries, mental health has generally received less attention than other pressing economic and political concerns (Desjarlais, Eisenberg, Good & Kleinman, 1995). Part of the neglect may be attributed to the scarcity of resources available to address mental health problems. Compared to developed countries, South Africa has fewer mental health professionals in the state sector, proportional to its population (Freeman & Pillay, 1997). While there are a growing number of psychologists and psychiatrists providing services in the private sector, they are generally inaccessible to most South Africans who cannot afford their high tariffs and do not have medical insurance (Foster & S. Swartz, 1997). Many Black[1] South Africans rely on state services, which, even in the post-apartheid era, have remained largely inadequate (Foster, Freeman & Pillay, 1997; Lund & Flisher, 2002).

The services available for children's mental health needs are recognised to be even less adequate than those available for adults (Milne & Robertson, 1998). In 1997, there were only six state-supported child and family units in the country and a few specialist adolescent units linked to academic hospitals (Dawes, Robertson, Duncan, Ensink, Jackson, Reynolds, Pillay & Richter, 1997). The ratio of child psychiatrists to South African children at the time was 1:1 million, about 30 times worse than the World Health Organisation's recommendation of 1:35 000 (Dawes et al.). There are no more recent statistics available, but it is unlikely that this ratio has altered much in recent years given the constraints on financial resources available to develop existing services (Biersteker & Robinson, 2000). There are about 1500 psychologists in South Africa but only about 20 % of these are employed in the state sector (Flisher, Riccitelli, Jhetam & Robertson, 1997). Further, as Dawes et al. (1997) note, it is not clear how many of those working in state institutions are actually involved with children, an area in which there is little specialist training available.

Traditionally, responsibility for child mental health is also carried by the welfare sector. Although fairly large numbers of social workers are trained in South Africa, Biersteker and Robinson (2000) note that

[1] The policies and practices of apartheid created race as a defining feature of people's lives in South Africa. Although the racial classifications I use through this thesis are clearly a product of social rather than natural processes, they may have fundamental effects on the experiences of groups and individuals. In this thesis I use the word Black to denote both African people and those classified as Coloured under apartheid. The former include people of indigenous African decent and the latter include those of mixed racial heritage sometimes including African, White, Malay and Indian people. The term Black was chosen to represent both groups who were systematically subjected to the prejudices of the political system.

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service delivery is impeded not only by a shortage of finance but also by a substantial backlog in services. Furthermore, with their broad scope of functioning, it is not clear how many social workers are actually engaged with mental health issues (Dawes et al., 1997). The other potentially valuable resource through which children's mental health needs might be met is the school psychological service. However, these services in education have never been well developed in historically Black areas and are undergoing major restructuring, which impacts on their effectiveness (S. Lazarus & Donald, 1997). While mental health resources have been generally insufficient in South Africa, the resources available for Black children are most especially so.

This lack of resources is especially problematic in a country where aspects of the social environment are acknowledged to be particularly detrimental to children's mental health. In spite of the transition to democracy, there are still a considerable number of social problems adversely affecting children's development in South Africa (Barbarin & Richter, 2001). In many areas, there are still very high levels of violence that impact negatively on children's development (Hamber, 2000; Higson-Smith & Killian, 2000). Poverty remains a major concern. Six out of every ten children are defined as 'poor' and potentially experiencing the mental health problems associated with this (Biersteker & Robinson, 2000; Pillay & Lockhat, 2001). Other inter-connected factors – like inadequate housing, schooling and health care – are also thought to undermine children's mental health (Dawes & Donald, 2000). These negative influences are more likely to affect Black communities, where they combine with the effects of long-term oppression and discrimination under apartheid (Pillay & Lockhat, 2001). While a number of South African authors (cf. Dawes & Donald, 1994; Dawes, Donald & Louw, 2000) have been concerned to demonstrate children's resilience in the face of these kinds of challenge, many still acknowledge that such conditions are likely to result in a greater number of psychological difficulties amongst these disadvantaged groups.

There are no conclusive epidemiological studies available on the incidence of mental health problems amongst South African children. But, using estimates from international prevalence studies and factoring in the risk factors noted above, it seems that the prevalence of such problems is likely to be at least 15 % and probably higher (Pillay & Lockhat, 2001). This estimate is supported by several small studies in local Black townships (Robertson, Ensink, Parry, Chalton, 1999; 2001). The likelihood of experiencing psychological difficulties is almost certainly greater amongst children who are particularly vulnerable through, for example, disability or illness, or through living in particularly violent or deprived neighbourhoods or through suffering major disturbances in family relationships. Children living in these kinds of difficult circumstances are often described as 'at risk' groups, suggesting their predisposition to current or future psychological difficulties (Dawes & Donald, 2000). In spite of their vulnerability, as Pillay and Lockhat (2001) have noted, it is likely that few of these children will have access to a professional mental health service when they need it.

The difficulties of meeting the mental health needs of children may not simply be a question of needs versus resources. The ubiquitous political system of apartheid had a profound effect on the structuring and functioning of the mental health system itself. There are many examples of how mental health and related services were seriously compromised by apartheid. A full discussion of these is beyond the scope

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of this thesis. However, it is worth noting that, like all social institutions, those involved in catering to mental health were racially segregated. They were also further fragmented between the various governing structures, including the 'homelands', required to implement the cumbersome apartheid machine (De Beer, 1986). There were visible resource disparities between the White and Black designated facilities. At the local psychiatric hospital in Cape Town, White patients lived in relatively comfortable accommodation while Black patients lived in old premises, badly in need of repair (L. Swartz, 1989). Fewer beds were allocated to Black patients in the psychiatric hospitals and their treatment was inevitably limited to custodial care and psychopharmacology (Freeman, 1992). There were reports of poor as well as abusive treatment in Black psychiatric hospitals (L. Swartz, 1989). Further problems of access and treatment were created by language differences. The fact that the mental health profession was dominated by Whites who did not speak an African language or understand African cultures may have further hindered the treatment of Black patients (Drennan, 1998; L. Swartz, 1999). Outside the psychiatric hospitals the situation was equally distorted in favour of Whites. Welfare subsidies were based on race, with White people being subsidised at higher rates than Coloured or African people (Mamphiswana & Noyoo, 2000). The apartheid government also avoided having to provide resources for Black people with mental handicap by ensuring that the laws governing service provision referred only to Whites. There was thus no legal recognition for Black people to be diagnosed as mentally handicapped (Foster, 1990). In Black schools it was not uncommon for disabled children to be left year after year in the same class without any specialised input, or to be excluded from schooling altogether (Donald, 1994). Not surprisingly, Black people have historically experienced mental health services as inaccessible and have regarded their personnel with a degree of suspicion (Mkhize, 1994). So it seems clear that Black mental health problems are a product not only of lack of resources but of misuse and distortion in the use of the limited resources that were available.

Since the transition to democracy in 1994, many of these discriminatory conditions have been addressed at policy level (see Foster, Freeman & Pillay, 1997 for descriptions of some of these shifts). It is not clear how rapidly or slowly these policies have been able to transform the culture of mental health institutions and their everyday practices. However, there are suggestions that change may not be as rapid or as complete as expected (I. Petersen, 2000; Pillay, 2001). Like many other social institutions, they may be struggling to negotiate aspects of their role and identity through a confusing transitional period of South Africa's history (Nuttall & Coetzee, 1998). It may thus be important to address not only the problem of resources but also the structure and functioning of mental health institutions and practices, which have been shaped by their history under apartheid.

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1.1.2 The extension of the mental health network

Increasingly it is recognised that the mental health infrastructure of any society extends well beyond clinics and hospitals, psychiatrists, psychologists and social workers. Organisations like schools, youth clubs, children's homes and the staff within these may potentially play a very important role in meeting children's mental health needs therapeutically and preventatively (Dawes & Donald, 2000). Whether in fact their work is consciously engaged with the mental health of children or not, this micro-system may provide emotional protection for the child through psychologically sensitive care. While the potential of these organisations to be integrated into a holistic mental health system has been recognised in many parts of the world, in South Africa this process has happened partly in response to the resource problems and inadequacies already described. An informal mental health infrastructure began to develop through existing organisations (state or private) taking on additional tasks or through newer non-governmental organisations developed particularly to address areas of need (Parekh, McKay & Petersen, 1997). These organisations filled a major gap in the formal mental health services, taking on the often heavy burden involved in addressing children's emotional needs and responding to their psychological distress.

Although it is difficult to make general claims that apply to all the different organisations that contributed to meeting mental health needs, many (and certainly those referred to in this study) were particularly concerned with the needs of Black children. They were mainly located in Black areas and were often, but not exclusively, staffed by Black workers. In this sense, they seemed to represent an alternative to the stranglehold of White domination in the formal institutions. Although limited in their activities by the broader influence of apartheid, a large number explicitly identified themselves with progressive concerns and some developed a strong identity as part of the anti-apartheid movement (Parekh et al., 1997). Others occupied a more ambivalent position in which they received some state subsidisation and were less free to express dissent. As Parekh et al. (1997) suggest, these organisations simply tried to 'stay out of trouble' during the apartheid era (p.129). Because of continued lack of resources in this post-apartheid era, many of these organisations continue to take considerable responsibility for mental health (Parekh et al., 1997). However, the role they play has not always been sufficiently acknowledged. Their marginal position in relation to the mainstream of mental health policy and service has resulted in relatively less attention being paid to their contribution as well as to the needs and concerns they may have in relation to this work. It is also not clear how or whether their work might have been affected by some of the broader social and political changes that are a part of the context of mental health in South Africa.

There are suggestions that South African organisations involved in human service work may be working under very demanding conditions. Many carry the burden of inadequate resources (Parekh et al., 1997). They frequently struggle with basic funding needs and often lack the specialist support they need to address children's mental health needs, especially when these are in addition to a range of more pressing material or physical needs (L. Swartz, 1998; Gibson & L. Swartz, 2000). Many of the teachers, child care workers, nurses or volunteers who work in these organisations may also be trying to attend to children's mental health

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in addition to other arduous tasks. Even where there is an explicit focus on counselling, they may lack formal training in this area or be insufficiently trained for the difficulty of the work (Maw, 1996; L. Swartz & Gibson, 2001). The combination of these pressures often results in workers experiencing not only difficulties in being effective but very high levels of personal stress (Gibson & L. Swartz, 2000).

It is widely acknowledged that working with children may be rewarding but is also often emotionally more taxing than adult work (Chethik, 1989). It becomes particularly hard when dealing with children who are experiencing difficulties of one kind or another. It is these groups of children who are often the explicit target of the work of human service organisations – for example in mental health projects, or less directly through children's homes that deal with abandoned children, or schools for the mentally or physically handicapped child. Many human service workers, regardless of their qualifications and experience, will find such work extremely hard as they are forced to confront, on an ongoing basis, the pain and distress these children convey directly or indirectly (Gibson & L. Swartz, 2000; Trowell, 1995). Of course it is these same children who may be most in need of emotional support and protective care from the adults responsible for them.

Human service organisations have an acknowledged potential to make a positive impact on the mental health of children in their care, simply by providing what has been called 'responsive' caring (Dawes & Donald, 2000) as well as more specific intervention appropriate to their domain of work. However, to do this they may need to receive additional help themselves. It has been suggested that human service workers would be in a much better position to provide supportive care if they got on-going support from mental health professionals (Orford, 1992). This support is often envisaged to include training, advice and supervision to increase mental health skills and to provide information that may assist workers to deal with particularly difficult children. Providing emotional support to human service workers has also been identified as being extremely important in bolstering their capacity to manage the emotional demands of their work (Obholzer & Roberts, 1994; Rifkind, 1995). The various combinations of these services by professionals can be grouped under the general heading of 'consultation'.

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1.1.3 A new role for mental health professionals

Using mental health professionals as consultants rather than as direct service providers may represent a solution to resource problems in child mental health. It may also offer mental health professionals the opportunity to shift their practice in important ways. In the discipline of psychology, which is the focus of this thesis, there has been increasing pressure on psychologists to bridge the divide between their professional practices and the needs of Black communities. In this context, one of the central questions has been about the 'relevance' of psychology beyond a relatively small, White middle-class grouping who have been the most common recipients of individually focused clinical services (Foster & S. Swartz, 1997). In its conventional form, clinical psychology has been criticised for being elitist and individualistic, culturally inappropriate for the South African context and, not surprisingly, also racist

(Dawes, 1985; 1986a; 1998; Foster, 1991; S. Lazarus, 1988, M. Seedat, 1998). In response, there have been many attempts over the past years to try to adapt psychological practice to make it not only more accessible, but more responsive, particularly to the needs and wishes of disadvantaged Black communities (see Donald, Dawes & Louw, 2000 for examples related to children). Many of these attempts have drawn from ideas developed within the field of community psychology, which was often positioned as a direct critique of more conventional modes of practice and concerns of the discipline. From this perspective, it was seen to be important to address not only the needs of Black communities more effectively but to involve these communities in thinking about how best to work with mental health problems.

In this context, there seem to be many advantages to psychologists entering into 'partnerships' with human service organisations. Not only could this be seen as a way of maximising scarce professional resources, but it also allows psychologists to work with organisations that may have more knowledge about the largely Black communities they work in. This would give them better access to the intended client group. Although drawing partly from conventional practices of mental health consultation (Caplan, 1970), these attempts to establish partnerships with organisations working within Black communities, were overlaid by many of the fundamental tenets of community psychology. Most often, the intention was to use the consultation relationship to develop the organisation's capacity to address mental health issues. This practice draws from the well-known community psychology dictum of 'giving psychology away' (Miller, 1969 cited in Orford, 1992). The object is to make knowledge and support available to those working in closer proximity to disadvantaged communities in order to develop their capacity to attend effectively to the mental health needs of their clients (Orford, 1992). In keeping with other initiatives aimed at 'empowerment', the intention is also to strengthen the organisations themselves and to extend their capacity to work with, and for, the interests of their local communities. In addition, this approach is intended to address concerns about the appropriateness of professional psychology for the needs of disadvantaged communities. In this model, the human service organisations play a pivotal role as a kind of 'cultural mediator'. Based within their local community and often partly staffed by members of this same community, they are thought to be able to translate the psychologist's ideas into forms appropriate for the needs of the broader community within which they work (L. Swartz, 1998). This kind of practice has the potential to deal with some of the difficulties associated with language in a country with 11 official languages (L. Swartz, 1998). 2 in both the field of mental health consultation and community psychology give it the label of 'community consultation', which I use throughout this thesis.

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1.1.4 Community consultation

Human service organisations working with children in South Africa may well be able to benefit from psychological support and training provided through the kind of community consultation described in the previous section. This model may also allow psychologists to make their practices and ideas more accessible and useful. However, concepts like 'support', 'skills sharing' and 'empowerment' on which this model, and indeed much of the broader field of community psychology, is based are not always well articulated as practical constructs. More importantly, experience of this kind of work often belies the neat logic of this kind of 'partnership'. Consultation relationships are far more complex than might at first appear, seeming to be subject to a variety of powerful but not always well understood dynamics and processes (Gibson & L. Swartz, 2000). As some practitioners have been brave enough to acknowledge, there is often a sense that the success or failure of these 'partnerships' seems quite unpredictable (cf. L. Swartz, Gibson & Gelman, 2002, for psychologists' accounts of their difficulties in this work).

As an important alternative to ideas about the supposed neutrality of mental health practice, community psychology has generally emphasised the political influences on the relationships between professionals and communities. Inequalities in power – in the relationship as much as in broader society - are often treated as the source of many difficulties and addressing these are the explicit aim of most interventions (Rappaport, 1977; Rappaport, Swift & Hess, 1984). These issues have also been the subject of much local consideration. Various authors have recognised that partnerships of this kind cut across the racial, cultural and class lines in this highly divided society (Long, 1999; Maw, 1996; Mogoduso & Butchart, 1992; M. Seedat & Nel, 1992; L. Swartz, 1998; Terre Blanche, 1994). Understanding the political context and its inevitable effects on both the human service organisations and the process of community consultation is clearly an important starting point for any attempt to transform mental health. In political analyses, the bias is often towards the broader social structure as an explanation. There seems to be a gap in understanding about the way in which broader social issues play themselves out in the micro-structures and relationships of human service organisations and in the consultation relationship itself. Understanding this may be particularly important in this post-apartheid period in which it has become increasingly clear that policies and laws cannot always account for the ways in which social problems and the political climate are reproduced or transformed at lower levels of society.

Local research in community psychology has also begun to highlight the way in which emotional processes may be a more fundamental part of human service work and of these partnerships than the conventional literature on this area has been inclined to suggest (Gibson & L. Swartz, 2000; Long, 1999; Maw, 1996). In contrast to community psychology's emphasis on political aspects, this recent work has begun to highlight the powerful emotional responses that seem to dominate the activities of community consultation. The suggestion that emotion and irrationality may have a significant part to play in this kind of work points to the usefulness of a very different body of knowledge. A psychoanalytic

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understanding of social life has been less commonly applied to an understanding of processes in the field of community psychology. It may, however, have the potential to open up a fuller understanding of not only the emotional tone of the consultation relationship but also political aspects of the relationship, which may be less rational and less well understood by both parties.

1.1.5 The needs of those who work in disadvantaged communities

The subtle dynamics of the consultation relationship clearly involve contributions from both the human service workers as well as the consultants. While community psychology has typically been concerned with the views and interests of the recipients of their interventions, the literature still seems to be dominated by accounts that reflect experiences of the psychologists themselves (see M. Seedat, Duncan & S. Lazarus, 2001a, for example). In the consultation relationship, however, there can be no doubt that the experiences and views of human service workers are central in the complex matrix that make up any consultation relationship. To gain a better understanding of whether and how community consultation can be helpful, it would be important to develop a more detailed understanding of the emotional experience of the relationship and the meaning it holds for the client organisation. A starting point is to understand more fully the expectations that human service organisations have of psychologists in a consultation relationship and how they envisage that their needs might be met within this.

Against the background of the broader field of South African mental health, this research aims to explore human service workers' experience of their work with disadvantaged children as well as their relationship with the consultant psychologist. It attempts to explore the kinds of need that workers might experience in this relationship and what this means for the value they assign to it. Through this, I also hope to be able to offer a deeper and more practically grounded understanding of some of the conceptual assumptions on which community consultation rests, and explore the implications for psychologists of their attempts to make their practices more relevant and accessible to disadvantaged communities.

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1.2 Aims and Context of the Study

Since the early 1990s, the Child Guidance Clinic at the University of Cape Town has offered on-going community consultation services to a wide range of local organisations involved in working with children and families who are disadvantaged, not only in terms of their living circumstances, but in most cases by a heavy burden of psychological trauma. These organisations cater for the needs of various groups including physically and mentally handicapped children, abused and abandoned children, children with learning problems and others who have been exposed to less specific, but no less traumatic circumstances. The explicit aim of this consultation work was to offer support and psychological skill to organisations which, although dealing with groups who had good reason to be psychologically distressed, often had very limited formal training in mental health and few external resources on which they could draw. The object was ultimately to improve the capacity of these organisations to attend effectively and

sensitively to the psychological needs of the children under their care and to advocate more effectively on their behalf. The consultation relationship between the organisation and the Clinic was intended not only to provide relevant psychological training but also on-going support in their often very emotionally demanding work.

As co-ordinator of this programme from 1994 to 2000, I was involved in developing the model of community consultation as well as helping to set up and support the staff and students who provided the consultation services. A major part of my function was to work with staff on evaluating the programme and, through this, to refine ways of thinking and practicing in the field. Although aspects of this programme have been evaluated both internally and externally over the years (cf. Gibson, 2000 for a brief review), there remains a great deal to be understood about if, or how, it works. These questions were important for our particular project, which was developed partly to test the efficacy of this form of out-reach work as an alternative to more conventional psychological practices. Reflections on our own work were also obviously linked to broader concerns in the field of community psychology about the capacity of professional psychologists to meet the needs of Black communities in the aftermath of apartheid.

Evaluation is clearly a complex and multi-faceted process (Louw, 2000). However, in addition to various objective indicators of change, I was also interested in finding out whether the workers within our client organisations found our involvement helpful and how they interpreted their own needs in relation to what we could offer. This approach is generally considered to be one of the established practices within evaluation research. Staff of an organisation may be asked whether they felt that the intervention had met their needs and the consultants might equally be asked whether they had achieved what they set out to do. The apparent simplicity of questions glosses over the complexity of knowing what it is that was needed or is being responded to from different vantage points in a multi-faceted process. Certainly our own experience was that when we asked workers how they had experienced our involvement, their answers often made sense only in the context of the complex dynamics of the relationship we had developed with them. It seemed to me that hidden in the answers to the obvious questions about whether people's needs or expectations had been met was a complex network of underlying motives and assumptions. These in turn seemed to carry powerful emotional and political meanings that themselves needed to be understood.

During many conversations and formal 'needs assessments' that we conducted with members of the organisations we worked with, it seemed that we were being told less about an objective, rational and transparent set of needs that we should respond to and more about the myriad of apparently unconscious purposes which this relationship was intended to serve for the organisation. These accounts of their hopes and expectations also seemed to carry other powerful emotional responses that we had experienced in a variety of ways during the consultation relationship. This opened up the possibility of using the workers' expressed views on their needs, expectations and experience of us as a key to understanding more about the consultation relationship. By situating these accounts against the broader context of the consultation process, it may be possible to tap the systems of meaning that lie behind their views and the

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emotions that accompany them. Through this, it may be possible to deepen an understanding of the emotional and political complexities of the consultation process.

In essence, the research discussed in this thesis aims to open up an important link in the consultation process by exploring ways in which key members of local organisations might interpret their own work situation as well as their needs in relation to the psychologist and their experience and expectations regarding the psychologist's role contribution. The set of related questions that provide the descriptive foundation for the analysis might be set out as follows:

1. How do human service workers understand and interpret the psychological needs of the children they care for?
2. What kinds of need and difficulty do they experience in their work?
3. What do they feel they need from the consultation process and how have they experienced our involvement thus far?

These relatively straightforward questions are only a starting point for exploring the meanings and motives that might lie behind the answers. In particular, I hope to show through my analysis the complex and emotionally laden interaction of personal, relational, organisational and social circumstances, which appears to drive the needs and interpretations of psychological work; as well as the less consciously influenced concerns revealed through this.

To access something of the specificity and variation that might produce differing needs and interpretations of community consultation, I have chosen to explore these issues through three case studies. The studies, taken from the Clinic's on-going work with organisations, are designed to offer a detailed insight into a particular set of psychological needs and expectations and their purpose within the specific context in which they occur. The core of this analysis is provided by interview material drawn from key representatives of the organisations. This material will be supplemented by other sources, including my own experience, which will help to construct a fuller understanding of the consultation process. This will provide the foundation for detailed analysis of the dynamics of each consultation relationship. In this I will use the lens of community psychology to elucidate some of the political dynamics of the consultation relationship. Drawing also from psychoanalytic ideas, I hope to extend this understanding to incorporate some of the more emotional and unconscious contributions to this process.

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1.3 The Structure of the Thesis

The second chapter of this thesis situates the research question against the background of broader issues of significance to psychological work with disadvantaged communities in South Africa. In this chapter, I explore key developments in the area of community psychology and review some of the interpretations that might inform an understanding of the psychologist's role. I also examine the origins of consultation work and its transformation into a form of community practice in South Africa.

The third chapter outlines the psychoanalytic approach to consultation work that helps to provide the framework for the analysis of case material. This framework is constructed through several different areas within the broad field of psychoanalysis. In creating a set of suitable tools for my analysis, I have drawn from new developments in relational theory and put these together with theories that attempt to use psychoanalytic ideas to explain organisational processes. I have also drawn from the developing body of knowledge in psychoanalytic thinking, which attempts to apply itself to the study of social and cultural phenomena.

In my fourth chapter, I provide a more specific context to my research through a detailed description of the consultation programme in which it was conducted, including the theoretical underpinnings of this approach as well as a reflexive account of its development. The first three chapters in combination provide the theoretical framework for my study and feed directly into the approach I adopt in my methodology.

The fifth chapter outlines the methodology used in my research. Here I justify my choice of a qualitative approach and the use of case studies to explore and illuminate the psychological needs the representatives of community organisations might express in the context of their broader experience of the consultation relationship.

The following three chapters each describe and analyse a case study and together constitute the empirical basis of my research. Each chapter describes a consultation relationship with a different organisation: a children's home, a mental health project and a school for the deaf. In each I explore the way in which the workers experience their own work situation, their needs and experience of the consultation relationship and the consultants' response to these. The final chapter draws out common threads from the case studies and highlights ideas that may be significant for psychologists in understanding their relationship with those who work in community based organisations.

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CHAPTER TWO

COMMUNITY PSYCHOLOGY AND CONSULTATION

2.1 Introduction

In this chapter I outline some of the ideas and debates in the field of community psychology and discuss consultation as a particular form of intervention. The main purpose is to provide background and conceptual tools for my analysis of the consultation case studies. I hope to identify helpful ideas for the practice of community consultation as well as to suggest areas where there may be room for alternative or additional explanations from outside the field. I begin by outlining briefly the central beliefs underlying the broad field of community psychology. I then locate community psychology within its specific historical place in South African psychology. Then I discuss some of the central assumptions of community psychology and describe special considerations in relation to consultation work with children's organisations. Finally I discuss the significance of accessing and responding to 'community needs' within this approach.

2.2 An Introduction to Community Psychology

Most standard textbooks on community psychology begin by asserting the key principles that are said to inform this approach (see for example Levine & Perkins, 1987; Orford, 1992). These vary slightly from one text to another, but often include the following inter-related ideas:

- the need to understand a person in context;
- the need to recognise that the psychological problems of individuals often have their roots in the broader society;
- a focus on addressing these root causes of psychological difficulty through changes to the context;
- a focus on prevention rather than cure and/or an emphasis on social change;
- a preference for group, organisation or community based forms of intervention;
- a broader role for the psychologist, including diverse practices such as consciousness raising, advocacy and social upliftment;
- an identification with the concerns of the socially and politically disadvantaged members of any society.

In spite of this apparently coherent set of principles, the overwhelming impression gained by a review of the literature in community psychology suggests considerable variation in the way different writers interpret these ideas and how they envisage them being implemented. Beyond scepticism about the value of more conventional forms of psychology (Orford, 1992), there is little in the way of a coherent theoretical framework or set of practices that unites community psychologists. This may be, in part, because community psychologists tend to prioritise practice above developing theoretical models (Rieff, 1977). The diversity of perspectives also identifies important areas of debate in the field. These debates help to structure the discussion in this chapter.

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There have been attempts to classify the varied approaches in community psychology. Mann's (1978) distinction between the mental health model and the social action model has remained one of the most frequently cited. The first model focuses specifically on mental health problems and practitioners prioritise prevention in a fairly narrowly defined way (for example, preventing relapse in psychotic patients). This approach is concerned to make mental health resources more available to those who need them. The social action model is often described as a more radical alternative. The community psychologist seeks to address the social and political conditions of a politically defined community. Typically, this might be through mobilisation of the community, lobbying or other forms of activism. Objectives include improving the well-being of people, empowering them politically and encouraging social change. The polarisation of these two models provides Rappaport (1977) with his crucial distinction between models of community psychology that focus on social problems and those that focus on social justice. The social justice approach targets not individuals but structures of society that create human misery. For him it is only this activity that deserves the label of community psychology. In practice, very few practitioners could easily be located or would locate themselves solely in one or other model. Nonetheless, this distinction between more conservative and more politically radical approaches in community psychology provides a helpful starting point in considering literature in this area.

In understanding the different views in the field of community psychology, it may be useful to acknowledge how ideas have been shaped by the social context in which contributors are writing. Although theoretical developments are always shaped by social demands, the unique responsiveness of community psychology to contextual issues may make it particularly malleable. There are thus quite diverse visions emerging in different parts of the world. Community psychology was said to have originated in the United States in the 1960s (Levine & Perkins, 1987) where it remains a recognised model of practice. Since its beginnings, however, it has undergone transformations in its development in Britain (Orford, 1992), in Europe (Francescato & Tomai, 2001) and in Latin America (Wiesenfeld, 1998). Community psychology in South Africa has been influenced not only by these different approaches, but also by our own particular contextual demands. There may be value, in any review of the field, to remain aware of the diverse context(s) in which conceptualisations in the field of community psychology have arisen as well as the different environments in which they might find a use.

The considerable variation within the field of community psychology makes it difficult to do justice to its theories or practices in this thesis. It is even difficult to offer a reasonable account of its history and development that does not beg questions like 'whose history?' and 'which developments?'. I will thus explore only specific areas within the field that inform the questions of my research. In terms of this, I will focus on the development of community psychology in South Africa and examine concepts that seem to have direct bearing on the model explored in this thesis.

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2.3 The Development of a South African Community Psychology

Community psychology is generally recognised to have emerged most strongly in South Africa during the 1980s. During this time, as Foster (1986) notes, psychology reacted to a 'political crisis', which manifested in countrywide protests against the apartheid government and its symbols. These political events have been documented in popular, historical and political texts (Mayekiso, 1996; Seekings, 2000; Sparks, 1994) and are only briefly sketched here. Regular upsurges in violence had of course been seen throughout the apartheid years (amongst the best known are the Sharpeville massacre in 1960 and the June 16 uprising in 1976). In the 1980s, however, both protests and violent repression seemed to occur on an unprecedented scale and much more visibly. A state of emergency was declared in June 1986, giving the government far-reaching repressive powers (Seekings, 2000). Between then and the transition to democracy in 1994, there was an intensification of both the 'struggle' against apartheid and the state's increasingly violent attempts to subdue it.

Although statistics on violent incidents during this period may not be accurate due to the circumstances in which they were collected, they provide some indication of the extent of political opposition and repression. More than 30 000 people were estimated to have been detained between June 1986 and 1987, including 10 000 children (Foster, Davis & Sandler, 1987). Torture and other forms of abuse were common experiences for many detainees (Foster et al., 1987). In a longer period between 1984 and 1993, more than 15 000 people died as a result of political violence (Kane-Berman, 1993). Although the security forces were responsible for many of these deaths in the 1980s, conflict between rival political groupings and vigilantes in the latter part of the decade and the early 1990s accounted for a significant number of deaths (Coleman, 1998). Much of this violence was extremely visible, even to Whites who had often been shielded from violence by their geographical separateness from the sites of conflict. Protests against apartheid were not uncommon even in designated White areas. As townships became increasingly dangerous, White churches and universities used their relative freedom to host and participate in protest action (Shefer & Hofmeyr, 1988). Universities particularly became increasingly politicised and professionals and academics witnessed and participated in unprecedented protests (L. Swartz, Gibson & S. Swartz, 1990; Hayes, 2000).

The sheer extent of human suffering under apartheid could no longer be ignored by psychologists who, for the most part, had historically been distanced from the political concerns of Black South Africans. This precipitated a crisis for South African psychology. Foster wrote at the time:

> ... the fierce nature of a struggle for a full democratic society will leave little room for the comforts of a 'neutral' stance. In the absence of a clear vision of appropriate practices, it seems that only through the cut and thrust of involvement with the struggles of a developing democracy, will the 'isolated' discipline of psychology begin to carve out the foundations of a practice which contributes towards the real, not imagined, social arrangements in which full human lives may be lived. (1986, p. 65)

Foster and others (like Dawes, 1985) argued that the psychologists had to take a moral stand against apartheid and were critical of the so-called professional neutrality of some in this profession. Political

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tensions within psychology itself were hardly surprising given that as a discipline it had been strongly associated with the interests of apartheid at various times (L. Swartz et al., 1990). Like most professions in South Africa, psychology was numerically dominated by Whites, who had benefited from the privileged educational opportunities of apartheid[1]. Nonetheless, a relatively smaller group of progressive psychologists, both White and Black, began to associate themselves with the growing anti-apartheid movement initially under the banner of the United Democratic Front and, later, the Mass Democratic Movement (Hayes, 2000). Both were broad alliances of organisations of different political persuasions who found common purpose in opposing apartheid (Seekings, 2000).

With many other professional groupings, psychologists began to organise themselves around political issues, forming two main groups that situated themselves outside of the established profession. The Organisation for Appropriate Social Services in South Africa (OASSSA) and Psychologists against Apartheid were both formed in the mid-1980s as a product of the politicisation of psychology (L. Swartz et al., 1990; Pretorius-Heuchert & Ahmed, 2001). Ironically, while both declared themselves to be anti-apartheid and non-racial, there was no doubt that OASSSA was a largely White organisation and the second group was mainly composed of Black psychologists[2]. Not surprisingly, both organisations focused their attention on the mental health effects of the highly visible political violence. This became an important tool in the 'struggle' as psychologists' reports of post-traumatic stress disorder received international coverage and helped draw attention to unfolding events (L. Swartz et al., 1990). The fate of children, in particular, became a rallying point through campaigns like Free the Children, which focused on detained youth (Straker, 1989). Progressive psychologists not only used their professional knowledge to comment on the effects of violence, but also attempted to provide a service to people who had been traumatised by repression. Their interventions included short term counselling for those in crisis training of lay counsellors specifically to work with released detainees, and workshops with political, labour and welfare organisations, typically around issues such as stress and trauma. This kind of work constituted the beginnings of a practice out of which local understanding of community psychology evolved.

As these practices were evolving, debate about the general role of psychology grew. It was focused primarily on the 'relevance' of its theories and practices in the South African context. Debates on these subjects took place in a range of places, but most particularly in a journal called Psychology in Society (PINS), which was developed by a small group of psychologists based in universities, to address just these issues. Editorial membership of this journal overlapped substantially with that of the progressive organisations noted above (and included myself who was a member of both PINS and OASSSA). Articles published here and elsewhere expressed real concerns about the position of psychology in South Africa. These debates in some ways mirrored the more general crisis in psychological theorising internationally (Henriques, Hollway, Urwin & Walkerdine, 1984). There were, however, more specific concerns about the

[1] Education was segregated through primary and high schools as well as universities. The better-resourced universities were in White areas and accepted Blacks on a quota system.
[2] I was an executive member of OASSSA and recall this information from my own knowledge of the two organisations.

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way in which ideas in psychology had helped to rationalise racism (Vogelman, 1986), upheld the interests of capitalism (Cloete & Pillay, 1988) and operated and supported a mental health system reflecting the divisions and inequities of apartheid (Vogelman, 1986, de Beer, 1986). The latter was particularly problematic insofar as it compromised many psychologists who continued to work and train within the state psychiatric system.

There were also concerns about limits of psychological theorising to begin to address the problems of South Africa. At the extreme were those who argued that psychologists required 'almost total commitment to the struggle and this commitment has to be reflected in all actions' (Anonymous, 1986, p. 87). For this author, psychological theorising was of secondary concern when weighed against the more pressing commitment of loyalty to a political position. Other debates echoed international concern about the need for psychology to recognise the role of society more fully and to move away from the individualised conceptions that dominated mainstream thinking (Dawes, 1986a, Hayes, 1986). That the psychological impact of political structures and events on people's lives in South Africa was highly visible at the time, made these arguments particularly powerful. Kovel (1990), who attended a conference here hosted by OASSSA, acknowledged the pressures and opportunities this created for South African psychologists saying, '... because your society is to a much greater extent engaged in active struggle, so that politics is much more of a living issue for you than it is for us. Undoubtedly this has to do with the fact that the brutality of the system is so much more exposed here than in the US' (p. 14). In his view, this opened up a valuable space within which psychology could be critiqued and challenged in a meaningful way.

Local debates also focused on the 'inappropriateness' of Western based models of psychological understanding and intervention (Anonymous, 1986; Dawes, 1986a; Nsamineng, 1993, amongst others). Some of these arguments seemed to be based on a general resistance to the idea that 'outside' models should be adopted. This was perceived as a kind of intellectual colonialism (Anonymous, 1986). Writers also expressed a concern for the cultural incompatibility of psychological theories with local understanding (Dawes, 1986a). There was an awareness that many Black people did not access mental health services, not only because these weren't economically or physically accessible, but also because these services were regarded as irrelevant and alien to their understanding of emotional experience (L. Swartz 1998). Some of these criticisms dealt with the cultural divisions of not only race, but also of class. As the anonymous author quoted previously put it: 'Euro-centric theories of human behaviour can never be relevant to South Africa when the majority is still concerned with "'bread and land" issues' (p. 83).

Turton (1986) similarly presented class incompatibility as the primary reason for the failure of a new counselling service in a Black working-class area. This emphasis meshed well with the Marxist orientation of much of the political protest and coincided with a 'non-racial' political position. Defining class as opposed to race as the fundamental division in society served an important function in uniting different groups against apartheid, and represented a principled stand against apartheid's construction of race as both 'real' and naturally divisive. The tendency to minimise the significance of race sometimes resulted in

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insufficient attention being devoted to its significance. As L. Swartz (1996) noted, some versions of South African progressive psychology seemed to reflect a lack of serious engagement with the influence of race and culture.

Linked to a broader awareness of the way that power operated in society, there were concerns about the power wielded by the discipline of psychology and its professionals. Following the Foucault inspired understanding of psychology as a form of internalised control and social regulation (Foucault, 1973; Rose, 1996), some authors argued that its practices were necessarily at odds with a more radical agenda. Psychological practice was described as 'a "repair shop" for capitalist society' (Anonymous, 1986, p. 87). Others suggested that the discipline would have great difficulty freeing itself from the self-interest of its professional domain (Cloete & Pillay, 1988). These concerns linked to broader issues about the role of the professional in what was increasingly being defined as a 'working class' struggle. This in turn fuelled discussions about how much of its professionalism, expert status and skills psychology could retain without losing political credibility (Dawes, 1986b; Perkel, 1988).

Against this background, community psychology seemed to offer an alternative. Its sensitivity to social context and the coincidence of its aims with political empowerment seem to situate it as a potentially valuable model of intervention that might be informed by a more radical set of theories. Community psychology was very much a product of political struggle in South Africa, as it was in some parts of Latin America (Wiesenfeld, 1998) and initially in the United States where it was linked to the civil rights movement (Levine & Perkins, 1987). As M. Seedat, Duncan and S. Lazarus (2001b) note in their retrospective account of South African developments: '... community psychology came to be associated with broad democratic movements seeking to dismantle oppressive state structures and ideological state apparatuses which were also embodied in the disciplinary practices of the social and medical sciences during the previous colonial and apartheid eras' (p. 4).

The label of community psychology took some time to be fully integrated into the discourse of progressive psychology. Terms like 'appropriate service' were often used to describe similar practices and ideas. However, as these loosely gathered elements increasingly began to be identified as 'community psychology', this model grew rapidly in popularity and interest over a short time. M. Seedat (1990) pointed out that between 1983 and 1988 nearly 15 % of articles in Psychology in Society focused on community psychology. This was second only to the number of papers constituting materialist or ideological critique. Academic departments of psychology increasingly introduced the subject into the curriculum in under-graduate and post-graduate courses.

However, growing popularity opened up new areas of tension. A powerful criticism came from M. Seedat, Cloete and Shochet (1988), who argued that community psychology could easily be used by psychologists to assert their political legitimacy and to pacify the oppressed. This remains a central concern. Hamber, Masilela and Terre Blanche (2001), for example, argued recently that while community psychology had the

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potential to address the real needs of South African society, 'targeting 'township people' as the recipients of our well-meaning interventions runs the risk of patronisation and re-colonisation' (p. 57). M. Seedat et al. (2001b) repeat this concern in the introduction to their recent collection of South African writing on community psychology. In it, they question whether in fact community psychology in South Africa has lived up to its liberatory potential. In response, many of the articles in the collection seem to reflect a strong commitment to maintaining a definite political agenda in community psychology. They frequently contrast their own position with what is described as a more conservative mainstreaming of community psychology interests in the United States in particular.

These concerns about community psychology losing its political interest may not be unfounded. A review of more recent South African literature on the subject suggests some important shifts have taken place. These developments can be helpfully contextualised against broad social and political changes in the 1990s. Although apartheid officially ended with the democratic elections of 1994, transition began in the early 1990s with the unbanning of the ANC (African National Congress) and the PAC (Pan Africanist Congress), followed by the release of Nelson Mandela (Sparks, 1994). These changes brought with them obvious freedoms, but ironically also drew many critical intellectuals back into the more restrictive realm of policy-making. What was required of them was not critical protest but working solutions for massive social problems. Facing demands for a workable mental health structure, psychologists seemed less interested in notions of relevance and appropriateness and more interested in feasibility and resources (see for example Foster et al., 1997). As the energy around the anti-apartheid struggle subsided, the damage wrought over the decades became more evident. A significant amount of this damage was within the mental health and social services sector (Hayes, 2000). While addressing this was important, Nell (1994) warned that those who previously contested power might easily find themselves co-opted by it in the new order. He argued that it was important for critical intellectuals to voice dissent outside of policy making, implicitly situating his position within the broader concerns of a community psychology orientation.

For some psychologists, even those participating in the restructuring process, the critical impetus generated during the anti-apartheid years remained. But it may have been more difficult to sustain a coherent critical position with the loss of the common enemy of apartheid. In post-apartheid South Africa, writings from within so-called 'progressive psychology' seemed less coherent and more eclectic. Some psychologists, perhaps responding to the pragmatism of policy driven work, seemed to opt for a critical social psychology which did not explicitly address practice or intervention issues. Within this group, discourse theory became a valuable point of entry for more subtle challenges to social arrangements (see Levett, Kottler, Burman & Parker, 1997, for example). A number of psychologists seemed to sustain fairly strong commitment to community psychology in the sense it had been originally adopted (see M. Seedat, Duncan & S. Lazarus, 2001a and Dawes et al., 2000, which contain contributions from many of these authors). Increasingly, the thrust was to find ways of working that retained the values of community psychology but had demonstrable capacity to improve the lives of people. M. Seedat (1997) noted that it was important to move beyond the disillusionment with 'Western' psychology and to try to develop models of practice and thinking grounded in

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local experience and to develop nuanced theoretical approaches that could understand the phenomena of psychology in this specific context.

While there is considerable diversity amongst those who write about community psychology in South Africa, a number of salient concepts emerge. To provide a stronger sense of the ideas and practices associated with community psychology, it might be useful to examine some of these concepts in more detail including contributions to their understanding from both local and international writers.

2.4 Central Concepts in Community Psychology

In this section, I explore key ideas in community psychology – including the notion of community itself, the relationship between the individual and the social context, prevention and empowerment, social change and, finally, the relationship between the psychologist and the community.

2.4.1 Where is the community?

The notion of 'community' often receives little individual attention in standard textbooks and it is not entirely clear how the term developed its particular salience in psychology (Levine & Perkins, 1987). The notion of community has a long and complex history (Thornton & Ramphele, 1988). It conjures up, in most popular uses, a benign notion of unity between people living in proximity to one another.

Within community psychology, there seem to be various implicit conceptualisations of this concept. Some community psychologists seem to refer to communities as geographic entities, while others employ a more political notion of a group of people united by one characteristic or another (M. Seedat et al., 2001). In the latter sense, anywhere could feasibly be understood as the potential target of community psychology – including an affluent, middle class neighbourhood. In practice, however, 'the community' that psychologists target is inevitably a disadvantaged or marginalised one, by definition in a different position to the psychologists themselves. Thus the challenges faced by the community psychologist are about choosing which communities to work with and exploring avenues of access. In South Africa, these communities were relatively easily located. They were inevitably Black, geographically separated from White communities and from mental health services and assumed to be relatively united in a common experience of racism under apartheid (Butchart & M. Seedat, 1990). So strong was this image of the 'the community', that for many psychologists it was an act of community psychology simply to enter a Black township and make any kind of psychological service available there.

This idea of reaching out to a community may, however, be much more complex. Panzetta (1983) pointed out that communities did not have an *a priori* existence, but arose out of an experience of oppression and were likely to disappear again in the absence of an external focus for communal activity. More practically, it would be extremely unusual to find a clearly defined group of people all equally willing and able to participate in a community psychology programme (Petersen, Parekh, Bhagwanjee, Gibson & Giles, 1997).

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The process of identification with a particular community may be equally elusive for the members. As social psychology increasingly recognises the fluidity of identity and the way in which it might be called up differently in different situations, community membership cannot be assumed to be either obvious or constant (Isemonger, 1990). This understanding re-frames community as something which is fluid and exists in mental rather than physical space.

Recent writing has turned increasingly to the concept of 'sense of community', which Sarason introduced in 1974. This emphasises the subjective rather than objective character of this phenomenon and results in a shift away from accessing ready made communities, towards exploring ways of helping people to develop this sense of community amongst themselves (Hill, 1996; McMillan, 1996). This is intended to facilitate community members' access to the benefits of social support, widely recognised as a crucial healing element of community psychology (Orford, 1992). Writing from a more radical social constructionist perspective, Isemonger (1990) argues similarly. He suggests that community psychology has not fully explored its capacity to 'construct' community in a way that advances the political aims of a group of people who might otherwise lack a visible platform from which to claim their rights.

So-called 'community organisations' are often seen as having the potential to provide this kind of constructed community. According to Hughey, Speer and Peterson (1999), a community organisation is any 'organisational setting to which individuals commonly bring their concerns and through which a sense of community might develop' (p. 100). They suggest that these organisations may provide not only a valuable sense of community internally but also serve as a mediator between individuals and the broader community. As they point out, lone individuals outside an organisation can seldom impact on their broader environment. But the process might be more difficult than first appears, resting on considerable fluctuations in interest and members' capacity to function as part of a community. In addition, as Hughey et al. suggest, the extent to which organisations are able to function in their communities will depend as much on whether their external environment facilitates this as whether their internal workings allow it. A well functioning community organisation may represent an ideal, but in practice organisations may be hampered by internal conflicts or an unresponsive broader community. Alternatively, an organisation may function well but separately from the interests of the broader community.

The notion of community has the potential to create links between people and spaces within which their voices might be heard. However, as Thornton and Ramphele (1988) suggest, 'community' can also be used to smooth and cover over areas of dissent and contestation. They point to the fact that the notion of community was used through the apartheid years to justify segregation. References to African, Coloured, Indian and White 'communities' reinforced differences while apparently asserting their internal harmony and 'naturalness'. Ironically, the notion of 'community' also became central to the struggle where it represented '... the ideal for the future, the structure of utopia, the expectation of heaven, the legitimate goal for a truly democratic politics' (p. 29). Not surprisingly, local authors Butchart and M. Seedat (1990) caution against the use of the idea of community to create a false sense of harmony around issues that are fraught with

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tension. The readiness with which more conservative elements of our society have latched onto this term seems in part to justify this concern. The possibility of co-opting this notion for political use is not a local phenomenon only and is perhaps similar to what Rustin and Cooper refer to when they note that: 'We may not like some of what appears under the rubric of "community", suspecting an implicit conservatism or sexism in some of it, and noting too that it seems much stronger in rhetoric than in policy substance' (p. 3).

The 'community' is identified as the site of community psychology intervention. Communities (or community organisations) potentially provide individuals with valuable access to support as well as other forms of joint activity that might be in their interests. Reifying and romanticising these groups, however, one may gloss over important dynamics in the life of communities.

2.4.2 The relationship between person and context

Understanding the relationship between the individual and the social has long been an issue for many branches of psychology. This has been not just an incidental concern, but the specific object of much thinking within community psychology. Some writing seems to make the simple assumption of some relatively unexplained connection between the person and his or her environment. Others seek a more careful theoretical understanding. Orford (1992) describes the contributions of one group of theories including ecological theory, environment psychology and systems theory. These kinds of theory have their origins in the work of Lewin (1951), who was also central in influencing the psychoanalytic understanding of organisations discussed in the following chapter. There are many differences amongst the specific theories Orford identifies as making a contribution to community psychology and it is not possible to provide a more systematic review within the limits of this chapter. However, Orford (1992), who does provide this review, draws attention to the way that, in spite of their differences, these theories all offer a sense of the mutual processes of influence between individuals and their environment. As he puts it:

> '... individuals are in a state of continuing *transaction* with the various settings in which they spend time as part of their everyday lives. This state of transaction is characterised by reciprocal influence. Not only are the experiences and form of behaviours profoundly affected by characteristics of the settings in which they find themselves, but so too are settings created and shaped by their occupants. (p. 14)

Bronfenbrenner's (1979) systemic account of the different levels of interacting systems affecting individuals has been particularly significant in community psychology. In his model, he describes the way that a person interacts with a range of systems on the micro-level (including home, school, work etc); on the meso-level (including two or more systems and the links between them, e.g. home–school); on the exo-level (systems that influence the person without their having direct experience of them (e.g. the school governing body) and finally, the macro-system (which includes larger-scale systems which determine ideology and social structure). These various systems influence the individual who in turn influences them. There is also a recognition, drawing from dynamic interactionism (Endler and Magnusson, 1976), that it is not simply the objective environment but also the environment as subjectively experienced which is important.

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While this body of theory would appear to provide the necessary scope a community psychologist might need to incorporate an adequate understanding of the individual and the social, it has been criticised for its limitations. The homeostatic model which many of these theories share seems to skew thinking towards finding a balance between the systems rather than questioning the underlying assumptions of any. Thus, in practice, this group of theories often seeks to fit the person to their environment, rather than alter the environment to fit the person (Bowey, 1980 in Orford, 1992). As Orford notes, such theories are much more likely to stress naturally occurring processes of change rather than acting to challenge society more substantially. Further, while this approach can acknowledge the importance of interaction between people and environments, the interaction seems to be focused in the present and does not give particular place to the significance of history in its account of how the environment itself is developed or how individual response may emerge out of previous experience. Finally, while there is awareness of the subjective process of environmental appraisal, this is understood in terms that emphasise the cognitive and rational dimension of people. People seem to be portrayed essentially as rational agents, acting as far as possible in their own best interests, within the limits and possibilities of their environment. This does not consider the way in which the individual may be fundamentally socially constituted, may respond less rationally than expected and may lack even lack crucial knowledge about his or her own experience.

In opposition, some community psychologists have attempted to offer a more overtly political approach to understanding the relationship between the social and the individual (Rappaport, 1977; Rappaport, Swift & Hess, 1984). Local versions have tended to emphasise a Marxist analysis of this relationship (Hamber et al., 2001). From this perspective, the individual is assumed to have comparatively less capacity to impact on their environment. The notion of agency, still present as mutual influence under systems theory, becomes redundant. Instead, the individual is perceived to be a product of material conditions and the focus of the community psychologist is on challenging the distorting influence of 'false consciousness'. Work is required to help the oppressed recognise their oppression and be able to act effectively and in concert to transform the conditions of their lives. This abbreviated account cannot of course do justice to the sophisticated theorising in this area. Interpreted into community psychology, however, the approach seems to result in practices that pay relatively less attention to individual experience. The ultimate goal is to address the material structuring and distorting ideologies of society (Hamber et al., 2001).

Drawing loosely from this view, Rappaport (2000) recently restated his concern that community psychology seemed unable to give up its investment in individual psychology. He argued forcefully that community psychology needed to move away from the language of 'victim blaming' and adopt a properly social and political way of representing its subject matter. In response, Smail (2001) argued that subjective experience must remain the province of psychology. The problem, for him, lies not there but in the way that subjective experience is treated as originating within the person rather than arising out of the social context. This view seems to follow the increasing recognition of how subjective experience is socially constructed. Under the influence of post-modernism, which redefined psychology around the non-unitary subject, shifting identities and the constructive power of social discourse, alternative ways of thinking about the relationship between

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the individual and the social have opened up (Henriques et al., 1984; Parker & Shotter, 1990; Shotter & Gergen, 1989). Moving away from crude Marxist determination of the individual by material circumstances, these approaches envisage more permeable people, essentially created through their positioning in particular discourses, but in turn producing and reproducing social experience through their own contribution to this discourse. In this approach, there is no clear boundary between individual and social environment and the notion of an individual having rational and independent agency is seriously questioned, as is the notion of the individual itself. A few local writers have begun to use social constructionist ideas to elucidate the way that power works in the relationship between psychologists and their clients and its role in the construction of knowledge (Isemonger, 1990; Long, 1999; Terre Blanche, 1994). This set of theoretical developments seems to offer exciting opportunities for community psychology to move beyond an either-or debate on fitting the individual to circumstances or radically altering circumstances with little attention to the individual. As much as this thinking provides a valuable foundation for a critique of community psychology theory and practice, it may not always translate easily into practice. With the emphasis on the constructive power of social discourse, this approach sometimes seems to lose the significance of subjectively experienced meaning. In the practice of community psychology, the individual's own experience of meaning may not be so easily treated as a by-product of other social processes. Further, while this approach clearly acknowledges the penetration of the social into the individual, it does not allow sufficiently for the powerful emotions that may attach to experience (Frosh, 1991).

Holland's (1988, 1991) contribution to British community psychology seemed to acknowledge a politically constructed individual while allowing for the significance of personal meaning and emotion. She argues that community psychology needs to recognise the way in which psychic and political space are inter-connected. Using psychoanalytic ideas, she illustrates how women's oppression is internalised at a personal level and needs to be acknowledged at this level before it can be transformed into political understanding. Her account points to a helpful alternative in understanding the relationship between the individual and the social. This recognises the way in which experience remains both social and intensely and emotionally personal at the same time. Holland's ideas invite further exploration of the precise ways in which the individual comes to be infused with social and political experience.

Assuming that the social construction of experience is on-going, it is important to open up sites in which the link between the social and the individual can be further explored. Keys and Frank (1987) argue that there is often a gap between the micro and macro levels of analysis in community psychology that is difficult to bridge in practice. As a potential solution, they propose a focus on organisations as a way of operationalising a relationship between individuals and their social context. They argue that community psychology has not made sufficient use of this ideal forum for intervention and research. According to Boyd and Angelique (2002), only 4 % of articles in the American Journal of Community Psychology and the Journal of Community Psychology between 1988 and 2000 dealt with organisational issues. In addition to bemoaning the absence of what they regard as a valuable focus for community psychology they note that, even where organisational issues are dealt with in community psychology, they do not make use of theory

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within the field of organisation or industrial psychology. This might be attributed to the more conservative orientation within organisational theory which frequently pursues management-driven concerns such as motivation, personnel selection and work efficiency. Boyd & Angelique argue that community psychologists might be more effective if they had a better understanding of organisations. For this it may be necessary to move beyond the theories of organisation developed under the imperatives of industrial psychology to find an approach which meshes better with the ethos of community psychology.

In summary, community psychology has sought that which recognise the inter-penetration of the social into the individual may provide a helpful framework. However, it would be important to acknowledge people's felt experience while holding on to the significance of the social and political in this experience. On a practical level, organisations may provide the opportunity to witness, explore and address the relationship between the social and the individual more fully.

2.4.3 Prevention, empowerment and social change

Caplan (1964) originally introduced the notion of prevention as a cornerstone of community psychology practice. He distinguished between primary, secondary and tertiary prevention. Primary prevention included programmes to reduce the incidence of mental disorder. Secondary prevention aimed at limiting the duration of a disorder and tertiary prevention aimed at addressing levels of impairment resulting from disorder. It was the notion of primary prevention before psychological difficulties manifested that was particularly significant for community psychology. Although sometimes framed in language less commonly used by community psychologists, the idea nevertheless drew attention to how an alteration in circumstances could improve a person's psychological well-being. Albee (1968) suggested that psychologists might intervene to prevent problems arising out of emotionally damaging childhood experiences, poverty and degrading life experiences, powerlessness and low self-esteem as well as loneliness, isolation and social marginality. In practice, community psychologists working in this model tend to focus on 'high risk' groups identified as being potentially likely to develop problems arising out of vulnerability – either in themselves or in their life circumstances (Orford, 1992). It was recognised that the risk of later psychological problems could be reduced by altering a range of factors (for example the level of support available).

The focus of this model is specifically on the prevention of mental health problems rather than a more broadly defined improvements in living. It exists on a continuum with therapeutic curative interventions and points to the way in which they might be understood and be complementary to these. While some may perceive this as an advantage (Orford, 1992), for others it is precisely this which robs the position of credibility. Rappaport (1977) understood the model to be nothing more than an extension of traditional clinical practice and called for a 'paradigm shift' that saw the psychologist as an agent of empowerment. Although many community psychologists recognise the value of prevention and empowerment, Rappaport felt that they reflected different and incompatible agendas. From his more radical perspective, he discussed the need for the psychologist to be involved in developing the capacity of communities to access and utilise

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power more effectively in society. However, with a recognition that the vulnerable groups targeted by intervention programmes may in fact be those most in need of empowerment, it becomes more difficult to sustain this polarisation between the two positions. Instead, it may be more useful to think about how both areas can be addressed through intervention and how the understanding provided by each might complement the other. An orientation towards prevention might help to highlight the way in which social problems are internalised by individuals, while more radical approaches perhaps alert the community psychologist to the way in which disease models of psychopathology may construct their own power at the expense of the communities they work with (Parker, Georgaca, Harper, McLaughlin & Stowell-Smith, 1995).

While empowerment has become a key concept in community psychology, it is not that easy to define and, as Rappaport (1981) points out, may be easier to identify in its absence. Nonetheless, he offers some account of the areas that might be involved. He suggests that empowerment might include some mixture of an experienced sense of control as well as actual control over resources and social processes. It may be expressed politically, economically, interpersonally, psychologically or even spiritually. The development of knowledge and expertise within communities has been treated as central (Orford, 1992). For Rappaport (1981) however it is not simply a matter of transferring skills so much as facilitating recognition of their own capacities:

> On the one hand it demands that we look to many diverse local settings where people are already handling their own problems in living in order to learn more about how they do it. On the other hand it demands that we find ways to take what we learn from these diverse settings and solutions and make it more public so as to help foster social policies and programs and make it more rather than less likely that others not now handling their own problems in living or shut out from current solutions gain control over their own lives. (p. 15)

Thus the community psychologist's role would be to encourage development of local knowledge and facilitating people's capacity to learn from one another in their own context. In addition, Rappaport suggests an advocacy role for the community psychologist, which helps to actualise conditions necessary for greater empowerment.

Serrano-Garcia (1984), writing about her experience of community psychology in Puerto Rico, takes these ideas further. She argues that psychologists need to abandon the 'expert' role altogether and work collaboratively with the community. But, as Tomlinson & L. Swartz (2002) note, this denial of professional knowledge may create a false sense of a community's capacity to deal with situations beyond their expertise. Further, confronted 'with experts who place themselves in the position of the 'unknowing other', communities in distress may in fact feel disempowered rather than being left with a sense of increased autonomy.' (p. 101). It may, however, be possible for community psychologists to offer aspects of their understanding which can be adapted to and moulded by a community's own local knowledge and understanding.

Serrano-Garcia identifies the community psychologist as a 'change agent', noting that unless empowerment is to be merely a comforting illusion, it needs to be accompanied by political action. But while she

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emphasises the need to challenge broad social structures, other community psychologists have begun to recognise that oppression might also be resisted meaningfully at micro-levels. Broad social change remains an ideal for many community psychologists, but some, like Sonn and Fisher (1998), are arguing the significance of communities resisting negative identities given to them and asserting their own power outside conventional structures of society. This view would coincide well with the shifts in social psychology, which has also begun to move away from monolithic notions of power towards acknowledging how power is reproduced and resisted in everyday social interactions.

The notion of empowerment has been very significant in South African community psychology, where it is central to a wide range of writings (M. Seedat et al., 2001a). Frequently used to describe the objective of much of local community psychology practice, it was, however, seldom defined and even more rarely were there descriptions of how it might be translated into practice. An exception is research work that has focused on the production of local knowledge through a Vygotskiian framework, which explored processes involved in developing and using local knowledge (Gilbert, van Vlaenderen, Nikwinti, 1995; van Vlaenderen, 1999). The limited local research that specifically addresses this issue suggests that 'empowerment' is a difficult process that seldom produces unequivocal successes (Long, 2002; Tomlinson & L. Swartz, 2002). Such processes seem fraught with emotional tension and misunderstanding. Participation from communities is often uneven and the power differentials within these groups seem to impede the development of capacity for all (Petersen et al., 1997).

The question of whether community psychology can effect genuine social change is perhaps even more difficult. Although many community psychologists, locally and internationally, proclaim this as their aim, it is unclear how successful they are. As Keys and Frank (1987) suggest, there is often a considerable gap between rhetoric and achievements. Some argue that community psychologists have a responsibility to participate in struggles for freedom and democracy (Serrano-Garcia, 1984; 1994). Too broad a focus may, however, result in a dilution of the specific skills and abilities the community psychologist has to offer compared to other social activists (Smail, 2001). It may be more realistic to identify key areas where community psychologists can more easily and effectively produce change while remaining aware of the significance of the broader context. Subjective experience and relationships are the province of psychology and it might be helpful for community psychologists to target more subjectively experienced aspects of empowerment and change.

With the bias of radical forms of community psychology towards large scale political action, there has been less consideration of the subjective and emotional components of empowerment and social action. While empowerment itself is recognised to possess an emotional component, few interventions appear to have gone beyond a rather superficial consideration of 'confidence' or 'self esteem'. As Leon & Montenegro (1998) have pointed out, there is altogether a surprising lack of focus on affective issues in community psychology research and intervention. Where emotion is discussed, they point out, it is often dealt with in a formulaic way through notions like 'sense of community' or 'learned helplessness' which, they argue, are too limited

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and static to be helpful. They propose that community psychologists monitor carefully the subtle emotional shifts that take place during community interventions. They argue that both conscientisation and action are fundamentally linked to emotional experience and cannot be considered without these. In spite of their acknowledgement of the role of emotion, however, these authors do not seem to offer an explanation for the source of these feelings or to describe their impact beyond the immediate concerns of the intervention they describe.

Holland (1988; 1991), who works with a more complex model of emotion adapted from psychoanalytic thinking, describes how empowerment is effected first through individual therapy which allows individuals to recognise their own internalised experience of oppression. This is followed by educational and conscientisation groups that redirect attention towards the social origins of the individual's subjective experience. Her approach represents a valuable addition to the understanding of empowerment, but her focus is still on the emotional experience of individuals who then become linked to one another through group activities. It is not clear to what extent she recognises further emotional processes arising from the group itself.

Debates around prevention, empowerment and social action seem to reflect the divisions between conservative and radical trends within the field. While specific prevention of mental disorder might be the more conservative aim, others suggest the need for community psychologists to focus on empowering the communities they work with and facilitating social change. There are difficulties actualising this grand political role and it may be helpful to work at the level of psychological empowerment in subjective and inter-personal relationships as a necessary step towards broader change. Even at this level, the process of effecting empowerment and change may be complex, engaging difficult political and emotional processes.

2.4.4 Relationships between psychologists and the community

The relationship between the community psychologist and the community is central to understanding and intervention in this field. In some models, influenced more strongly by a mental health approach, the psychologist might be perceived as a benign expert who is capable of sharing valuable information with communities (Koch, 1986). From the social action perspective, however, there would be greater consideration of the psychologist's position of power relative to the community with whom he or she works (Mann, 1978; Rappaport, 1977; 1981). Sometimes the latter theorists would seem to suggest that it is possible to address this by simply refusing to adopt the role of powerful expert. Others have suggested that power and expertise are not that easily given away and even communities themselves may need to perceive the psychologist as powerful and using that power (S. Swartz & L. Swartz, 1986). In South Africa, historical inequalities between the largely White profession and Black communities they work with have created a particularly difficult set of power relations (Gibson, 2001). Black communities may easily feel exploited – or even be exploited – by White psychologists using them to assert their own political credibility. With the legacy of apartheid, it may also be difficult to establish the basic levels of trust needed for co-operative

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action. Even in cases where Black psychologists work in Black communities, their education and training often set them apart.(Christian, Mokutu & Rankoe, 2002; Long, 1999).

More sophisticated theorising about the role of the psychologist suggests that the power of the psychologist may operate in more subtle and insidious ways (Rose, 1990; 1996). There is increasing recognition of the way the discipline unconsciously positions the psychologist as powerful in relation to clients – in this case, the community. This positioning occurs through the discourses of psychology, which have influence over the way that people think about themselves and their social world. Ironically, psychologists themselves may be equally constructed through the discipline's discourse and the kinds of ideas and activities that are normalised in this. Beyond the wider influence of psychological ideas, it is perhaps worth noting that the discourses of psychology in South Africa are particularly skewed toward an understanding that represents interests not necessarily coinciding with those of most South Africans. Thus M. Seedat (1997) criticises the field of psychology not only for its reliance on 'Western' models but also for the absence of Black voices in its writings. The way in which psychology defines itself may have the power to structure relationships between professionals and communities in ways that go beyond their own intentions. The subtle structuring of both psychologists and communities through the discipline of psychology needs to be held as a constant critical awareness through theorising and intervention in this area.

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2.5 Consultation as Community Psychology

Many different practices might be subsumed under the label of community psychology. I will focus here on the particular practice of consultation, which provides the foundation for my study. Consultation as a concept has been co-opted from more conventional areas of psychology, where it has been defined in terms of a (usually temporary) relationship between two professionals in which one draws from the greater knowledge and experience of another in a particular area (Caplan & Caplan, 1993). Although it appears to be a simple process of conveying ideas from one party to another in a neutral relationship, there is fairly substantial literature acknowledging the subtle interplay of complicating factors. Caplan (1970) acknowledged a variety of difficulties the consultee might have, including lack of knowledge, skill, self-confidence and objectivity. He felt, however, that the focus of the consultant's work should be on restoring objectivity. Other writers point out the difficulties in distinguishing consultancy from psychotherapy, training and supervision and note that practice can and often should involve a more complicated mixture of these activities (Orford, 1992).

While Caplan (1970) regarded education as beyond the scope of the consultant, from the perspective of community psychology it is this aspect that is considered particularly important. The objective of much community consultation work is to make skills and knowledge available to key people and organisations to develop their internal capacity (Orford, 1992). But the concern for empowerment complicates this process. There are dangers that in transferring knowledge, the consultant will be re-affirmed as the expert and the community will be left feeling reliant on the professional skill of others and doubtful of their own

competence (Rappaport, 1977). In South Africa, considerable cultural diversity has created further dilemmas, as when Western knowledge of psychology is not considered appropriate or acceptable by local communities (L. Swartz, 1998). Ideally, the consultant is able to embark on a process that allows for a dialogue between different perspectives and development of a co-constructed knowledge base.

While much of this review has emphasised the need to be sceptical about the kind of knowledge the psychologist might contribute to this process, as L. Swartz (1998) notes, it is equally problematic to romanticise the potential of local solutions to community problems. In reality, people in the community often express their need for something beyond the knowledge they already have. Furthermore, 'local knowledge' may be infused with all kinds of oppressive practices and beliefs, justified in the name of culture. Thus, for example, Mtini (2001) showed how supposedly 'cultural' ways of resolving domestic violence in a local community seemed to have been agreed by men, not the women who were subject to this violence. This suggests the need for a more complex account of how local knowledge and the consultants' knowledge can be used together.

While training remains an important aspect, Maw (1996), suggests that consultation has in fact a great deal less to do with the neutral sharing of knowledge and more to do with the quality of the relationship. A consultant's perceived kindness, support and familiarity may foster personally felt needs and the success of the consultation may depend on rather the 'goodness of fit' between the participants than any particular need for expertise (Maw, 1996 p. 28). This view represents consultation as a 'relationship' rather than simply a professional partnership based on the development of useful knowledge. The value of support provided by the consultant to the consultee has been increasingly recognised. But while social support has received considerable attention in the literature on community psychology, it remains a somewhat amorphous quality (R. Mitchell & Trickett, 1980). The few local studies that have reviewed consultation relationships conducted under the broader heading of community psychology would seem to suggest this process might be particularly complicated in the South African setting. Here the relationships between professionals and community-based organisations are overlaid with the tensions and divisions of our political past (Gibson & L. Swartz, 2000; Long, 2002; Maw, 1996). These create numerous possibilities for misunderstanding and relational breakdown. From these studies, it appears that consultation relationships are anything but short cuts to remedy a resource problem. Instead they 'carry all the complexities and paradoxes of the greater socio-political context played out in the inter-subjective field' (Maw, p. 77).

Where a consultant's relationship is not just with a single consultee but with an entire organisational network, matters can sometimes be even more difficult as the participants contend with the overt and covert demands of their institutional settings. If the organisation itself is the 'consultee', consideration of the functioning of the organisations is required. While the kind of consultation described in this thesis focuses on mental health issues, it is inevitable that background issues play an important role in defining how the consultation relationship develops. From local research it would seem that oppressive hierarchies and racial divisions in local organisations may have a significant effect on the unfolding process of consultation (M.

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Seedat & Nell, 1992; Mogoduso & Butchart, 1992, Holdsworth, 1994). As noted earlier, community psychology still needs to develop a stronger understanding of these kinds of organisational process.

Consultation as a practice of community psychology involves the co-creation of knowledge between the consultant and the community as well as the provision of other kinds of emotional support. These activities produce a consultation relationship that may reflect all of the complexity of its broader political context.

2.6 Working with Children

With community psychology addressing the most vulnerable groups in society, children have frequently been the subject of interventions. Although there are increasing calls from the children's rights movement to engage directly with children themselves, there is also a well-recognised and valued tradition within community psychology of intervening with children through the adults around them. Cowen (1994) for example argues that 'wellness' depends on forming good early attachments and being cared for in settings that promote good relationships and the development of adaptive skills. Arising from this, community psychology has had a focus on working with parents or other care-givers (Dawes & Donald, 2000). Recognising the advantage of accessing larger groups effectively, many community psychologists have focused their attention on organisations – such as schools – that work with children (Flisher, Cloete, Johnson, Wigton, Adams & Joshua, 2000; Mouton, 2000; De Jong, 2000, are just some local examples). They have argued that intervention through such organisations may be the key to addressing the mental health problems of children and to promoting their healthy development.

There are, however, broader concerns about how these interventions are to be conceived. Many local researchers, following the tradition of international literature (Garmezy, 1993; Rutter, 1985), have emphasised children's resilience as against their vulnerability. In terms of this approach, intervention should be designed to harness and develop pre-existing strengths on which children can draw (Dawes & Donald, 2000). This focus is similar to community psychology's recognition of the potential within communities to help themselves, and creates an important awareness of the capacities they may have to contribute to their own well-being. But there is a risk of downplaying the difficult circumstances in which some children live and it is difficult to maintain a balance between recognising children's own strengths and those of their environment and making a political point about injustices in their social conditions and the possible negative effects thereof.

It is also important, as Wiley & Rappaport (2000) note, to maintain a critical perspective on ways in which conservative, normalising assumptions may limit thinking about children. They point out that developmental theory, which infuses our understanding of children, often expresses culturally biased views about childhood. In a multi-cultural environment it may be particularly important to understand the meaning of local child-rearing practices and views of childhood which can differ considerably from those within the mainstream of British and North American psychology (Dawes & Donald, 1994). This suggests further support for an

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approach that accesses local understanding and knowledge. Again, it may be important to remember that local knowledge is not always helpful for the less powerful groups in any community – including children.

Less obviously, the way in which children are represented may also reflect other social and political interests. Burman (1994) has noted for example how discourses about childhood often refer to family problems as the root of distress but neglect the broader political terrain of poverty, unemployment and political frustration. The children are often portrayed as victims of inadequate parenting or alternatively as impulsive or stupid (Wiley & Rappaport, 2000). Under the label of 'development', children's experiences are often naturalised in a way that disguises their social origins. Children are not only often described as developing independently of their social context, but also become the blank slates onto which other social concerns can be written. This kind of phenomenon was particularly clear in South Africa, where various campaigns for children's rights symbolically represented the concerns and preoccupations of adults (Straker, 1989). More conservative interests may equally depict children in particular ways to serve their own interests. It is thus important in community work to be aware not only of the political influences on children's well-being, but also of the political shaping of the way they are seen and represented.

2.7 Meeting the Needs of Communities

Community psychology has typically been concerned with adapting its practices to match the needs of its communities. Thus even within a particular model, like community consultation, there should be a degree of flexibility that allows the community – individual, group or organisation – to dictate and influence the process of intervention. This interest has resulted in a particular focus on accessing the needs of the community and responding to them. Needs assessment has often been set up as an important preliminary step to finding information 'necessary for making decisions for bringing about positive change as desired by the majority' (Bhana & Kanjee, 2001, p. 153). On-going assessment of whether the needs of communities are being met can also serve as a barometer of the success or failure of interventions. This shift in emphasis from the opinion of the professional to valuing the recipients' expressions of their own needs is a fundamental part of the ethos of community psychology.

In South Africa, this general thrust was given emphasis by a broader concern to see how psychology should adapt to better meet the needs of disadvantaged communities. However, in spite of general statements, there is surprisingly little local literature, which, in fact, accesses just what these needs might be. One exception is a study by Berger and S. Lazarus (1987), who interviewed a number of people in key positions in the highly politicised Black communities of the 1980s. Their research expressed a more wide ranging concern that psychologists develop appropriate practices 'which respond to the needs and concerns of the majority of South Africans in the building of a future democratic society' (p. 8). Their participants expressed a need for psychologists to become involved in the dissemination of skills, to take a clear anti-apartheid position and to develop a greater awareness of political context. This research represented an important shift towards a position that valued the ideas of people whose voices had not commonly been heard in professional circles.

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However, situating 'community needs' so clearly within a progressive political discourse has also seemed to make it difficult to problematise these needs, as though this might seem to cast doubt on the political claims of an oppressed group.

Butchart and M. Seedat (1990) have noted how a romantic idealisation of poor communities combined with doubts about the legitimacy of psychology seem sometimes to have produced a reified representation of communities and their needs. In this conceptualisation, 'community needs' may be presented as though they were homogenous and transparent as well as rationally and consciously motivated.

Montero (1998) begins to capture some of the complexity of accessing the needs of the community. She suggests that needs are not a simple representation of realistic circumstances. Rather, she argues, they are fundamentally emotionally felt experiences that may distort reality as much as they reveal it. She defines needs assessment in terms of this emotional component noting that it 'refers to a set of group participatory activities through which a community group is expected to point out aspects of their common life that are felt to be unsatisfactory, unacceptable, problematic, upsetting, limiting or disabling, all of which would hamper the achievement of a desired way of life' (p. 283).

She goes on to argue that what is expressed in this way may be quite different to what an outsider would identify as a pressing concern and ascribes this to the habituation people might develop to their difficult context. She suggests that the expression of needs might also reflect the shifting power between minority and majority groups to assert their version of reality. Her view suggests that there may be powerful social dynamics that lie below the surface of an expressed need.

In spite of the tendency to romanticise community needs in south Africa, local research seems to point to the way in which the expressed needs of any community are likely to reflect the broader power relationships within the social grouping (I. Petersen, Parekh, Bhagwanjee, Gibson, Giles & L. Swartz, 1997). Ironically, it is most often those whose interests we have as our primary concern as psychologists, whose voices are least well represented in the formal expression of a community's needs. Researchers have noted that the silence that maintains oppressed groups also prevents their views being represented effectively, even in interventions designed specifically to address their needs. This is particularly true for those who have psychological difficulties. They sometimes seem to evoke quite primitively hostile responses from within their so-called communities (Benjamin, 1993; Macleod, Masilela & Malomane, 1998).

In looking at people's hopes and expectations of psychologists, there is an equally powerful argument that these needs are in fact partly or wholly constructed through the discourse of psychology which, according to Rose (1989; 1996), has achieved a pervasive influence on all aspects of popular consciousness. Marks similarly notes how 'needs' represent powerful social constructs and how they may reflect a particular kind of dependency fostered by the health professions themselves. From this perspective, psychological discourses construct the self as the object of expert knowledge. In a sense, then, psychology creates its own psychologised needs to which it can then respond. In working with Black communities in South Africa, the

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influence of these kinds of psychological discourse may, however, not be as pervasive as they appear to be in the Western world. As Terre Blanche (1994) suggests, there may be far more powerful discourses around politics that might influence how people think (or don't think) about psychology. Differing cultural views about how suffering is to be understood and healing to be effected may also be a part of people's understanding of their psychological needs in our context (L. Swartz, 1998; Dawes, 1998).

Recent research and writing suggests the influence of a range of social processes on the experience of and expression of needs from within the community. In particular, power is emphasised as an influence on both the access to knowledge about one's own needs and the opportunity to express these. Montero's (1998) recognition of the emotional as well as rational nature of these needs perhaps calls for further elaboration. There may be other factors that interact with power to influence the emotionally generated experience of need.

In this research, the representation of psychological needs and the expectations of the psychologist take place within an existing consultation relationship. This relationship provides the particular context within which organisations might come to think about psychological issues and their needs in relation to the psychologist. The quality of this relationship and its dynamic transformations will be a fundamental part of the way in which organisations define and re-define their psychological needs as well as their met and unmet expectations in relation to the psychologist.

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2.8 Conclusion

Within the diversity of opinion that makes up the field of community psychology, South Africa has developed a strongly politicised version, closely tied to the interests of the broader struggle against apartheid. The challenge, however, is to find working models of community practice which move beyond political rhetoric. Community psychology offers much that may be helpful in psychological intervention with disadvantaged communities. Through its emphasis on 'community', it has the potential to foster important links between people and improve their ability to act together to improve their lives. Community psychology recognises that individuals cannot be understood outside of their broader social and political context and focuses attention on the need to address people's distress at its roots. This approach also brings with it a valuable awareness of the operation of power between communities and community psychologists, and a critical perspective on the discipline of psychology itself.

This partial review of the field also draws attention to a number of areas where ideas and practices in community psychology might be developed. In general, it seems that while the gaze of community psychology picks up the broader features of social and political experience, there is relatively less attention to the micro-dynamics which reveal themselves in interventions. The very notion of community itself may detract from a more careful analysis of the way in which groups of people may be divided or in conflict with one another. The way in which political experience is internalised and felt by individuals and in relationships between people is also important, but not always well understood within community

psychology. The role of emotion in these interactions has perhaps equally not been sufficiently explored. It may be possible to hold onto the political imperatives of community psychology while strengthening the link between inter-personal experience and the broader social context in which it occurs.

Community consultation has the potential to actualise some of the principles of community psychology. Community organisations in particular may offer a helpful site for intervening in and exploring the relationship between social processes and individuals. But the consultation process is likely to contain and express many of the complexities of the broader social environment, enacted through the relationships out of which it is constituted. The needs expressed within this relationship may offer an important key to understanding the subtle dynamics of the consultation process. In the next chapter, I explore how some of these areas of concern within community psychology might be illuminated from a psychoanalytic perspective.

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CHAPTER THREE

A PSYCHOANALYTIC FRAMEWORK FOR COMMUNITY CONSULTATION

3.1 Introduction

This chapter puts forward a psychoanalytic perspective as a potentially useful framework for deepening the understanding of community consultation processes and the needs and expectations that might be felt within them. I begin by considering briefly the position of psychoanalysis in South Africa and provide a rationale for its use aimed at critics who might be sceptical of its benefits in our context, and particularly within the highly politicised area of community psychology. I provide an account of features of the 'new psychoanalysis', which I consider increases its potential as a viable social-psychological theory. I then survey literature within psychoanalysis that can usefully be applied to an understanding of groups, organisations and other aspects relevant to the practices of community consultation. In my discussion I focus particularly on the Tavistock model of organisational consultancy[1], which provides one of the key theoretical foundations on which this research was developed. I also explore specific dynamics of human service organisations including those that work with children. After reflecting on ways that psychoanalytic ideas about consultancy might be extended to accommodate politically rooted experience better, I return to the focus of my study, which is to explore the consultation relationship and the needs and expectations that consultee organisations might experience.

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3.2 Psychoanalysis in South Africa

There is a long history in this country of using psychoanalytic ideas. Amongst the better known of those who represent this tradition are Wulf Sachs (1947/1996), who wrote Black Hamlet and, more recently, the well-known Jungian psychoanalyst, Vera Bührmann (1986), who explored the intersection between traditional healing and psychoanalysis. Although not formally documented, the history of local psychoanalysis is lengthy, complicated and beyond the scope of this thesis[2]. My focus is rather on the more recent position of psychoanalysis in South Africa and in particular the aspects that relate directly to its relevance for community psychology practices.

The formal practice of psychoanalysis is not well established, with only one psychoanalytic training (a Jungian training) available in the country. In the absence of dedicated analytic or psychotherapy training,

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[1] The Tavistock model of organisational consultancy was developed at the Tavistock Clinic and is exemplified by the work of members of the Tavistock Clinic Consulting to Institutions Workshop. The theory of this model has evolved through contributions from its various members and it is a loose collection of ideas and practices rather than an homogenous position.

[2] Graeme Hayes, a researcher based at Natal University in Durban, is currently constructing some history of South African psychoanalysis through archival material, which he expects to publish during 2003.

clinical psychologists have in recent years been most identified with its practices, often using the softer term 'psychodynamic' to denote a lack of purity in the models adopted. A number of training centres for clinical psychology have a psychodynamic bias and a fair number of clinicians seem to use aspects of this approach, particularly in private practice work with individuals, couples and families (L. Swartz, Gibson & Gelman, 2002b). There are psychoanalytic reading and discussion groups in several major cities and a relatively recently established journal entitled Psychoanalytic Psychotherapy in South Africa – edited by Trevor Lubbe and Tony Hamburger – on which I serve as an associate editor.

In spite of on-going interest, the field remains relatively under-developed compared to many other countries (L. Swartz, et al., 2002). This may be attributed partly to the political climate in South Africa in recent decades. On the one hand, apartheid resulted in the departure of many with a potential interest in this area, to pursue their studies in other countries. Ironically, this resulted in a situation where there was a relatively strong South African presence in the international world of psychoanalysis, yet very little of this permeated, through the academic isolation under apartheid, into South Africa itself. On the other hand, and more significantly for this thesis, the under-development of psychoanalysis seemed to be a product of widely-held scepticism about its potential in a country where resources are few and there are pressing material and political realities asserting priority (Gibson, 1996). With stark resource disparities between Black and White, the association of psychoanalysis with the wealthy who could afford this kind of assistance was unavoidable. Psychoanalysis, which conjures up images of the traditional couch and 5 times a week therapy, was criticised for being inaccessible to most of those who might need it (M. Seedat et al., 1988). In addition, there were concerns about its tendency to find 'causes' for human distress in the individual and his or her immediate context, denying the influence of broader political and social environment (M. Seedat et al.). Frosh (1987) suggests that these may not be unrealistic concerns, noting the conservative trends in psychoanalytic thinking. As Ingleby (1984) suggests, psychoanalysis walks a fine line between its potential for understanding social process and its link to social privilege. Psychoanalysis also suffered to some extent from the general scepticism about theories imported from the West, as discussed in Chapter Two.

Against such concerns it seems strange to reach for psychoanalysis as a tool to address the fundamentally political objectives of community psychology. However, as much as there was scepticism about its usefulness, so there seemed to be a fledgling awareness of its potential to offer a valuable and different understanding of social processes and to connect with the very issues that community psychologists were struggling with: oppression, racism and colonialism. Although these ideas were present in the work of many writers on psychoanalysis (Adorno, Aron, Hertz, Levinson & Morrow, 1950; Fromm, 1963; Jacoby, 1978), it was no coincidence that they were accepted more readily from Black authors writing about the experience of being Black. Thus writers like Fanon (1968; 1970) and then Bulhan (1985) and Manganyi (1991), a local psychologist, began to receive attention from psychologists keen to develop an understanding of various social problems in South Africa (see for example, Nicholas & Cooper, 1990). Others like Hayes (1990) and van Zyl (1990) remained more isolated voices exploring the usefulness of Freudian and Lacanian ideas for social theorising in South Africa. At best, however, psychoanalysis seemed to occupy a marginal position in the development of progressive psychology in South Africa and was, until recently, seldom used as the basis

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for planning interventions in community psychology (with some exceptions such as Straker, Moosa, Bekker, Nkwale who in 1992 used an implicit psychodynamic framework to account for their work with activist youths). There may, however, be advantages to using a psychoanalytic framework for understanding the processes of community intervention.

As much as the literature on community psychology raises and addresses important questions about context, power, the politics of expertise and the need for social transformation, it seems to leave some aspects of these experiences insufficiently accounted for. It appears that there is room for a theory that develops a fuller understanding of the inter-penetration of the social and political with the individual. It would also be useful to explore the ways in which the processes identified by community psychologists play themselves out in the micro-contexts of intervention. Here the sweeping social analyses that inform more radical forms of community psychology might provide useful background, but it is the lived relationships through which they are enacted that perhaps require further consideration. It also seems that the established writings of community psychology and consultation work have not adequately come to terms with the powerful and sometimes apparently irrational emotions that seem to be evoked in this work. These concerns point to a theory capable of creating a link between the lived experience of those participating in community psychology practice and the social-psychological concepts currently used to account for them.

If psychoanalysis is to be helpful, it is important to show that it is possible to use its underlying principles in ways that transcend its association with conservative thinking and practices. This I intend to do through this chapter by drawing attention to its less orthodox theory and application in group, institutional and social contexts. But before I do this it may be useful to address potential concerns about whether this body of theory is capable enough and flexible enough to address this subject matter.

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3.3 What kind of Psychoanalysis?

The use of psychoanalytic ideas to make sense of the political concerns of community psychology would seem to many to be an anomaly. However, both the theory and practice of psychoanalysis have undergone considerable development from their origins. There are branches of psychoanalysis which may well justify criticisms that it is a-social, culture specific and offers only a narrow, pathologised view of 'human nature' inappropriate for understanding the social and political roots of experience (Frosh, 1987). But there is also an increasing thrust within psychoanalysis towards approaches that offer themselves as a viable alternative or complement to existing theories that might inform the practice community psychology. In this section, I review some of the tenets of a 'new psychoanalysis' in an attempt to illustrate the developments that give it flexibility as an analytic tool.

Many branches of psychoanalysis now reject or de-emphasise the notion of 'instincts', considered to be the cornerstone of Freud's theory. A range of psychoanalytic theorists emphasise the social origins of human experience, an element also present in Freud's theories, but sometimes under-acknowledged by critics of his work (J. Mitchel, 1974; Frosh, 1987). According to the diverse group of theorists whom S. Mitchell and Aaron (1999) collectively call 'relational psychoanalysts' – psychoanalysis rests on a firmly social

conception of the origins of the self. From this theoretical perspective, the infant depends on relationships not only for physical well-being and comfort but also for the development of its very identity and its powers of mental functioning. Social experiences do not simply impact on people in the course of development; they are actually constitutive of the self. Further, this constructive process is not confined to early development, but continues throughout life as new relational and social possibilities are encountered and internalised into the self (S. Mitchell & Aaron, 1999). Through this theoretical lens, the person might be understood to be constructed through a complex combination of their present social context and matrix of relationships to which they were exposed in the past. Some theorists have argued that it is this fundamentally social conceptualisation of the person which puts psychoanalysis in a unique position to explore the connections between political experience, present and historical, to what is experienced as personal meaning and motivation (Frosh, 1989; Richards, 1989; Rustin, 1991). As Ghent (1992) notes, to rely on a conception of the social world as that which is immediately present provides only a banal understanding. Instead, he argues, we need to hold on to the more complex notion that as past relational experience is internalised, current relationships occur 'not only between and among external people and things, but also between and amongst internal personifications' (p.xx).

Importantly, this inherently social view of the person has led to an acknowledgement of the inter-relatedness of all experience, including that which occurs within therapy itself. In traditional psychoanalytic understanding, the therapist is presented as being the object of the patient's relating rather than a participant and it is the patient's issues only that require interpretation (cf. Malan, 1979, for example). With new developments within psychoanalysis (Ogden, 1994) and in what has come to be called the inter-subjective approach (Stolorow & Atwood, 1992), there is a new awareness that the therapist and patient engage both consciously and unconsciously in the relationship with one another. In a sense, then, the patient cannot be understood outside the 'inter-subjective field', which includes the understanding of the therapist and the relational matrix through which he or she is constructed. This development allows for the acknowledgement of the contribution the psychologist makes in interventions – whether by their emotional response, their enactment of power or their cultural positioning. This focus on the psychologist's role is obviously essential to community psychology intervention, the focus of which must always be the reciprocal relationship between the psychologist and the community.

Increasingly, also, psychoanalysis has shifted away from initial attempts to assert itself as a 'scientific' model of explanation. As Ghent (1992) has suggested, current relational forms of psychoanalysis are essentially concerned with motivation and meaning. Rustin (1991) argues that theoretical developments introduced by the post-Kleinians, and in particular through the work of Bion (1959, 1962a, 1962b), represent a major shift from a causal model to a hermeneutic view and, further, to an approach that is concerned with the process of making meaning itself. Through Bion's work with psychotic people whose communication ability was disturbed or absent, attention was directed away from the traditional Freudian emphasis on structures of the mind. Instead, it was focused on ways of making sense of chaotic mental and emotional processes in the context of a social relationship which itself creates the possibility for thought and communication. In this approach, there is consequently less concern with identifying familiar patterns

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related to theory and more emphasis on discovering new patterns and their meaning within a relationship or set of relationships. This is what Rustin refers to as the 'displacement of reference by intention, of truth by meaning' (1991, p. 158). From this perspective, meaning making has less to do with underlying causes and more to do with the performative functions any communication serves in the context of a relationship. These functions may include the communication of unconscious needs and wishes and, equally, attempts to manage or avoid the difficult feelings associated with these. In this form, psychoanalysis is less concerned with the imposition of a particular cultural order of explanation and more open to the various ways in which meaning might be moulded through particular personal and social processes. In this new 'open' form, psychoanalysis is capable of exploring different ways of making meaning and recognising and valuing the variety of meanings that are created within inter-relational possibilities. This emphasis appears to fit well with concerns in community psychology and more progressive forms of thinking to provide a space within which professional and culturally biased interpretations do not obscure alternative ways of interpreting experience (Jackson & van Vlaenderen, 1994).

Perhaps one of the most powerful analytic tools provided by psychoanalysis has been its recognition of the complex and sometimes hidden nature of the self – of its motivations and experiences. The notion of the non-unitary self has been strongly associated with post-modernism (Henriques et al., 1994). Psychoanalysis has, however, always worked with a conception of the self not just divided between conscious and unconscious, but also containing aspects of others in a way that makes the idea of a separate bounded individual impossible. This allows psychoanalysis to acknowledge that motives may not only be mysterious to the participants involved but also that they may be multiple, contradictory and generated independently of rational intention. Gergen (1998) has used these features to argue that it is a theory compatible with many of the interests of more recent social theorising. He says that psychoanalysis has the potential to provide an important challenge to 'the modernist message of shallowness and transparency' and to explore and allow for 'uncommon alternatives' (p. 51). Perhaps even more importantly for the purposes of my research, he argues that psychoanalysis retains an important humanist interest. Rustin (1991) expresses a similar view, arguing that psychoanalysis has the capacity to value human experience as meaningful in all its forms, no matter how unpalatable or apparently unintelligible these may be.

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Psychoanalysis has sometimes been criticised for sticking to a naively realist view of truth that is not compatible with recent developments in social theory. Although it does seem to differ from some post-modernist approaches, through its aim to uncover some deeper meaning to explain surface phenomenon (Frosh, 1991), this does not necessarily situate it as a narrowly defined 'science'. Freud's original objective to provide a science of the mind has more recently given way to much more variation in interpretation of its underlying philosophical position and potential (Parker, 1997). In the context of the shifts in psychoanalysis towards a hermeneutic explanation and the emphasis on current as well as past relationships, the notion of 'truth' begins to take on a different form. It is no longer an absolute, laid down by early experience. Rather, it would be more accurate to talk about fleeting glimpses of subjective realities which may be slightly 'truer' than those at the surface of awareness. This pursuit must not be confused with forms of naïve realism which, according to critics, would want to fix meaning and to close off alternative ways of thinking (Brown, 1994).

Instead, the relational branches of psychoanalysis, would want to work towards 'uncovering' the unavoidable ambiguity and contradictions of experience. The 'truth' sought by psychoanalysts is one which would allow more to be 'known' and a resistance to pseudo-knowledge which would want to gloss over some of the more difficult or threatening aspects of experience (Rustin, 1991). As Young (1994) describes it: 'The goal of humanity and of psychoanalysis is the facilitation of a suitable space for containing, ruminating and making use of experience – not tipping it out, reprojecting it, mimicking it, battling it away, hoarding it etc.' (ch. 3).

This is a liberatory project, according to Frosh (1991), whose aim is to allow people greater access to knowledge about the ways in which they are constituted and constrained by forces within and outside themselves. This would seem to allow psychoanalysis a place amongst theories in community and social psychology that would want to empower people through greater awareness of their oppression.

Although the object of psychoanalysis has always been to read underlying meaning from its surface manifestation, the way in which this is conceptualised has changed considerably over the decades. In Freud's understanding, this process involved drawing an associative connection between the manifest symbol and its latent meaning by tracing back along the path of its distortion through analysis (Freud, 1915/1985). In this view, the unconscious is largely inaccessible, revealed only intermittently in dreams, parapraxes and symptoms. But this has shifted with the development of the notion of phantasy, which allows for the continuous working of the unconscious on consciousness (J. Mitchell, 1986). In this way, unconscious meaning is thought of as running just below the surface of conscious experience, creating an on-going narrative of primitive and powerful images through which new experiences may be interpreted (Segal, 1995). Phantasies may contain needs that cannot be expressed openly or may, in many cases, reflect an internal attempt to protect the self against anxiety arising from painful contradictions that threaten to overwhelm the integrity of the self. New experiences, no matter how innocuous they may appear, can be overlaid by the existing phantasies. These phantasies contribute to the experience of current relationships and in turn transform the relationship itself. Alternatively, where there is sufficient containment offered by a relationship, new experiences may be able to mediate the phantasy world, allowing for needs and anxieties to be openly expressed and new relationships to be developed along different patterns.

Such developments within psychoanalysis would seem to address some of the apparent contradictions that critics might perceive between psychoanalytic thinking and the overarching aims of a socially and politically sensitive form of community psychology. To understand exactly how psychoanalysis might contribute to this area of work, it is important to explore in more detail aspects of the theory, which lend themselves to an understanding of the processes and participants of community psychology practice.

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3.4 Social Applications of Psychoanalysis

3.4.1 The origins of social psychoanalysis

Contemporary forms of psychoanalysis suggest its potential to incorporate an understanding of the significance of the social into its understanding of the person. While this is important in itself, there are parallel developments that have attempted to explore ways of using psychoanalysis to explain social phenomena – of groups, organisations and other social phenomena. Freud himself had high hopes that psychoanalysis would provide an understanding of broader social processes as well as the individual psyche. From his classic account of the anthropological origins of the Oedipus conflict in the primal horde (1913), Freud moved to an examination of the way that groups and mass behaviour are underpinned by powerful unconscious and invisible dynamics which bind their members to one another and their leaders. In Group psychology and the analysis of the ego (1921) he explores the way groups function using the examples of church and army. In accounting for these connections, he uses the concept of identification as the mechanism by which commonality is established amongst group members. Freud talks of idealisation as a special kind of identification, which puts the leader in place of the individual's own ego-ideal. It is this shared link between the group and its leader which is the most powerful tie holding it together (Wolheim, 1971).

While his forays into anthropology have been much disputed (Parker, 1997), Freud's writing opened up the possibility that groups and social processes could be understood through psychoanalysis. Enduring aspects of his work in this field include his recognition that there were unconscious processes affecting the functioning of individuals in groups that could not be explained on the individual level alone. As Hinshelwood and Chiesa (2002a) point out, Freud recognised that society required a different set of analytic tools than it did to make sense of individual processes. Society was 'not just an individual writ large' (p. 5). Although Freud's specific anthropological claims have not stood the test of time, as Parker (1997) suggests, his thinking paved the way for a recognition of the powerful way in which groups constitute the individual's identity and experiences. In particular, Freud's understanding of identification as crucial within group processes became the basis for much of the later work in this area.

3.4.2 Understanding organisations through Klein and Bion

Developments in object relations theory allowed for a significant refinement of the theorising about the ways in which emotional experiences might be shared by individuals in a group (Young, 1994). With Melanie Klein had come the appreciation of the fundamental role of relating in the individual's development (Klein, 1959). Later theorists developed her original understanding of a constant interaction between an individual and others, between an inner and an external world. The mechanisms that allowed for this were projection and introjection, with the latter being regarded as a prototype of identification (Laplanche & Pontalis, 1974). Klein herself did not extend her interests to groups or social processes, but remained focused on the individual. But others have developed these ideas to explore the links between an individual and a social psychology. In their account of the history of psychoanalytic 'social psychology', Hinshelwood and Chiesa

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(2002b) offer an account of the many influences on the development of ideas within the field internationally. For this research, I will detail only the central developments within the British tradition, which formed the primary framework against which this study was conceptualised.

Bion is generally regarded as one of the pioneers in British thinking around group and institutional processes (Hinshelwood & Chiesa, 2002c). Drawing partly from Lewin (1951) and his own explorations into the behaviour of small groups, Bion developed a theory of group functioning (Bion, 1961). In his understanding, there were two distinct levels of activity in group life. One level involved a rational task-oriented focus aimed at addressing the work of the group, which he called the primary task. The second tendency he identified in groups was motivated by powerful unconscious processes that reflected an innate potential of individuals to be drawn into what he called 'basic assumption' (*ba*) activity. This was non-reality focussed activity which seemed to be released into the unorganised group (Sutherland, 1990). According to Sutherland, group members '... are swept spontaneously by the "valency" of identification, the primitive gregarious quality in the personality, into the undifferentiated unity of the *ba* group in which inner realities overwhelm the relationship with the task' (p. 125). This activity bonds the individuals together and provides security through the unity achieved. In Stokes' (1994) interpretation, such activity helps to reduce the anxiety and internal conflict of members and is activated particularly as an attempt to evade a painful reality.

Three *ba* group states are identified by Bion (1961). The first is dependency, in which group members seek comfort in their leader. Secondly, Bion describes the fight or flight response in which the group mobilises itself around a danger or enemy. Here again they look to the leader to initiate action. In the final pattern Bion describes, the group resorts to 'pairing' in which coupling either within the group or between the leader and an external object is thought to provide hope of salvation. These preoccupations of the group mimic primary process in psychoanalytic thinking, operating in timelessness and oblivious to reality. While these phantasies provide temporary relief from anxiety, they distract groups from the real work they need to undertake (Hinshelwood and Chiesa, 2002c). The individual is submerged within these powerful group processes and, as Parker (1997) notes, emerges as a product of the group rather than the other way around.

Although these ideas from Bion's early writing have apparently been less widely used in recent approaches to group work (Hinshelwood and Chiesa. 2002c; Sutherland, 1990), they introduce a number of important ideas. Firstly, the notion that groups have a powerful unconscious life that, under the sway of anxieties, can preoccupy it to the exclusion of its real task. Secondly, the repeated assertions of the significance of processes of identification which create shared emotional experiences between group members. Finally his theory also asserts the fundamentally group nature of the individual: 'The individual is, and always has been a member of a group, even if his [sic] membership of it consists of behaving in such a way that reality is given to an idea that he does not belong to a group at all' (Bion, 1961, p. 168).

Bion's later work (1962a, 1962b,) has also been particularly helpful in understanding experiences in groups. This work focuses on knowledge, which for Bion is produced through processes of digestion and

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construction and in which thought, or knowing, only becomes possible through a relationship (Parker, 1997). What Bion calls the 'alpha function' of thinking turns the chaos of 'beta elements' into something that can be understood. This alpha functioning is provided to the infant by its mother through her capacity to take in the raw sensations of the baby and give meaning to them (Bion, 1967). In Learning from experience (1962b) Bion uses the terms 'container' and 'contained' to describe the way in which the infant's experiences require the active holding of the mother, which includes her capacity to think. Using the link notion of projective identification which he developed further from Klein, he shows how feelings put into the mother are designed to evoke responses in her and contribute to the infant's developing capacity for thought (Hinshelwood, 1991).

These ideas have found a useful place in the understanding of groups and organisations where they can account for the way that individuals begin to share aspects of one another's emotional experience through the mutual intrusions facilitated by projective identification. Hinshelwood (1989) describes how people unconsciously use their social network as a way of transferring difficult feelings and parts of themselves onto others. Through projective identification, feeling states and emotional experiences become shared and there is a loss of boundary between the social network and the person. As Hinshelwood and Chiesa (2002a) put it: 'The group became a collectivity inhabited by parts of the personalities of the individuals and recreating some of the internal dynamics of the individual himself' (p. 6). The notion of projective identification thus became a crucial bridging concept between the dynamics of the individual and the group.

The function of the 'container' in the production of knowledge was also a very useful concept for understanding groups and organisations. Describing this set of ideas, Correale and Di Leone (2002) argue that the institution can be seen as a container which allows for the possibility of thinking in the organisation. Much of Bion's work was also concerned with the way that thinking or 'knowing' is disrupted or disavowed. Parker (1997) notes how institutions may function according to 'minus K' which is motivated by an unconscious desire not to know. As he says: 'To avoid knowing is also to avoid responsibility, and so the evacuation of knowledge can operate as an efficient shared defence against information or ideas that are threatening' (p. 43).

Thus through Bion's later ideas the notion of projective identification begins to establish a way of understanding the shared experiences of group members. Further, the notion of the institution as a container raises the possibility that it might facilitate both the containment of difficult experiences and an understanding of these by members. Equally, it may function around the intention of not knowing what is difficult or painful in the experiences of its members.

3.4.3 Organisational culture

Some of the thinking in a psychoanalytic approach to organisations relies also on the work of Trist (1950/1990), which developed in parallel to Bion's. This work, like Bion's, became an important part of the Tavistock model of organisational consultancy. Trist, drawing from his action research on methods of organisation of coal mining (Trist & Bamforth, 1951), introduced the notion of 'culture' enacted through

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psycho-social systems. This was intended to provide a conceptual link between sociological processes and psychological processes. Culture was perceived to go beyond both the concrete reality of institutions and the personal identity and motives of individuals. Trist wanted to explain how external requirements of the organisation only became salient insofar as they were internalised in the minds of the individuals who participated. Hinshelwood and Chiesa (2002c) provide a slightly simpler account of this process through the example of ritual, within which an individual is understood to have a role to fulfil which is prescribed by the ritual but is also perceived to bring in his or her own motives and intentions for taking part in it. This internalised form of institutional culture forms a fundamental link between the experience of the individual and the material realities of organisational life. As Trist (1950/1990) puts it:

> ... societal systems have an objective, impersonal reality which is independent of the individual himself [sic]. From the point of view of sociology they are non-psychological ... But, without psycho-social patterns which individuals themselves carry, they would be quite unable to operate socially the psycho-physical systems on which they are founded as biological organisms, while the institutions of society and its heritage of "products" would exercise no effect on behaviour.' (p.544)

Trist's key contribution is the recognition of a link between the practical or material conditions of organisational life and that of the social system of the organisation. There is something about this link that can be studied, at different level to either the individuals within it or the material structures that define its existence. It points to the strategies, beliefs, practices, attitudes, values and ideas as representatives of institutional life within the individual, as worthy objects of study. Importantly, Trist (1950/1990) recognised that these cultural patterns within institutions could be unconscious insofar as they reflected the 'phantasy activity of internal object-relations' (p. 542). In fact, he argues that this phantasy activity is the basic process of 'culture' within the individual. Although warning against the potential problems of reducing institutional processes to individual ones, his ideas lay the groundwork for thinking about an unconscious institutional culture, expressed and felt by individuals, but representing a distinct level of institutional patterning operating in some sense beyond their individual and personal concerns and motivations.

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3.4.4 Organisation as a defence

Through the work of Jaques (1953/1990) came further developments to the notion of institutional culture. Jaques worked with an understanding of a shared organisational ethos that helped to explain how members of an organisation might develop collective defences against shared anxieties. As Hinshelwood and Skogstad (2000b) point out, individuals unconsciously use the social system to help defend themselves against anxiety. Although it is they who feel this anxiety and operate these defences, the defensiveness begins to become a part of the social system, manifesting in shared understandings and practices that determine how the work is undertaken. Jaques (1953/1990) uses Kleinian theory to illustrate how anxieties of a paranoid or depressive nature might influence defensive processes within organisations. In particular, he discusses the function of splitting, projection and the use of manic defences, denial and idealisation to ward off organisational anxieties. As Hinshelwood and Skogstad (2000c) note, this system may be reinforced by the tendency of people to be drawn to particular professions and certain fields as a result of similar kinds of

defences, for which Roberts (1994) uses Bion's notion of 'valency'. These ideas introduced what became an important tenet of British psychoanalytic work with organisations; that of the organisational culture serving as a defence against anxiety provoked both by the nature of the work and the predisposition of individuals within the organisation.

Menzies Lyth's (1960/1990) well-known study of nursing practice reflects Jaques' ideas and provides a detailed account of the way in which institutional defences may arise in response to anxiety. Menzies Lyth demonstrated how nurses developed and participated in rituals designed to protect them against awareness anxieties provoked by their work. The endless bureaucracy, rigid authority structure and division of tasks which prevented nurses from getting to know their patients as people, also helped them to remain unaffected by the possibility that they would die. Ironically, the institutional culture which protected staff also cut them off from their primary motivation and aim of their work – to offer humane caring to ill and frightened patients.

Working largely within this understanding of the defensive culture of organisational life, Hinshelwood and Skogstad (2000b) use the helpful concept of 'emotional atmosphere' to expand understanding of the collective nature of organisational life. In their view, the sets of beliefs and attitudes about how the work in any institution must be performed are accompanied by a less tangible 'atmosphere' to which individuals unthinkingly and unknowingly respond. Though unconscious, this has a powerful effect on what and how people think about their work experience as well as the way they imagine their tasks need to be approached.

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3.4.5 The organisation in the mind

Armstrong (1997) raises important questions about how the dynamics of the organisation can be apprehended or observed. He suggests that these dynamic processes are internalised by individuals rather than their exerting an influence from outside. Using his notion of 'the institution of the mind' (p. 1), Armstrong points out that emotional experience, while often thought to be privately owned, is in fact the product of relational experience. Thus, when individuals speak, they express something of their institutional context. In essence, it is not just that the individual is in the organisation, but that the organisation is in the individual. He describes his consultation work in the following way:

> Session by session the client brings in and offers experiences from his working context that are on his mind. I seek to understand these experiences as expressing something about the organisation in his mind, not just metaphorically but literally. That is, I assume his experience is an aspect or a facet of the emotional experience that is contained within the inner psychic space of the organisation and the interactions of its members – the space between. (Armstrong, 1997, p. 5)

From this perspective, the emotional meaning and significance a person may attach to his or her organisation and its work is not merely the individual's own mental construct. It rather reflects something of the emotional reality of that organisation 'that is registered in him or her, that is infecting him or her, that can be owned or disowned, displaced or projected, denied, scotomised: that can also be known but unthought' (Armstrong, 1995 in Palmer, 2002 p. 163). The unconscious life of the organisation is fed by individual

anxieties associated with its tasks and arrangements. Equally, the individual's mind holds and reflects aspects of this shared culture within the organisation which can be accessed through his or her conscious beliefs and unconscious phantasies about what the work and institution requires of them.

3.4.6 Levels of social interaction

In the Tavistock model of organisational thinking, systems theory became an important additional contribution (Miller & Rice, 1967). This understanding, again having something in common with Lewin (1951), argued for a recognition of connections between different parts (or sub-systems) of an organisation. This drew the focus of organisational work towards the boundaries of the sub-systems, and how these were negotiated either through leadership or by communication across boundaries (Roberts, 1994b). Hinshelwood and Chiesa (2002c) point to what might be understood as a more conservative tendency in this approach which sometimes focuses on control and management rather than understanding. Some other problems with this approach have already been considered in the previous chapter. However, Hinshelwood and Chiesa (2002c) note that there may be advantage in cautiously using this set of ideas to account for the complex social arrangements of organisational life, as an addition to a basic psychoanalytic framework.

Using group psychoanalytic thinking, Nitsun (1998) achieves a similar recognition of the inter-relation between different levels of social experience. He develops the helpful notion of mirroring which, applied to organisations, is used to describe the repetition of patterns through different levels of interaction. In terms of his understanding, characteristic patterns are repeated through, for example, the client group into the staff's experiences and behaviour. This may, as Nitsun suggests, give rise to a reproduction of dysfunctional behaviour or thinking at different levels of an organisation or serve as a helpful form of communication, provided the impulse to act is contained through thinking. This is similar to the literature on supervision. which has noted the mirroring of therapist–patient dynamics in the relationship between the therapist and supervisor through the long-established concept referred to as 'the parallel process' (Searles, 1955). Moylon (1994) similarly describes how these feelings are often recreated in the consultant through transference and counter-transference in the consultancy relationship. An exploration of the experience of consultants may thus provide vital clues in understanding the experiences of the organisations they work with. As Hinshelwood and Chiesa (2002c) warn, however, it may be difficult to perceive properly the roots of these patterns at higher levels of organisational complexity.

3.5 Human Service Organisations

Within the Tavistock model, a particular set of developments have been concerned with the functioning of human service organisations, the kinds of stress evoked in their work and the implications for consultants who work with them. Clearly this branch of work has the most direct connection with that described in this thesis. Menzies Lyth (1960/1990) notes the stress that nurses experience. These stresses include working with people who are physically ill or injured and may die, as well as the degree of intimate physical contact nurses are obliged to have with their patients. Importantly, it is not simply these situations that are difficult, but the way in which they connect to frightening and disturbing unconscious phantasies in the nurses

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themselves: 'The objective situation confronting the nurse bears a striking resemblance to the phantasy situations that exist in every individual in the deepest and most primitive levels of the mind' (Menzies Lyth, 1960/1990, p. 440).

The experience of dealing with death and dying evokes connections to omnipotent aggressive phantasies which lead to nurses' anxieties about the effects of their own destructiveness and the demands that may be made for reparation and punishment. The intimate nature of the tasks may also evoke disturbing libidinal phantasies. Menzies Lyth notes the way in which patients and their families exacerbate the nurses' anxieties through demands motivated by their own fears and anxieties arising from illness.

There are at least two key conceptual tools for understanding human service work that emerge from this important study. The first points to the significance of the nature of the tasks undertaken in human service work and their potential to connect to powerful unconscious anxieties. The second draws attention to the significance of the patient's (or under other circumstances – the client's) anxieties. Much psychoanalytically informed consultancy (cf. Obholzer and Roberts, 1994) and observational work (cf. Hinshelwood & Skogstad, 2000a) with human service organisations seems to elaborate these two ideas.

There is no doubt that many tasks in human service work are very demanding in themselves. Like nursing, they may involve an uncomfortable degree of intimacy and unpredictable social interaction, and be repetitive and boring. At the least, the demands are less predictable than in other jobs. According to Roberts (1994a), what is crucial is the way in which these demands interact with the internal experience of such workers. She suggests that those who work in the human services are often drawn there by similar internal needs and their propensity to fit in with certain kinds of defence. She further argues that reparation is the 'fundamental impetus' to all caring activities (p. 115). Drawing from a Kleinian understanding, she discusses the way in which the infant comes to trust that love predominates over hate in the integrating shift from the paranoid schizoid into the depressive position. When external reality fails to disprove the child's anxieties about its own destructiveness, these depressive anxieties might become overwhelming. Roberts suggests that those in the helping profession frequently encounter failure through the nature of their task in relation to damaged and deprived clients, in which frustration is an inevitable part. This can precipitate the use of manic defences against the anxiety evoked. She suggests that human service workers are particularly vulnerable because their tasks are carried out in direct relation to other human beings, a situation which mimics the original context of this anxiety. Human service workers also use themselves as tools in their work, which unconsciously tests their concerns about whether they have sufficient goodness inside themselves to repair others.

When Salzberger-Wittenberg (1996) describes the hopes and anxieties the 'caseworker' may have in relation to clients, she may well be describing the experience of many in the human services. These include the longing to be a helpful parent, to be only tolerant and all understanding. For caseworkers, there are commonly anxieties about doing harm and intruding on their clients. The human service worker may also have a more specific investment in their reparative task insofar as it reflects attempt to repair particular

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situations they have struggled with in their lives. The notion of the 'wounded healer' has become a cliché, but reflects the common experience of workers driven by their own experience of pain and distress to help others in a similar situation (Guggenbühl-Craig, 1986). As much as this creates valuable possibilities for empathic connection, it also results in specific vulnerabilities as the human service worker's inability to resolve a client's distress re-evokes unresolved aspects of their own experience (Skynner & Schlapobersky, 1991; Gibson, L. Swartz & Sandenbergh, 2002).

Human service workers may also struggle to contain the emotional pain projected into them by their clients. As Moylon (1994) describes, very distressed clients constantly project their particular form of distress into the organisations from whom they seek help. This experience, which she calls 'contagion', can affect both the staff of the organisation and the consultant into whom these feelings may finally find their way (not unlike the effects of mirroring described earlier). This can lead to an unconscious identification with the client's experience and to various forms of acting out in relation to this. But it can also serve as an effective way of communicating feelings and experiences that are not conscious or not able to be transformed into language.

In human service work there is often a tendency for conflicting feelings to develop, for example where the wish to be helpful may compete with less noble feelings of disgust or revulsion in relation to clients or their problems. Where these difficult emotional responses cannot be contained internally, they are likely to be projected outwards onto groups of staff, resulting in a polarisation which prevents resolution of the conflict (Hinshelwood & Skogstad, 2000b). Bott Spillius (1990), for example, described how the conflicting need to control madness in the patient and the more caring feelings of the staff in a mental hospital were divided up between different groups of staff to avoid the internal conflict they provoked for individuals. This same kind of splitting can occur not only within the institution but also between institutions, as Hinshelwood and Skogstad (2000b) suggest in their review of studies in this area. This may result in division and fragmentation between different organisations that are often expected to work together in the human services. Commonly, splits also develop along the fault line that exists between staff and their clients, or patients. As Main (1975) graphically describes it: 'The helpful and the helpless meet and put pressures on each other to act not only in realistic but also in fantastic collusion and in collusive hierarchical systems. The actively projectively helpful will unconsciously *require* others to be helpless while the helpless will *require* others to be helpful. Staff and patients are thus inevitably to some extent creatures of each other.' (p.61)

The anxieties that arise out of the nature of the task and the distress of the client group suggest that there will be considerable variation in the experiences different organisations have in relation to their very different tasks and clients. It is this variation which has been of interest to many writers in this area and given rise to specifically focused discussions on the anxieties – for example, in working in hospitals with ill people (Dartington, 1994; Moylan & Jureidini, 1994; Skogstad, 2000; Speck, 1994), working with disability (Obholzer, 1994; Sinason, 1992), with the elderly (Mawson, 1994) or with mental illness (Chiesa, 2000; Donati, 2000; Rees, 2000). Part of my aim in this research is to try to gain a better understanding of how

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different tasks with different groups of clients might result in different kinds of anxiety and defence within each organisation.

In the field of mental health, a primary concern of this study, there seem to be some common sources of anxiety (cf. Hinshelwood & Skogstad, 2000c). Fears of madness and fragmentation are usual, as well as anxieties associated with the clients' emotional pain, anxieties that threaten to draw the worker into similar feelings hidden in themselves. In addition, there may be anxieties about the emotional intimacy of the relationship as well as fears about the responsibility of caring for the wellbeing of another.

3.5.1 Working with children

In work with children, some anxieties may be particularly strong. As Chethik (1989) notes, therapeutic work often evokes anxieties linked to the primitive nature of a child's emotional responses. With the boundary between conscious and unconscious less well established in childhood, the raw and demanding nature of children's emotional life may be very difficult for a carer to confront. It often happens that the child clients of human service organisations have powerful feelings aggravated by their difficult experiences. These feelings are likely to be very intense and difficult to work with (Hoxter, 1983). The often non-verbal and unconscious nature of their communications may also make it particularly difficult for those who work with them to develop the 'thinking space' they need to tolerate these kinds of experiences. In addition, the dependency of children places a particular burden of responsibility on the adults who care for them (Chethik, 1989). This can evoke anxieties about their vulnerability and an associated need to find someone to blame for the children's difficulties. Anxieties about the extent or permanence of damage done to children may also test the tolerance of those forced to confront these painful realities (Mawson, 1994). In spite of these demands, the organisation is obliged to meet the children's considerable needs. As Trowell (1995) puts it, 'These children need "containment", they need to feel their emotions can be tolerated, can be understood and can be put into words, that their rage will not destroy the organisations and their neediness and longing will not provoke rejection' (p. 187).

The combination of anxieties and demands on those who work with children puts them at particular risk for stress and can interfere with their capacity to provide an emotional climate which can contribute successfully to children's development.

There are, of course, a range of different organisational settings whose tasks in relation to children are quite different. The developing literature in this area considers a broad array of possibilities including education (Salzberger-Wittenberg; Henry & Osborne, 1983), special education (Obholzer, 1994a), children's homes (Menzies Lyth, 1995; Bradley, 1995) and hospitals (Cohn, 1994; Mawson, 1994), amongst others. Again, it is this specificity I hope to pursue through the empirical aspect of my research.

The psychoanalytic literature on organisations seems to provide a helpful way of thinking about the needs of human service workers, and particularly the needs of those who work with children. This approach provides an understanding which recognises the anxieties inherent in their work. It also recognises the complex way

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in which individual and group concerns seem to come together to generate a powerful emotional response capable of affecting all those who work in the organisation.

3.6 Main features of the Psychoanalytic Understanding of Human Service Organisations

In summary, a psychoanalytic understanding of organisations is established through a number of theoretical developments. It has been suggested that groups have an unconscious life that requires a different level of explanation to that of the individual. Freud's contribution was to suggest that a kind of group mentality developed out of indentificatory processes that linked group members with one another. Bion developed the idea that groups have an unconscious character which sometimes operates in opposition to the demands of reality. Also from Bion's thinking, the notion of projective identification served as an extension of the kind of indentificatory processes Freud described, and provided the link for thinking about groups as containers, both for emotion and thought. Through Trist there was recognition of institutional 'culture' which provided a foundation for Jaques' ideas about the possibility of a defensive culture developing within an organisation. Armstrong introduces the important idea that these organisational processes actually exist within individuals and can be observed and accessed through their beliefs and ideas about their work. Finally, both systems and psychoanalytic theory recognise the possibility of interaction between different levels within an organisation, and the repetition of dynamics transmitted from the clients into the staff of an organisation and even into the organisation's relationship with a consultant.

The literature which deals specifically with human service organisations suggests that their dynamics are influenced by a combination of factors including the unconscious reparative needs of care-workers, pain projected into the organisation through the client group, and the nature of the task which situates the workers in different ways in relation to their clients' emotional distress.

3.7 Politics and Psychoanalysis

While the literature reviewed in the previous section seems to establish psychoanalysis as a viable theory of social behaviour, particularly in organisational life, it is perhaps still not clear how this approach can address some of the more political concerns of community psychology.

There are, however, a number of authors who have pointed towards the usefulness of this framework in acknowledging and accounting for political phenomena. Newton, Handy and Fineman (1995) point out what they see as the inherent political potential contained within the psychoanalytic understanding of organisations. Concerned as they are with work stress, they argue that conventional notions of stress are individualised and decontextualised in a way that robs them of particular meaning. But in psychoanalytic ideas about organisations, stress is resituated in a context where it is recognised to arise out of a specific institution and the relationships within it. As they argue, this in itself represents a potentially politically progressive understanding.

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Moreover, within the literature specifically reviewed above, there has often been a strong concern with issues like leadership and authority (Palmer, 2002). This focus feeds into more politicised understandings of organisational culture, which have been used in this country to illuminate issues related to the use and abuse of power in South Africa[3]. It has also been used to understand the political undertones in group relations experiences in Eastern Europe (Alexandrov, n.d.; Young, 1997).

There is considerable variation in the broader psychoanalytic literature on the extent to which it seems to accommodate political understanding. There are potentially interesting contributions from Britian (Hinshelwood, & Chiesa, 2002 review many of these), France (Kaes, 2002), Italy (Correale & Di Leone, 2002) and South America (Puget, 2002). In general, however, the literature on human service organisations from the Tavistock tradition (perhaps most strongly represented in the 1994 volume The unconscious at work, edited by Obholzer and Roberts) tends to focus on emotional pain without much sense of its broader context. This is perhaps not surprising given the somewhat a-political nature of mainstream psychoanalysis in Britain (Young, 1991).

Palmer (2002) reflects specifically on the Tavistock tradition, and uses systems theory to call attention to what he sees as a potential limitation in its understanding. He argues that this model sometimes seems to draw an arbitrary boundary between what is inside and what is outside. He suggests instead that the boundary between group and individual as well as what is inside and outside the organisation is more fluid than is often supposed. Through this, he argues that the Tavistock model is often limited to the internal world, as opposed to considering what social systems and discourses – elements of outer reality – may also be present. His critique suggests the need to recognise a broader social context for organisational life.

Cooper (1998) puts this position even more strongly when he argues that the traditional psychoanalytic models seem to treat the institution as though it were effectively sealed off from its cultural and political environment. He points out that it is essential to broaden psychoanalytic thinking about organisations to include a more political dimension '... if this potent tradition of thought is not to be weakened by incapacity to explain how psychological, cultural and political forces intersect to produce characteristic modes of collective professional consciousness' (p. 284).

This relative lack of a political focus in the psychoanalytic literature on organisations represents a major drawback in its ability to deal with the interests of community psychology, especially in South Africa, where the political structuring of people's lives has been so overt. This political dimension is also an important consideration in understanding issues related to child mental health and the problems of those who work with children in various settings. Childhood often occupies a depoliticised place in social discourse. This seems to reflect on the ease with which children's voices are silenced in any society as well as society's investment in their pristine, a-social nature (Burman, 1994). The end result is that the political aspects of children's lives may be overlooked as sites for social transformation or other political action.

[3] A group relations conference led by Anton Obholzer, Chief Executive of the Tavistock and Portman Clinics, was held in Cape Town in 1997 and explored some of these kinds of issue.

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The psychoanalytic approach to organisations may, however, not necessarily imply the absence of a well developed understanding of the political context and its significance. Cooper (1998) suggests that the way out of its self-imposed limits can be provided by social theory. But it seems that there are possibilities within psychoanalysis to extend its horizons and this may in itself go some way towards addressing the insularity he is concerned about. Indeed, Rustin & Cooper (1996) argue elsewhere about just how well suited psychoanalysis is to offer a valuable perspective on political phenomena. This view is shared by writers such as Frosh (1991), Rustin (1991) and Elliot (1994; 1999) amongst many others who argue that psychoanalysis can offer finely emotionally textured analysis of relational experience, providing a helpful counter-balance to the overly rationalistic bias in political and social theorising. Elliot (1994) refers to an important link between the emotional and the political and between the social and the individual when he suggests that what is needed is to trace 'the imprint of the social, cultural network upon unconscious passion' (Elliot, 1994, p. 167).

Rustin and Cooper (1996) suggest that the position of psychoanalysis, as one of the discourses and social practices that have kept themselves out of the ideological mainstream, gives it a space for thinking which may be lost in other fields. They point out that psychoanalysis – unlike its popular misinterpretation – actually reduces the gap between pathology and normality and helps us to recognise ourselves in the 'other' however it is categorised. This body of theory seems also to offer an important link between the lived, emotionally felt, experience of people and the profoundly political world of which they are part. Rustin and Cooper refer to Wolheim's defence of psychoanalytic ideas in which he shows their affinity to the complex ordinary language descriptions of mental states. Together with a language that can capture the complexity of subjective experience, psychoanalysis shares a concern with other emancipatory theories to expose areas of human suffering and to suggest remedies (Rustin & Cooper, 1996). The value of psychoanalysis in understanding political process includes its ability to acknowledge a profound enmeshment between the personal and the political. It is not only that people are constituted through their political context, but also that they help to create and re-create it through their personal investments in it. As Frosh (1999a) puts it: 'Deeply, passionately, unconsciously, people are political – racialized, gendered, classed to the core of their identities. Equally deeply, erratically and bizarrely, social events are infused with fantasy – eroticized, exaggerated, full of fears and desires. Writ large these fantasy structures of society produce imaginary worlds in which we all have our very material existence.' (p. 387)

The notion that psychoanalytic theory can make a contribution to understanding political phenomena is not new, but in the last decade it has generated a particularly large body of knowledge suggesting increased interest. A considerable amount of literature uses French psychoanalysis and particularly Lacan as its basis and intersects with a range of disciplines including English, film and cultural and women's studies. This literature tends, however, to be theoretically complex and is sometimes difficult to translate into clinical or other practical contexts. (Hinshelwood and Chiesa, 2002). Its theoretical base also places it somewhat outside the perspective I have attempted to outline, although there are areas of common concern.

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Perhaps closer to my own thinking, there is a strong tradition of British psychoanalytic-political literature exploring such diverse social phenomena as racism (Frosh, 1989; Young, 1993), capitalism (Young, 1989), socialism (Rustin, 1991), popular culture (Richards, 1994) and discrimination (Sinason, 1989). Many of these writers have also contributed to the journal Free Associations which encouraged the application of psychoanalytic ideas to social and political experience. Figlio & Richards (2002) provide a helpful review of some of this literature and identify many of the primary participant institutions and individuals that have contributed to this area. Most of these writers tend to use object relations theory as a basis, although some, like Frosh (1991), have also been influenced by developments in post-modern social theory and are exploring possible links between these two areas. Although it is beyond the scope of this thesis to do justice to the wide range of literature that has developed, it would seem to represent a valuable addition to the psychoanalytic approach to organisations described earlier. While much of this work addresses broad social processes and experiences, my aims are narrower. I wish to explore the extent to which a psychoanalytic understanding can mesh with the aims of community psychology to offer a more sensitive account of the political and emotional processes involved.

3.7.1 A model for a political-psychoanalytic understanding of community consultation

It may be helpful for my research to develop a working model that suggests areas in which psychoanalysis can exercise its political sensitivity in the understanding of human service organisations and the consultancy process. The first connection is perhaps a practical one, sparked by Young's (1987) injunction that: 'There is too large a gap between psychoanalysis and metapsychology on the one hand and social and political reality on the other' (p. 5). To ensure that some of this 'reality' is present, I acknowledge elements of the political, social and economic environment as they manifest in the conditions under which organisations work. Ingleby (1986), writing about child development, argued that typical areas of study, such as parent–child relationships, needed to be understood as functions of a range of political phenomenon – for example, that a parent struggling through poverty might be less able to attend effectively to a child's emotional needs. Thus the social experience of poverty is an intimate part of these early relationships, which themselves are the subject matter of psychoanalysis. Recognition of this kind of environmental 'reality' may carry a degree of ambivalence for psychoanalysts, insofar as it seems to distract from an understanding of the internal world (whether this is regarded as individual or social in origin). However, to recognise the impact of environmental conditions need not suggest that their effects are unitary, causal or that they do not, like other experiences, impact through the medium of phantasy and ultimately manifest themselves in unpredictable ways in the psyche. Without detracting from the helpful internal focus of psychoanalysis, it may be possible, as Ingleby does, simply to recognise these external conditions as creating possibilities for internal experience. Using this kind of thinking, it can be argued that organisations have practical existence and may be influenced by the details of this, including the funding they have available, their capacity to train staff, their physical location and so on. These, of course, are not simply practical issues, but are rather the product of political decision making, overt and covert. With enormous disparities in the resources available to organisations located in White and Black areas in South Africa, a theory that was unable to see the

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significance of these differences would, I think, miss a fundamental part of the experience of organisational consultancy.

The impact of the political on organisational life is also more subtle, as the psychoanalytic writing in this area would suggest. Our social and political experience may be deeply internalised in the minds of individuals and reproduced in our relationships with one another. Participants in any organisation, whether staff or clients, emerge from a particular social and political history. Whether the impact of political conditions and ideologies on individuals is through family or through what seems a more elusive social realm of experience (Puget, 1991), it appears that this is integrated into the individual at an unconscious level. J. Mitchel (1974) discussed, for example, the way that gender is deeply internalised along with the power relations it represents and Fanon (1970) spoke about the internalised experience of oppression that became a part of the experience of being a Black person. Developing the notion of 'valency', to refer to the fit between individual potentials and the defences of an organisation, it may be possible to argue that an individual's experiences of such things as oppression, racism and material deprivation are likely to connect up with the broader dynamics of these contexts. This may be particularly so where the nature of their tasks bring the staff of an organisation into repeated contact with exactly these kinds of issues through their clients. It is probably true that, in most countries, work in the human services involves addressing the needs of those who are poor, abused or exploited. In South Africa, this is particularly salient, because these experiences are such an obvious feature of many Black people's lives and intersect strongly with a range of other problems likely to result in people seeking help from the human services. So the experiences of the clients and the tasks required in relation to them may themselves have profoundly political roots. The investment in whatever defensive organisational culture is developed may equally be fed by the individual's own experiences of similar politically-rooted pain and distress in their own personal lives and histories.

Political experience may not only be a source of anxiety for individuals and organisations, but may also help to structure the defences against anxiety. Thus experiences like racism or exploitation may represent not only a source of pain or distress, but also an attempt to manage pain through mechanisms that deny or distort the underlying causes of anxiety. In this understanding, an organisation may, for example, participate in processes of racial exclusion in its own ranks to displace an internal conflict, felt by all, onto an objectified 'other' (Frosh, 1989). Political experiences may even be part of the underlying anxiety and the defence against it. For example, the projection which results in racism might in fact represent a defence against a deeper guilt staff feel about not being able to alter the circumstances of the lives of their Black clients. This defence protects against the original anxiety, with its painful connection to the political system, and locates the 'inefficiency' within the Black staff or in their Black clients' unwillingness to change. As Frosh (1989) says, while psychoanalysis cannot explain the structural origins of social experiences, it can explain how they come to be lived, repeated and acted out in relation to one another. Through psychoanalysis, the emotional investment in these systems and their relative imperviousness to change (even when structural conditions are altered), can be better understood.

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A final way in which the political might be understood to constitute a part of the life of organisations is suggested by Cooper (1998). He asks an important question about how the defences adopted by institutions may be mutually reinforced by the cultural and political forms available in broader society. This seems a similar idea to that developed by Hollway (1989), who argues that the discourses within which people construct their very personal experiences are a function of individual defences as well as discursive possibilities and their ability to confer social power. Thus Cooper (1998) suggests there may be a push upwards from the roots of organisational defences against anxiety, and a simultaneous push downwards from broader ideologies in any society. This raises the possibility that the emotional life of organisations may also reflect prevailing social discourse along with its political implications. Of course this social discourse has itself been subject to psychoanalytic analysis to reveal the underlying political anxieties which may lie at its roots. The origins of these discourses may be more fully described within other frameworks of social theory, including discourse analysis and cultural studies. These are defined as outside the scope of discussion in this study, though their impact on the emotional experience of organisations is acknowledged.

In terms of my approach, it may be possible to employ a psychoanalytic analysis of organisations, which retains its rich understanding of emotional dynamics but broadens its lens sufficiently to keep political factors in view. I would not want to claim that this perspective is, in any way, a substitute for a sociological analysis of political conditions or discourses. Cooper and Treacher's (1995) reminder to be aware of the limits of psychoanalysis is important. But they acknowledge the value of this position, particularly in its ability to encourage thinking and to seek out the emotional truth of things. From their perspective, it is equally important in this quest for truth 'to acknowledge limits, gaps, vulnerability and a lack of knowledge' (p. 3). It is in this spirit that I attempt to explore what may be useful about psychoanalysis in exploring the political terrain of community psychology.

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3.8 The Role of the Consultant

In exploring how theoretical ideas translate into the practical work of consultancy, Palmer (2002) notes that those working in this framework focus their attention, not surprisingly, on groups. Beyond this, there is considerable variation in how the group might be used depending on the specific aims of the consultation. Hinshelwood and Chiesa (2002c) point out that there is a distinction between group therapy and the learning group which is exemplified in the Leicester conference, in which participants are encouraged to think about the group process and to learn from their experience. In this role, the consultant – more appropriately named a facilitator – provides interpretations of group dynamics. The object is for group members to learn generally about groups from experiences in them, and hopefully to use this knowledge – perhaps theoretically or more commonly in the context of the member's own work or other social situations.

In apparent contrast, the consultant who is called in by an organisation is usually expected to provide specified help rather than simply a space in which staff can develop their understanding of group process (Palmer, 2002). In spite of their more practical orientation, their work, like that of the group facilitator, might still involve careful observation of the organisation and an attempt to offer interpretations which assist

the organisation in its task. Regardless of the concrete task pursued, the consultant may also have to play a role in containing anxiety elicited through the process of exploration and activity (Palmer, 2002). Such exploration is sometimes provided through the medium of staff groups that are focused on the emotional needs of staff within an organisation (Rifkind, 1995) or in other less formal ways.

In mental health consultation, as discussed in Chapter Two, the primary task usually involves both education and support in an attempt to develop the organisation's sense of its own power as well as its capacity to act more effectively in engaging with the mental health needs of clients. The dynamics of the organisation are not the explicit focus. However, as the discussion through this chapter suggests, these organisational processes have a considerable impact on how organisations experience their work, on their ability to use the support offered and to learn from the exchanges of information that take place.

Learning and teaching, as is well recognised, call up unconscious processes as much as any other part of organisational life (Salzberger-Wittenberg et al., 1983). Emotional safety within the learning context is a necessary precursor to success (Watt, 1994). When the subject matter to be learnt about is emotionally based and takes its form from the organisation's view of its task, it is likely that the processes described in this chapter might well play themselves out in the learning situation. The support provided by a consultation relationship may equally be subject to the dynamics of organisational life. In the light of the framework provided in this chapter, the function of support is liable to be strongly influenced by fluctuations in the organisation's capacity to contain its own emotional experience as well as the complex projective mechanisms that link consultant and organisation.

Perhaps one of the most helpful contributions psychoanalysis makes to the role of the consultant is the notion of containment and in particular the 'thinking' function associated with it (Hinshelwood, 1991). One of the things that the consultant can usefully do during a consultation is to develop, with the organisation, a capacity for thinking about experience. This reflective position is a relatively passive one, although it seems that some consultants may play a more active role in giving advice about how to transform organisational structures to address specific needs. But Waddell (n.d.) argues that action is not necessarily the most helpful response to the awareness of distress. Instead, she draws a distinction between 'servicing', which defensively places action in the place of awareness, and 'serving', which involves active reflection on what is painful and difficult. The aim of the consultation may from this perspective involve making a sufficient container to allow experience, with all its potentially painful elements to be 'known' and thought about. This may include acknowledging, for example, the organisation's inability to prevent continued abuse of a client or the frustratingly slow process of economic transformation. Bearing in mind the need to incorporate a political understanding, it would also be important to look at how the issues raised may have considerable political weighting, which Waddell suggests is also an important part of what the 'server' needs to think about. This paves the way for those who work in organisations to develop a greater knowledge about themselves, their organisations and their position in the broader social and political environment.

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Those with a more political agenda might raise concerns about whether this 'thinking' and 'knowing' in themselves represent any contribution to required social changes. As Altman (2000) says: 'Political arrangements don't change just because we want them to change, because we think differently about them, or because more individuals become less prejudiced' (p. 608).

The 'thinking' position does not necessarily preclude action by the organisation and in fact may be seen as a necessary precursor to action, internal or even more social in nature. As Frosh (1987) suggests, it is only with growing awareness of the limits posed by unconsciously held ideology that change becomes imaginable. From this position, it is possible to see that the benefits of reflection and thoughtfulness go well beyond simple emotional containment. It is this element of opening up difficult areas of social life for scrutiny which transforms containment into a political tool rather than simply a process which, as its critics might suggest, encourages conformity by focusing on the need to adjust emotionally to a particular context.

It is not only the organisation and its members that unconsciously carry and reproduce their political context. The consultant may be equally affected, drawn into feeling aspects of the organisation's experience through transference and counter-transference. The concept of mirroring directs particular attention to how the consultant's experiences might mimic those of the client organisation. This can provide crucial clues to underlying anxieties of the organisation (Palmer, 2000) but may also mean that consultants become vulnerable to carrying, experiencing and even enacting many of the institutional anxieties and defences themselves (Roberts, 1994a).

In addition, the consultant brings to the consultancy relationship his or her own experiences and it is the constant inter-play of experience, mutual projection and reflection between the participants which creates the relationship. Main's (1975) recognition that the helper and the helped are 'creatures of each other' applies. But if the political additions are to be taken seriously, it needs to be recognised that consultants may bring their own identity to the relationship, made up of a variety of political components. In South Africa, where consultancy cuts across racial and class lines, the consultant's political identity as a professional and its frequent association with 'Whiteness' and privilege is a salient factor. It is inevitable that this identity would attract and carry all kinds of phantasy from organisations aligned to and identified with the interests of poor Black communities. The psychologists may equally carry phantasies about Black communities and project and enact these in various ways. Like their counterparts in the organisation, the consultants' views and ways of working may represent attempts to avoid painful aspects of their experience, to deal with guilt or perhaps manage anxieties about their usefulness in the community. This view is built on the recognition of the difficulty of consultants to escape their own social location in their interpretations of the experience of others (Gibson, 2001; Lubbe, 2000). This critical awareness of the consultants' own contribution to the process of consultation also needs to be introduced at the level of their investment in particular models and theories. Theories and particular approaches to the work might easily become not ways of opening up experience but of limiting or controlling what is seen to ensure that it is manageable and protects the emotional and political interests of the consultants. It is worth noting that Miller and Rose (1994) have been particularly critical of the Tavistock's activities and how they construct the power of therapeutic activity and the professionals

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involved. While their argument is convincing, it seems to alert us to the dangers of a particular way of using a theoretical model, rather than the dangers of the model itself. Nonetheless, it remains important to consider the unintended effects of proliferating a psychoanalytic approach to organisational life. Also, given the unconscious way in which these processes work, it seems certain that many of broader social dynamics in South Africa may be enacted and reproduced within the consultation relationship. This, of course, presents its own difficulties, but also creates a unique opportunity to explore the expression of these dynamics within the relatively contained setting of a relationship, and for all those involved to become aware of the influence of these political processes on them.

3.9 A Psychoanalytic Understanding of Consultation Needs

An organisation's experience of the helpfulness of consultations and its needs in relation to it takes its form against the background of the dynamics of the organisation, those of the consultant and the relationship between them. My intention is to explore below the surface of what community organisations say about their needs and expectations of the consultation relationship and to try to trace the different meanings that might be communicated. Apparently rational expressions of need and expectation will always convey aspects of the phantasies that exist around both organisation and the consultation relationship. I will try to unravel the form and meaning of these from the overt expression of needs. This will be done with reference to the experience of the organisation and to the relational matrix of the consultation relationship. In exploring the underlying meaning of an expressed need or set of expectations, I hope to be drawn closer to understanding some of the hopes and anxieties that these ideas carry, and in turn to be able to use these to reconstruct a deeper understanding of the needs of each organisation.

3.10 Conclusion

This chapter has offered an introduction to a psychoanalytic framework for understanding the dynamics of human service organisations and consultation work with them. The review of this approach has highlighted its potential to explore the less rational, more emotional and unconscious aspects of the consultation process. The dynamics of human service organisations may be strongly influenced by the anxieties projected into them by their clients and by the nature of their tasks in relation to them. These anxieties may also flow through the organisation into the consultation relationship itself. In addition to offering this account of the emotional processes that may be evoked, I have argued that psychoanalysis has the potential to address the more politicised concerns of community psychology through its subtle and complex understanding of the inter-relationship between personal experience and politics. The needs and expectations organisations experience within a consultation relationship may be anticipated to express and illuminate some of these underlying emotional and political dynamics.

In the next chapter, I locate the theoretical ideas developed through this and the previous chapter within the context of the specific programme of consultation described in this thesis.

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CHAPTER FOUR

A MODEL OF COMMUNITY CONSULTATION

4.1 Introduction

In this chapter, I outline the model of community consultation that provides the focus for this research study. The model, developed at the University of Cape Town's Child Guidance Clinic, was designed to give students an experience of community-oriented work during their clinical psychology training. It was also initiated as an attempt to develop and test the efficacy of community-oriented modes of practice. The model drew from both community psychology and the psychoanalytic ideas discussed in the previous chapter. It can be deceptive to present models of psychological practice as though they were discovered ready formed, rather than as having emerged through the much less orderly process of lived experience, of which the case studies described in this thesis are a part. In an attempt to avoid this misleading reification of the 'model' of work, I will counter-pose a description of its basic features against a more reflexive account of the historical development of the programme, drawing largely from my own experience within it.

4.2 The Context of the Child Guidance Clinic

The Child Guidance Clinic is part of the Psychology Department of the University of Cape Town. It serves as the site of professional clinical psychology training for students at Masters level[1]. To offer the required training experience, the Clinic, as its name suggests, operates as a fully functioning psychological service to children and their families. There are normally two to three full-time academic staff and they are expected to provide teaching and clinical supervision, and to pursue academic tasks including research and administration. They are assisted by a number of part-time staff with professional expertise, who provide additional supervision, training and clinical services. The resource demands of this intensive training programme mean that a maximum of eight students can be absorbed in any year.

In addition to attending seminars and preparing academic papers, students are involved in providing professional services to the children and families who approach the Clinic for help. They offer the usual range of services including psychometric assessment and individual, family or group psychotherapy. With the development of the community consultation programme, the students were expected to serve as co-consultants on an existing project. They provided on-going consultation to a human service organisation with which the Clinic had an existing relationship. They worked usually with a fellow student as well as their supervisor, who played an active role in the consultation. The supervisors have, for the most part, been long-time staff members, but given the relative novelty of the approach, were often learning to adapt their own skills as they trained others. The students were based at the Child Guidance Clinic for the first year of

[1] A master's degree in clinical psychology is currently the requisite qualification to become a clinical psychologist in South Africa, although a doctoral degree is soon to be introduced in its place.

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their training only, before proceeding to an internship in the local hospital system. Their consultation work formed part of this clinical training and there was, of necessity, a yearly rotation of pairs of students through the consultation projects. The involvement of supervisors was, where possible, constant. Further opportunity for training in 'community settings' during the internship occurred, but this had a slightly different form and is not the focus of this thesis.

4.3 The Development of Community Consultation at the Child Guidance Clinic

4.3.1 The early years

In the formal understanding of the Clinic, the aim of community consultation partnerships was to develop the capacity of key organisations to deal with the emotional needs of clients in their care. In particular, the programme targeted organisations that worked with groups considered to be 'at risk' of developing emotional difficulties. Given the Clinic's focus on children and families, most of the organisations we worked with were involved in caring for children and most were located in and served the needs of the historically disadvantaged African and Coloured communities around Cape Town. The objective was to improve the standard of care these children received and, where possible, to assist the organisation to address adverse circumstances to which the children might be exposed. As Dawes and Donald (2000) have suggested, this work was thought to be able to enhance the quality of the children's lives as well as to prevent development of more severe mental health problems. The ethos was informed by the empowerment agenda of community psychology and part of its purpose was to facilitate attempts by organisations and communities to claim their rights to mental health more effectively within South Africa's new democracy. This formalised understanding was the end product of particular history and context that were important in influencing how the programme unfolded.

The Child Guidance Clinic started in 1935 as an initiative of the staff in the Psychology Department in the University of Cape Town (Child Guidance Clinic, n.d.). It began as an attempt to meet a perceived need for more specialist services in child mental health. Later it took on the function of training post-graduate students in the practice of clinical psychology, but retained its original interest in service provision. Its location in what, under apartheid, was a White suburb of Cape Town ensured that its clientele were mainly White, middle class children and families who received a range of child and family focussed interventions (Melvill, 2001). In the mid-1980s, the countrywide political violence reached Black areas not far from where the Child Guidance Clinic was situated. This forced a growing awareness of the needs of affected communities and particularly children (S. Swartz, Dowdall & L. Swartz, 1986). The largely White staff and students at the Clinic began, in response, to explore ways in which they might make their services more accessible and more appropriate to the needs of nearby Coloured communities (S. Swartz et al., 1986).

Psychologists and trainees at the Clinic increasingly responded to requests to make psychological knowledge available to local organisations, including childcare organisations and more obviously politically aligned

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groupings. The staff seemed quickly to gain a reputation for anti-apartheid sympathies and initial requests for assistance were inevitably linked to specific external political conditions including mass detentions, police shooting in the street and the widespread panic that accompanied such phenomena. The Clinic staff and students provided information on such issues as how to minimise the psychological effects of violence on the broader community, how to keep children calm in a crisis as well as more specific advice on how to manage when a loved one was in detention (Gibson, 1986; Gibson, 1988; S. Swartz. & L. Swartz, 1986).

I was a student doing my professional training in psychology during the earliest years in which this practice began and recall the political idealism that seemed to underlie these forays into 'the community'. The Clinic's political position was strongly influenced by the politics of the United Democratic Front, which encouraged organisations to put aside differences of class and race to create a powerful anti-apartheid alliance (Seekings, 2000). The moral act of simply supporting the 'struggle' seemed to be an end in itself and there was, at first, relatively little attention paid to the precise form of work undertaken and its effectiveness.

The Clinic's work was also influenced strongly by the broader debates in South African progressive psychology. Indeed, a number of Clinic staff contributed to these debates. The general lack of faith in psychology's relevance and its ability to impact on the clearly political causes of people's distress resonated in the Clinic, where there was a shift away from presenting the psychologist as an expert towards an approach which emphasised a more democratic sharing of psychological knowledge. This, together with the recognition that psychologists needed to work with groups and organisations rather than individuals, resulted in 'the workshop' becoming the intervention of choice (S. Swartz et al., 1986). These workshops were perceived as a means by which people could explore their own psychological understanding of the political events they were experiencing, and could strengthen themselves (often to engage more effectively in the 'struggle') through this knowledge in combination with the support offered by the group.

In spite of the political enthusiasm that prompted these forays into 'the community', experience quickly gave rise to more critical reflection on problems that emerged. S. Swartz & L. Swartz (1986), for example, pointed out how political ideals sometimes got in the way of effective work in one of the earliest interventions with a community organisation. The centrality of 'democracy' in opposition to the tyranny of apartheid combined with central tenets of community psychology to create a general anxiety about any expression of expertise – so much so that during a series of workshops with pre-school teachers, psychologists were so reluctant to provide formal input that the teachers may have been left wondering why indeed they had bothered to ask for their help. Sterling (2002) also offers a retrospective account of associated problems with another of the Clinic's early interventions with a primary health care project. She describes how the Clinic's idealisation of the community and its capacity created difficulties. As she explains, the belief that communities could and should provide for their own needs was sometimes experienced as a considerable burden for those trying merely to survive. The idea that communities take on the burden of, for example, providing counselling in addition to other demands such as health or education

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may have been unrealistic in many cases. Sometimes, there was an impractical anticipation that 'sharing skills' represented a quick way of addressing mental health needs, and frustration when the process did not seem to be as efficient as we had imagined.

4.3.2 Formalising the approach

In the late 1980s and early 1990s, on-going work with community organisations began to show up some of the complexities involved. During this period – when I was no longer connected to the work of the Clinic – there were important developments within the model of practice intended to address problems as they emerged. An externally funded post was created within the Clinic, which facilitated more systematic reflection. This was the role that I was to take on some years later. Through the work of my predecessor, Ray Lazarus, the model the Clinic was piloting seemed to gain increasing credibility amongst the highly politicised network of non-governmental organisations, trade unions and political groups that made use of its services. Although strong political motivation remained and work was still frequently done with politically linked organisations, a greater attempt was made to integrate this community work with the more general psychological focus of the Clinic, and to formalise it as part of the student's training. Although its roots were clearly still in the broader arena of community psychology, the work was beginning to take clearer form as a kind of consultation process, with a stronger acknowledgement of a specific mental health focus.

Increasingly, the Clinic responded to requests from human service organisations working with less obviously politicised concerns in areas like mental handicap, health and education. In part, this change may have been made possible by the changing political climate after the announcement of the unbanning of the African National Congress and Pan African Congress in 1991. This perhaps decreased the sense of political urgency and provided a space in which other, less overtly political, areas of need could be thought about. Two of the three case studies presented in this thesis were initiated in response to requests for assistance made during these years, and both seem to reflect a slightly less overt political agenda in dealing with abandoned and handicapped children. The focus of much of the work at this time remained on training, largely through workshops. While it was recognised that the workers in some organisations might require emotional support, this seemed to take a secondary role in relation to the provision of skills and knowledge. In many cases workshops taught counselling skills and a manual was developed specifically to assist this process (Sterling & R. Lazarus, 1995). Requests for help around issues such as appropriate discipline for children or child sexual abuse often provided the focus for interventions.

On the whole, there seemed to be an increasing shift from political idealism to a more cautious approach. The few file notes that exist from this period show what appears to be a careful negotiation of the relationship through needs assessments. There also seemed to be greater attention paid to the process of training itself, to the form and content that were most helpful. Here it appeared that the ideas of Paulo Friere (1970) on the value of participative learning in empowering people helped to provide some of the underlying framework of understanding. There was consideration of cultural issues in the learning process and the potential for misunderstanding between psychologists, often White, and their Black partner organisations.

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Particularly was this so as the work extended into African as well as Coloured communities, whose proximity to White areas had made them the first focus of the Clinic's attention. It seems from the file notes, as well as from discussions with those working at the Clinic at this time, that there was also growing realisation that this kind of work took time. The idea of 'skills' being taught in a few workshops seems to have been abandoned in favour of longer term consultation relationships that were allowed to evolve over time and in which the Clinic responded to various requests as they emerged. Finally, with more general concern about the need to train a new breed of psychologist, there seemed to be a more systematic consideration of the way in which this work might help psychologists develop the broader range of skills they needed to work in the South African context (R. Lazarus, 1988). Finding ways of developing trainee psychologists' skills and interest in community-oriented work, which had seemed fairly incidental in the early years, was now given far more significance. It was part of a long-term strategy for transforming psychological practice. In turn, this consideration helped to force the development of a more structured approach within the model itself.

Since the end of the 1980s, the Clinic had received funding from an external aid agency to develop its programme. In keeping with much of the approach to anti-apartheid funding during this period, the terms of reference were fairly loose. For many organisations it was enough that they identified with an anti-apartheid agenda. The details of activities were often given less importance than their overall intention. However, the understanding of those who worked at the Clinic was that the funding was primarily aimed at addressing the service need to portions of the population – particularly children – who had been adversely affected by apartheid and still had little access to mental health services. As vague as the funding arrangement seemed to be, the need to produce regular reports on activities and developments helped to produce the outline of a 'model' of practice which was being called 'community consultation and training'. This practice increasingly constituted a central part of the Clinic's work and was considered as important to training as more conventional practices of assessment and intervention with individual children and their families[2]. The value assigned to this work may of course have been partly a response to the external funding which it attracted, which was often more than the university allocation for normal running costs.

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4.3.3 Integrating psychoanalytic ideas into consultation work

I arrived from Johannesburg, where I had been since 1987, to take up my post as convenor of the community consultation programme midway through 1994. Although I had remained involved in the progressive mental health work of the 1980s and early 1990s, I had also retained an interest in psychodynamic practice and in psychoanalytic theory, which I taught as well as used in my own private work. Initially, I had experienced the tension I have already described between what seemed like an indulgent interest in intra-psychic emotional experience and the obvious pressing realities of traumatic external conditions that affected so many South Africans. However, the shift in political climate and the imminent end of apartheid seemed to

[2] Leslie Swartz, who was the Director of the Child Guidance Clinic during this time, confirmed that community consultation was being accorded a more formal place in the curriculum and activities of the Clinic during this period.

allow me, as well as others, a new freedom to explore possible links between my psychoanalytic and political interests. Shortly before arriving at the Clinic, I had begun tentatively to explore ways of bringing together my interest in psychological 'skills training' with a more psychoanalytic approach to group work at several schools in Johannesburg (Gibson, 1996).

My arrival came shortly after the first of many visits by Valerie Sinason, a child psychotherapist from London[3]. She had begun to introduce the Clinic and its staff to ways in which psychodynamic thinking could be useful in making sense of difficult experiences in their consultation work. This coincided with an increasing awareness that the training process was often swayed by powerful emotional dynamics. These dynamics seemed to emerge much more clearly in the longer term consultation relationships the Clinic was establishing. Consultants were struck by the way in which relational processes within and between organisations often disturbed and, in some cases, completely disrupted the effectiveness of the interventions. Understandably, there is little documented about these 'failures' in community intervention, but it was common knowledge amongst those working in this area that the work frequently seemed fraught with tension and frustration for all involved. Even the most sensitively contracted and mutually developed training processes seemed sometimes to flounder in the face of unexplained resistance or hostility. In some cases, an intervention proclaimed to be a great success by all would mysteriously lead to little change in either thinking or practice. In other instances, when workers did use the ideas, this seemed to be for frustratingly short periods until they quickly reverted to old patterns and the original problems associated with them. Concepts in community psychology, particularly around power dynamics, seemed to provide some understanding of these dynamics but did not always do justice to the intensity of the emotion that seemed to be generated in the process.

Disruptive emotional responses were not only produced by the consultee organisation but also came from within the Clinic. This was most obviously manifested by students who sometimes seemed to vacillate between a fierce sense of commitment to the work and feelings of being emotionally overwhelmed, which in turn created problems for the supervising staff (Gibson, Sandenbergh & L. Swartz, 2001). The students' difficulties may have arisen from a range of problems. One of the most difficult seemed to be the frequent experience of cultural and linguistic difference between them and the communities with which they worked. There had been attempts to increase the number of Black trainees, but in most years they still represented a minority grouping. Even when more Black students were available to work with Black organisations, they still seemed to carry the burden of being part of the historically White institution of the University of Cape Town, and their own experience of alienation within this (Christian, Mokutu & Rankoe, 2002). Staff at the Clinic remained predominantly White and it was seldom possible to match consultants to an organisation in terms of race or language, even if it had been thought desirable. Students struggled with their awareness of poverty and deprivation in the groups they worked with. In addition, they seemed to find the role of consultant sometimes vague and confusing (Blackwell, 1999), an experience perhaps exacerbated by the lack

[3] Valerie Sinason was a child psychotherapist initially based at the Tavistock Clinic and later at St George's Hospital in London. She is currently a psychoanalyst and runs the Clinic for Dissociative Studies in London.

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of a coherent theoretical model. The product of all this was that, while they often expressed politically progressive sentiments, they seemed to compare community consultation work unfavourably to the relatively more clearly defined tasks of the psychologist in the consulting room. Supervisors and staff attached to this programme seemed to become the indirect recipients of these dissatisfactions, which combined with the emotionally taxing nature of the work to create a heavy burden on their emotional resources.

My own experience was not dissimilar to that of my colleagues, or indeed to that of the students themselves. The work seemed to engender a particular excitement amongst us. I recall enthusiastic discussions with colleagues and the sense that the work was both valuable and challenging. But it was harder to sustain this enthusiasm and belief outside the staff group. I became conscious of the students' struggles with the work and with the supervisors' needs for support. In my position as convenor, I was often very aware of needing to provide containment for others but frequently found myself struggling with my own doubts about whether what we were doing was useful either to students or the organisations.

In spite of these demands, or perhaps because of them, a close and cohesive network was set up amongst staff members and supervisors who worked on these projects. In frequent meetings and discussions, we encouraged in one another a much-needed sense of the value of the work we were undertaking. Inasmuch as this facilitated a helpful and protective support base, it perhaps also represented a defence against the underlying doubts and anxieties (Roberts, 1994a). An organisational consultant with whom we later held discussions pointed out what appeared to be a degree of grandiosity in our sense that we were involved in 'ground-breaking' work. There may have been some truth in this interpretation, as our belief about the value of our work seemed in retrospect to escalate as the Clinic struggled against increasing threats to our survival and way of working. The University of Cape Town was experiencing a financial crisis and there were doubts within the university about whether a small, staff-intensive unit like ours was viable. Amidst general anxiety about financial survival and threats of retrenchment, colleagues in the Psychology Department seemed increasingly concerned about the drain on their resources that our work represented. There were suggestions that clinical work was indulgent and, like many research-oriented departments, there seemed to be a deep scepticism about the value of 'practice' in contrast to the well-recognised academic advantages of research publication.

The local psychiatric hospital system, which formed part of the training structure, was experiencing dramatic staff and resource shortages. It was concerned that the focus on 'community work' would mean proportionally less time, energy and resources devoted to their overwhelming demands in dealing with serious psychiatric problems in the hospital itself. Finally, during the time I worked on the programme, there was a major change in the structure of our funding relationship and a new set of demands on us to prove our value. In keeping with broader shifts in the funding climate in South Africa (Parekh et al., 1997), a change in the policy of our major donor led to a re-assessment of our formerly comfortable funding position and we were subjected to a formal review process which took most of 1998. Although the recommendation at the end was positive (cf. Budlender & Prinsloo, 1998), we were subject to a new regimen that demanded a much

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more rigorous reporting process. It also resulted in a reorientation in our focus from service provision to what our funder called 'development' work. In practice, this meant an increased focus on evaluation and research on our model.

In the face of such challenges it seemed that the community programme came to be invested not only with a powerful moral commitment but also with a protective fervour. Against that, the challenges fed our own doubts and uncertainties about the value and usefulness of our practices that sometimes made it hard to sustain work which itself was emotionally demanding. Our doubts were sometimes exacerbated by obvious flaws that emerged during several consultation relationships. In spite of, and in part because of, these underlying emotional tensions, there seemed to be a strong impetus from many of those involved to explore and develop the model of work in more detail, an interest out of which this thesis developed.

As convenor of the community consultation programme, I was conscious of pursuing different interests and tasks around the development of the work. I retained a strong interest in the political processes involved in any relationship between professionals and 'the community', especially given the history of apartheid, which had created such obvious divisions. I was also hoping to find some way of using my psychoanalytic knowledge to make sense of the emotional experiences that seemed a part of this process. I was also keen to try to decrease the disjunction students seemed to experience between the traditionally therapeutic aspects of their work and the tasks undertaken in the community consultation programme. Hopefully, that would reduce the apparent splitting that occurred to the detriment of the community work. I also wanted to systematise some of the practices involved and bring them into line with more rigorous standards applied to some other forms of clinical work offered at the Clinic. Finally, I hoped to be able to try to develop a clearer understanding of the theoretical ideas on which the evolving practices rested and in terms of which they might be developed. The model of community consultation described below represents an attempt to manage and respond to these needs.

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4.4 Understanding Community Consultation

The history above alludes to three main interests that helped to shape the Clinic's model of community consultation. These included, firstly, the progressive political agenda out of which it originated; secondly, a more conservative interest that was concerned with what students could manage and what basic skills they needed to learn during their training; and, finally, an attempt to acknowledge and work with the powerful emotional responses that seemed to be elicited during consultation. The product of these different agendas seemed to be a model that most closely resembled that of mental health consultation but which attempted to work more substantially with emotional and political dynamics in the organisation and in the consultation relationship itself. In practice, it took the form of providing a mixture of supervision, training and support to organisations such as schools, clinics, non-governmental organisations and children's homes. The initial aim, which had been the transfer of psychological skills, remained a primary concern within the model. However, although much of our original work had involved training in counselling, it became clear that it was not always helpful to simply duplicate the practices of psychologists amongst human service workers

who were understandably reluctant to take on a new task in addition to other demanding activities (L. Swartz; 1998). Instead, we began to adopt the more contextually sensitive aim of increasing their capacity to deal with the emotional needs of their charges within the context of their own defined area. In other words, our intention was to create greater capacity amongst nurses, child-care workers, community health workers, teachers and others to integrate psychological ideas in appropriate ways into their everyday activities. Although it was recognised that greater knowledge and skill often allowed workers to identify those children in particular need of psychological assistance and to refer them appropriately, the scarcity of referral resources stopped this from being the primary aim. The intention was rather to provide children with good, on-going care and through this to increase their general resilience. This somewhat conservative aim was held alongside a broader recognition of the need to empower workers to remain aware of, and to challenge, the political and social contexts that often fed into their demanding work conditions as well as their clients' difficulties.

Given that many we worked with had little background in mental health and were dealing with very difficult problems, it re-affirmed the necessity for long-term relationships with organisations within which we could respond to workers' needs for on-going training and where necessary provide other kinds of help (Maw, 1996). The relative powerlessness of many we worked with also drew us into playing an advocacy role which was consistent with our broader community psychology orientation, although not generally regarded as part of the consultant's role within a mental health consultation model (Maw, 1996). In addition, we continued to emphasise the value of the consultee's own contribution to the development of shared knowledge. Workers were recognised as being vital interpreters of cultural meaning to the consultants who, as L. Swartz (1998) has suggested, might be out of touch with local concerns and ideas. In this way the consultation relationship was understood as a partnership rather than a didactic process. Finally, the practices of community development work, from which we drew an understanding of empowerment, suggested that it was more appropriate to adopt a holistic approach to capacity building, focusing on the needs of whole organisations rather than on the interests of particular individuals (Orford, 1992).

Although all of these elements were important, the need to make sense of the emotional processes in the consultation relationship became increasingly central to the model. It had become clear that workers' willingness to learn about, and work with, the emotional needs of children was strongly influenced by the stress they experienced in their work. Ability to develop new skills and knowledge depended on their being able to continue to learn under the sway of very difficult emotions often generated by the demands of the work itself. Ability to translate this knowledge into a capacity for engaging sensitively with the children in their care and to help address their needs was also clearly affected by their general levels of stress, a phenomenon recognised in a wide variety of research and theoretical traditions (Beehr, 1995; Newton et al., 1995). Their ability to manage these feelings seemed to depend not only on their individual resources but, more importantly, on the support they received from their organisation. This realisation again reaffirmed a focus on the organisation as a whole rather than on the individual worker and his or her level of stress or capacity to use psychological knowledge. Borrowing from the psychoanalytic ideas about organisational

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functioning described in Chapter Three, we began to recognise that organisations seemed to be subject to irrational emotional processes similar to those found in distressed individuals. Many of these processes seemed to represent an attempt by workers to manage the painful experiences projected into them by their clients (Halton, 1994). In an attempt to deal with such anxieties, organisations often developed practices and beliefs that, driven by irrational anxieties, overturned their own conscious goals and interests as well as their ability to use the consultation process. It seemed that only by addressing these dynamics could the motivation, knowledge and capacity of human service workers to engage with the needs of children in their charge be fully developed.

At the same time as developing our understanding of these emotional processes, we continued to develop an understanding of their connection to the political ideas that informed our broader community psychology orientations. Our experience suggested that the roots of many of the emotional processes we worked with in organisations were in fact highly politicised. Individuals appeared to bring to organisations their own political histories, often from very different sides of the apartheid fence. In addition to a (sometimes strong) political or social commitment, which sustained them, they also brought their particular areas of vulnerability and pain associated with race, gender and class identities. The clients, too, seemed to carry a multitude of experiences related to discrimination and abuse attached both to their identity and their handicap or difficult circumstances. The organisations we worked with reflected their political context even more directly. In obvious ways they reflected this in their access to resources, the division of which reproduced in many ways the broader material inequalities of apartheid. Further, the internal structures often seemed to carry the legacy of authoritarian practices either in the form of old style management or, more usually, in inconsistent styles arising out of a mistrust of authority. Political pressures seemed to create, within some organisations, a mirror of the broader political terrain and contributed to the pool of difficult feelings. These feelings seemed not only to undermine the staff's capacity to carry the heavy emotional burden of their work but also their ability to change their own circumstances or advocate on behalf of their clients (Gibson & L. Swartz, 2000).

In terms of our understanding, the consultant's job was to work with the organisation to make sense of the consultation request in the context of the organisation as a whole. Within this, the consultant's role was to facilitate the organisation's recognition of its own underlying emotional needs and experiences and provide a temporary container for anxieties that could not be dealt with by the stressed organisation itself. As these feelings are verbalised by the consultant and the organisation, they are experienced as less frightening and thus more easily tolerated. This, we believed, would reduce the organisation's need to develop ways of coping that could be unhelpful to clients and staff and allow the organisation to acknowledge and receive support in dealing with anxieties. In this way the consultant could facilitate thinking processes in the organisation, which in turn would allow for the possibility of rich and meaningful learning.

The dynamics of the consultation relationship also became a focus, offering helpful insights into the dynamics of the organisation itself, through the mechanism of projection. It became apparent, however, that

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it was not only the organisation but also the consultants who carried unrealistic phantasies about one another into the relationship, resulting in a range of inter-subjectively created experiences. We were reluctant to lose sight of the real inequalities and power differences that helped create the form of these relationships and tried to remain aware of their significance. Understanding these processes became an increasingly key focus in our work insofar as they seemed to convey valuable insights about the struggles the organisation was facing more generally, as well as about the nature of the political and social context of which we, the organisation and its clients were a part.

In summary, the Clinic's theoretical model of community consultation saw a link between the emotional experience of the client, the staff of the organisations' responses to their work and their experience in the consultation relationship. The underlying aim was to work with the organisation in understanding the difficult feelings that might arise out of the nature and focus of its work as well as out of the broader social and political context and the organisational ethos that is partly a consequence of these things. The approach also rested on an understanding of the dynamics of the relationship between the consultant and the organisation. This provided key insights into the experience of the organisation and into the additional emotional and political dynamics that were a part of this complex relationship

4.5 Consultation in Practice[4]

In spite of the variation in the needs of specific organisations, there did seem to be some common requirements. These gradually coalesced into a set of guiding principles that informed the way we approached community consultation.

Drawing from our knowledge of other psychological therapies (Gray, 1994), a clear frame that protected the relationship between consultant and organisation was an essential starting point. This was recognised to be particularly important given the potential for boundaries to become confused in this work (L. Swartz, 1996). Both consultants and their partner organisations needed to say clearly what they could and could not do. As the process of making sense of the organisation's needs was an unfolding one, the initial agreement often had to be re-negotiated. But while such contracts were necessary for a mutually respectful relationship, the emotional processes that affected the work invariably created misunderstandings and disappointments, however well the contract had been negotiated.

The difficult process of dealing with painful feelings and altering established patterns seemed to require a commitment from consultant and organisation alike. Thus we only responded to requests for assistance and did not initiate overtures ourselves. In our thinking, this increased the likelihood that organisations would be invested, at least consciously, in participating in a process that was not always immediately rewarding for them. There were of course problems with ascertaining whether a request for help from an organisation was

[4] Much of the material in this section has been previously published in Gibson, K (2000), 'The emotional experience of working with troubled children: A psychodynamic approach to organisational consultation', in D. Donald, A. Dawes, J. Louw (Eds.), Addressing childhood adversity. Cape Town & Johannesburg: David Philip.

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necessarily supported by all its members. We also tried to assess carefully the extent to which an organisation might benefit from a consultation relationship and whether it, or we, seemed to have the necessary resources to engage with the demands presented. Bearing in mind long-standing cautions in psychology about who may or may not benefit from psychological interventions (Malan, 1979), we acknowledged that some organisations might not have the necessary infrastructure to deal with the difficulty of learning new ideas or taking on tasks that could exceed their already stretched emotional resources. In this situation, it is neither possible nor appropriate for organisations to take on new demands. Maw's (1996) research with individuals in consultation suggests that this kind of assessment may be as valuable in community-oriented work as it is in psychotherapy with individuals. Because our students needed a manageable work experience, we also tended to work with better functioning organisations rather than those struggling with issues that seemed to threaten their very existence. In practice, however, it was not always possible to predict changing circumstances in an organisation.

The community consultation work often seemed to challenge the conventional roles and boundaries clinical psychologists employed in their work with individuals and families. Consultants were inevitably working outside their familiar consulting rooms in the organisation's premises. There, they had to fit in with space and other demands over which they had little or no control. Additional anxieties arose about how to manage the social demands of the consultancy role. Unlike in individual work, where the roles were clearly defined as client and professional and the work strictly focused on therapeutic interaction, the consultant would sometimes end up joining the organisation's workers for tea and normal social chit-chat. These experiences seemed to require that consultants be capable of responding flexibly and that they felt comfortable enough to manage without the clear limits governing conventional practices. But in spite of the obvious need for a more open approach, we discovered that, in fact, clear boundaries were helpful for both parties. The rules governing the interaction could be as minimal as the consultant arriving at a regular time, or consistently staying on for a cup of tea. Whatever the rules, provided they were consistently applied, they seemed to offer a degree of security in the relationship, which protected both parties from the unpredictability that undermines trust (Gray, 1994). We hoped that maintaining boundaries with organisations would help to model for workers the legitimacy of establishing their own boundaries with clients (L. Swartz, 1996). We also tried to pay particular attention to punctuality, consistency and reliability in our attendance and our professional and social interactions.

The theoretical ideas underpinning our model clearly stressed the importance of focusing on the organisation as a whole. This included not only management and workers, but also the clients, who are an important part of both the ethos and the functioning of any organisation. The consultant is also seen as a part of the organisational system through his or her involvement. In this holistic view, individual role-players were considered more for their position and voice within the organisation and less for their unique histories and issues. This helped to direct the consultant away from the temptation to blame an individual or particular group within an organisation for its problems and redirect him or her towards the welfare of the organisation

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as a whole. This view did not, however, exclude the need for staff and the consultant, in the role of advocate, to challenge the reality of unfair labour practices where they existed.

The organisations we worked with were recognised to be closely linked to communities and social structures. They were understood to be affected directly and indirectly by conditions and developments in their surrounding environment. So, for example, the problems at a particular organisation could not be understood without also looking at the impact of the welfare budget on its resources or the effects of gangsterism in the surrounding area on staff morale. The wide range of systems and sub-systems that might be involved in any particular problem often created an unwieldy number of possibilities for intervention. To avoid the difficulties associated with this, we tended to make strategic choices in intervention while recognising the deeper or more complex roots of any particular problem. While we sometimes tried to address issues that seemed most important for the organisation, we were often limited to working with issues where it was possible to effect change. It seemed important to understand the influence of a wide variety of factors on an organisation's problems but also to recognise that the solutions were not necessarily simple. Equally, it seemed important to choose goals that were achievable so participants were not weighed down by impotence and frustration.

Consultation was recognised to be a complex, unfolding and often unpredictable process. It required constant reflection and re-formulation, and the consultant had to be responsive to new or previously hidden needs. It seemed too easy for consultants and the consultee organisation to get stuck in a particular intervention activity that had become institutionalised through repetition. This was especially so when the intervention itself could be serving a defensive function for the organisation or the consultant (Bolton & Roberts, 1994). To prevent this happening, consultants were encouraged to remain open-minded. Because this state is hard to achieve in an on-going way we encouraged the use of supervision challenge safe assumptions or practices. Those involved in consultation work were encouraged to reflect on their own emotional responses, challenge their motivations and acknowledge their own irrational responses. This approach, however, perhaps did not sufficiently acknowledge the way in which the shared institutional context may have limited both the consultants' and their supervisors' thinking.

Importantly, the consultant not only had to be able to listen but 'listen deeply' to what the organisation was saying (Stein, 1994). Halton (1994) describes the consultant as listening on the boundary of conscious and unconscious meanings. In practice, this involved being open to witnessing and experiencing the emotional responses of the organisation, to hearing some of the unspoken needs and tracking the symbolic meaning of what is verbalised. It also required the consultant to track carefully his or her own emotional responses which sometimes offered important clues about the emotional experiences of the organisation as well as their own emotional contribution.

This model was designed to be flexible and attempted to understand the particular consultation needs within the dynamic structure of a specific organisation at any time. After an initial attempt to make sense of the

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organisation's needs through interviews with key representatives, an understanding of the expressed needs was normally negotiated and an appropriate intervention planned and agreed. Although our overall intention was to facilitate the development of psychological understanding in the organisation and to empower staff to develop their own capacities, in practice the intervention could and did take various forms. The intervention strategies we most often pursued include one or more of the following: staff support groups, formal training workshops and individual supervision or consultation with particular members. On occasion we helped with networking on behalf of an organisation or were drawn into making practical suggestions for structural change. In most cases, however, interventions were understood to operate on more than one level of need simultaneously. They were intended take account not only of a practical work-related need but also a more hidden emotional need, which could affect the way consciously acknowledged tasks were pursued. In many cases, both could be dealt with through a single intervention, provided attention was paid to the different levels of meaning involved. For example, a series of workshops on discipline techniques may have met a widely acknowledged need in a school but may also have provided staff with a relatively unthreatening forum in which to begin talking about general feelings of impotence. This in turn could lead to attempts to develop a firmer management structure more capable of providing protection for pupils and empowering staff to challenge the State's allocation of resources.

Students were encouraged to document carefully their on-going work with organisations. The documentation of experiences in the sessions and reflections on the process were part of how we evaluated their competence. It also seemed to play an important part in holding students' anxieties (Gibson et al., 2001). Although they sometimes complained about the demands of writing up each session, some have reported that externalising their thoughts in this way made a difficult task feel more manageable. It also seemed to work against the sometimes destructive tendency to act impulsively and thoughtlessly in emotionally demanding situations.

In the model of community consultation we also placed considerable value on the role of support, not only for the organisation but for consultants. The supervision was seen as a necessary component of the reflective process we hoped consultants would bring to their work. Allowing students to work in pairs was another way of helping them manage difficult feelings evoked in their work. Finally we recognised that supervisors themselves required support for their emotional experiences in this work. To address, this we developed a multi-tiered support system. Supervisors and other staff working on the programme would attend regular supervisory discussion meetings within which they could process and reflect on their own experiences.

The apparent neatness of the model presented here, like all models, captures only partially the experience of practice. Not only do some of the consultation case studies discussed in this thesis have a history dating back to before the current working model, but they followed a much less predictable path than this account might suggest. This in fact is part of the motivation for the current study, which is intended to give substance to the model by exploring its translation into lived practice.

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4.6 Evaluating the Model in Practice

In 1998 and 1999 (when the interview material used in this study was collected) there were 12 partner organisations linked to the Child Guidance Clinic through on-going consultation relationships based on this model in its present or earlier form. At various times, closer to 20 organisations were involved. One organisational partnership was sustained over eight years and most of the others had lasted for at least two years.

In the initial phases of the model's development, little attention was paid to formal evaluation processes. Like many projects of the 1980s, our programme developed organically and in response to what appeared to be pressing community needs. In recent years, we became more aware of the importance of evaluating effectiveness in the interests of on-going work and in response to increasingly stringent demands from potential funders. Some attempts were made to explore the impact of the model through an external review initiated at the request of our major funder. While this review suggested that our partner organisations had found our contribution valuable, its terms of reference were vague and little specific could be drawn from the findings (Budlender & Prinsloo, 1998). On the other hand, a large number of student research reports and theses have focused on aspects of the consultation relationship, many of which have contributed to the understanding I offer in my discussion of literature throughout this thesis. They include research into such diverse issues as the assessment of workers in terms of their suitability for working in these kinds of partnership (Maw, 1996); contextual factors affecting the consultation process (Holdsworth, 1994); the process of training (Long, 1999), and the assessment of needs and experiences in the consultation process (Abbas, 1998; Hanley, 1998; Marumoloa, 1998). These last three studies, conducted under my supervision, were also aimed at beginning the process of data collection in my own research and some of the interview material is used in the case studies I present. While many of these studies have made important contributions to the understanding of our community consultation model, none have been concerned with the programme as a whole or with the model of consultation itself. My own research was motivated by a concern to explore more systematically the strengths and possibilities of the model of work that I had played a part in developing.

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There are of course many different ways of evaluating a programme such as ours, the most common being to assess its capacity to meet its own stated aims (Louw, 2000). In these terms, the basic intention, despite differences in consultation relationships, is for the workers to increase their ability to manage the emotional demands of their work; to think psychologically about the needs of children in their care; and to integrate this thinking into their work with children. An evaluation of our programme might therefore focus on assessing the impact of our work on our partner-organisation's ability to develop and maintain capacity to attend to children's mental health needs, in their broadest sense. It might be possible to look at hard data, including assessing shifting patterns in the incidence of mental health problems amongst the children, establishing the stress levels amongst staff, observing and coding interactions between staff and children, and so on. These rather crude measures would not altogether capture the subtle effects that might emerge out of a model like

ours which operates in the complex area of intra- and inter-personal interaction. Here, even the psychological benefits for the children may not be easy to define or identify in the short term (Gibson, 2000).

There are other problems in adopting this kind of 'external' assessment. It is difficult to identify a precise moment at which a desired end-point is achieved in the on-going consultation process we offer. Furthermore, as with individual psychotherapy, a period of increased distress, in terms of our understanding, may actually indicate movement to a more healthy state as staff feel more able to show previously hidden feelings. There can be considerable fluctuation in the capacity of an organisation depending on external stressors and internal demands – which makes it hard to determine just what is being evaluated. Furthermore, it is clear that in the context of on-going work, any evaluation process would need to be sensitively negotiated with our partners. In the (sometimes difficult) balance of consultation relationships, there are important issues about whether consultants have the right to evaluate aspects of the functioning of their partner-organisations. The presence of an 'evaluative' researcher would likely create a great deal of anxiety and perhaps damage the consultation process.

A softer approach might include interviews with those who have received our consultation services. They might be asked how helpful they had found our involvement and what they felt they needed from us. This was the option that I eventually chose, partly because of my reluctance to adopt a more intrusive approach and partly because of my sense that this approach would be perceived as being more respectful of them. My choice was also influenced by a genuine curiosity to understand more about the way that our partner-organisations perceived our work and what they felt they wanted from us. This was perhaps a function of my particular role in which I had participated in many discussions about the consultation projects, taught students aspects of this work and offered supervision to supervisors, but had had little access to the organisations themselves.

Like the work itself, this evaluation approach developed organically. My initial intention had been to focus solely on interviews with workers in our partner organisations. Indeed, I conducted more than 40 interviews with workers from 20 different organisations with whom we had worked. However, I became increasingly aware that I only seemed able to understand their contents in the context of specific developments and experiences within each consultation relationship. This realisation directed me towards the case study approach.

The evaluative framework is of course very different to the kind of framework I described earlier. The research does not, for example, offer an evaluation of the model of consultation in terms of external criteria, either through informed opinion or through objective indicators within the organisation. Instead, its focus is on the conceptual aspects of the model itself. It does not aim at establishing the objective 'success' or 'failure' of the model, but instead intends to clarify and refine the theoretical ideas and assumptions on which that model is based. This is a vital but often ignored step in any evaluation providing answers for such

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basic questions as what might be meant by success within a particular framework of understanding. It also opens up the normally 'hidden' assumptions of a model for exploration and critical scrutiny.

This kind of evaluation inevitably takes place not from without, but rather within the parameters of the conceptual model. There are two ways this can be done, both of which I will attempt through the research. Firstly, it will offer a rich description of the working model as applied to the case studies. This will provide an opportunity to demonstrate how the theoretically derived concepts can be operationalised in the context of a particular (or rather several particular) consultation relationship(s). This descriptive aspect is important insofar as it takes abstract theory and grounds it in real life situations, thus allowing the theoretical concepts to be clarified and elaborated in a way that makes them more 'real' and intelligible. The process is also useful in allowing both the potentials and limitations of the theoretical aspects of the model to be assessed more accurately. Assessment is facilitated by the way in which practice can only ever approximate the theory on which it is based. Thus when I demonstrate the theoretical underpinnings of the case studies – which themselves are a product of a style of work that rests on the same theoretical framework – it is unlikely that there would be an exact match between practical realities and the purity of the theory. Any disjunction may be particularly useful in highlighting areas where the theory needs to be developed or expanded.

Secondly, the research documented in this thesis clearly has an analytical or interpretative aim. Through the case studies, I hope, in the tradition of hermeneutic research, to deepen and expand understanding of the consultation relationship and to show how the conceptual tools of psychoanalytic thinking can illuminate aspects of the relationship and its complex dynamics. In particular, I hope to use the theory to explore meanings that may lie behind overtly expressed opinions as to the value of the consultation relationship and needs within it. Doing this, I open up another aspect of evaluation. It is possible to make comments about the value of the conceptual framework as a means of deepening understanding. This would include its ability to uncover different ways of making sense of the experience, that might have practical relevance, as well as generating new insights that might lead to identifying further areas of investigation.

Finally, I will include in my research an exploration of the helpfulness of insights achieved through the analysis of case material in contributing to broader theorisation and understanding within the linked fields that inform it. Assumptions within community psychology, mental health consultation and within the psychoanalytic approach to organisations may be explored and developed through the case studies.

4.7 Conclusion

The Child Guidance Clinic's model of consultation has developed as an attempt to contribute to the widely acknowledged need for transformation in conventional clinical psychology practice. It is part of a growing trend to explore ways of sharing psychological knowledge with broader communities. Our objectives were to address the inadequacies in psychological resources and to facilitate development of organisations working with disadvantaged children. The model was developed in response to the realisation that there

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could be no quick fixes in community psychology intervention. Establishing effective consultation relationships in which organisations were able to really increase their capacity was discovered to be both time-consuming and extremely complex. In particular, the strong feelings front-line workers have about working with troubled children, and about participating in a consultation relationship, needed to be respected and acknowledged as an important part of the process.

This thesis explores the emotional experiences of workers within their specific work situation and the way in which these influence their needs in relation to the consultation relationship. The research described in this thesis is intended to contribute towards an evaluation of this model. It is hoped that the research material, which takes the form of a series of case studies, will elucidate aspects of the theory and help to identify where and how it could be extended. It is also hoped that it will deepen an understanding of the complexities of the consultation process as well as lead to a better understanding of some of the broader theoretical assumptions on which it is based.

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CHAPTER FIVE

METHODOLOGY

5.1 Introduction

This chapter introduces the methodology adopted in this research. I begin by reviewing the aim of the study. Against this background, I locate the research within a psychoanalytically oriented hermeneutic paradigm. I justify my choice of a case study methodology and describe the particular forms of data from which I draw my material. Finally I discuss my approach to the analysis of the material and discuss important ethical considerations.

5.2 The Aims of the Research

Against the background of a broad concern for the role of psychology in the South African context, this research aims to develop a deeper understanding of the political and emotional dynamics influencing community consultation relationships. It uses ideas taken primarily from within psychoanalysis to extend insight into the practice and assumptions of this particular variation of community psychology. Specifically, it explores the meanings consultation relationships may have for community-based human service organisations and the kinds of process that may influence the needs, expectations and experiences of participants within them. Inasmuch as it is hoped that the theory will help to illuminate the dynamics of particular consultation experiences, it is also hoped that in applying the understanding described in the earlier sections of this thesis, there may be an opportunity to develop, extend or challenge the theoretical ideas themselves. This research thus pursues several inter-related aims operating at different levels:

1. To describe examples of community consultation projects undertaken by the Child Guidance Clinic with the intention of illustrating the particular demands experienced by human service organisations working with children, as well as to show how the community consultation model has attempted to assist them.
2. To analyse the views of those working in the human service organisations about the nature of their work, their organisation and their needs and expectations of the consultation relationship. The analysis is intended to illuminate the meaning of these accounts insofar as they reflect experiences in the work, a particular social and political context, as well as aspects of the developing consultation relationship itself.
3. To use the analysis to reflect back on theoretical ideas that inform this kind of work, to critically explore the limits and possibilities of central concepts within community consultation which underlie this approach, as well as to explore the value or otherwise of aspects of psychoanalytic thinking which have been added to the model.

In pursuing these aims, the research will focus on three particular examples of community consultation work between the Child Guidance Clinic and a range of human service organisations concerned with the well-being of children. In it, I have chosen to foreground accounts from representatives of each of the organisations describing what they needed from the consultation relationships with us and how they have experienced the work we have done with them. The discussion of these focal interviews will be set against

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the background of each specific consultation experience, its unique history, the particular work demands of the organisation and the broader context in which it operates.

5.3 The Problem of Research in Psychological Intervention

Finding an appropriate methodology to study complex clinical phenomena has often proven difficult. There is a great deal of theoretical writing about the process and significance of various forms of psychological intervention, including psychotherapy, community psychology and consultation. Although there is also a growing body of empirical research on these subjects (Kazdin, 2002; Mace & Moorey, 2001; Tolan, Keys, Chertok & Jason, 1990), there seems to be some difficulty in reconciling the interests of practice with those of research. Hodges (1999) suggests that this reflects clinicians' concerns about whether research designs can appropriately tap the complexity of the therapeutic research process. She suggests that clinicians fear the loss of attention to the nuances of process in therapeutic intervention as well as potential disruptions to the carefully balanced dynamics of a therapeutic relationship. Concerns have been particularly raised in relation to research into various areas of community psychology. In this field, the sensitivity of the relationship between the community psychologist and the community often seems to situate research as an uncomfortable reminder of the inequalities in power relationship between the two groups. There are concerns about how the needs of researchers can be balanced against more pressing concerns for participating communities (Tolan et al., 1990). Along with these tensions, there have been doubts about what constitutes evidence in psychological intervention where the 'facts' at stake are often linked to a dynamic process, diffuse meanings and different views of reality (Sturdee, 2001). While there is an increasing demand on practitioners to justify their practices in terms of evidence related to its efficacy, the relationship between clinical practice and research seems to remain an uneasy one (Mace & Moorey, 2001).

There have been at least two very different responses to these difficulties in researching psychological intervention. One approach to the problem has been to try and extract and compartmentalise aspects of the intervention process in an attempt to have it fit better with ideas about what constitutes a reasonable research design. From this point of view it has been thought helpful, for example, to set up randomised trials that explore the impact of various factors such as different intervention options and particular characteristics of clients on the success or failure of the enterprise (Wessely, 2001). However, while this kind of research may arguably be useful in identifying effective therapeutic outcomes, the extraction of elements from their complex context within psychological interventions may also rob them of their full meaning and significance. A notable exception to this kind of approach within empirical research on psychotherapy has been that of Fonagy and his colleagues who have developed more thoughtful ways of establishing the impact of interventions without over-simplifying their aims and objectives (Fonagy & Target, 1994; 1996). On the whole, however, research in this tradition seems often to screen out some of the less orderly, but perhaps richer, aspects of real life clinical experience.

Community psychologists have often adopted a very different kind of approach as the solution to research problems. In the place of the study of isolated variables, community psychologists have commonly

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emphasised forms of participatory action research (Tolan et al., 1997). In these approaches, there is an awareness of the need to democratise the research process. Research is recognised to take place within the goals of the unfolding intervention which, in turn, is not treated as being separate from the research enterprise itself (Kelly & van der Riet, 2001). But while this approach seems to be a more politically and contextually sensitive alternative to the one described above, the vigilance of community psychologists to abuses of power can also create its own difficulties. Although there are of course very sophisticated versions of participative research (Kelly & van der Riet, 2001), there is a danger in more naïve forms that researchers will underplay their skill and knowledge in the interests of establishing equality in the research relationship (M. Seedat et al., 1988). In a more sophisticated analysis, it is clear that power cannot be shrugged off in this easy way. More significantly for this particular discussion, as Hollway and Jefferson (2000) point out, the democratic need to let participants 'tell it like it is' (p. 10) offers a somewhat misleading view of the transparency of people's knowledge about themselves. They argue that it is not possible to do justice to the complexity of social science research without the researcher exercising an independent interpretative function. This discussion suggests the need for an approach to research that is capable of sensitivity towards the context of the intervention, but is also capable of offering a more rigorous interpretive role to the researcher.

The process of interpretation requires a framework through which people's experiences can be understood. Although this study is informed by the interests of community psychology, the primary interpretative framework is provided by psychoanalysis. Because this framework is one which is traditionally actualised in the consulting room, there have been particular difficulties in translating it into research (Rustin, 1997). Rustin (1997, 2001), however, argues that the rather narrow view of scientific research enterprise needs to be expanded to fit the particular interests and objectives of psychoanalysis. Equally, he suggests that it is important to recognise the way in which psychoanalysis has in some respects already established its own strong research tradition within the bounds of the consulting room, in which it continually develops and expands its own understanding. He argues that the kinds of method already used in psychoanalysis can be extended and developed into a valid and more widely recognised research tradition.

While not always recognised as a formal method of research, many of those engaged in various forms of psychological intervention have clung to the time-honoured use of the case study to convey their insights about their work. This seems to be the primary method of presentation and writing for working clinicians and particularly those in the psychoanalytic tradition, who followed Freud's own reliance on this method (Fonagy, 1996). The advantage of a case study is its ability to show the links between the parts and the complexity of the whole (Stake, 2000). At its best, it seems that the framework of the case study has the flexibility that allows the clinical researcher to construct the material in a way that seems suitable to the particular aim of the task. It allows researchers to describe the process of the work, to demonstrate key aspects of the interactions, to show the significance of history and even to retain a sense of the real person or people who are being spoken about (Yin, 1994). It also allows links to be made between the microcosm of the individual and broader social or other contextual concerns. This method has clear advantages in

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comparison with the piecemeal extraction process exemplified in some clinical research. The case study approach may be able to accommodate some of the concerns within community psychology for a greater acknowledgement of the different meaning systems engaged in any intervention and does not specifically prevent a more participative orientation towards the research process. This method also allows for the psychoanalytic interest in specificity and depth of interpretation and, according to Rustin (1997), provides a useful framework within which psychoanalytic theory can be both illustrated and developed.

5.4 Introducing a Research Paradigm

The potential usefulness of the case study method needs to be contextualised within a broader research paradigm that defines the nature of knowledge it produces and the kind of claim that might be made from it. Its limits and possibilities are perhaps best introduced through those who have been critical of its assumptions. As much as the case study may appear to represent a solution to some of the problems in intervention research, it has been subject to strong criticisms. Some of these criticisms have come from those who argue that its methods are not within a paradigm of scientific research (e.g. Kazdin, 1981). These criticisms may be all too easily ignored by those who focus on the clinical benefits of the case study and who often situate themselves outside of this research framework. Spence's (1982) criticisms, however, are precisely directed towards the complacent clinical use of the case study in the field of psychoanalysis. He argues that this method of presenting clinical material can be seriously flawed. He points out that the apparently logical and comfortable narrative structure of the case study can cover up all kinds of unfounded assumption that might be carried by the practitioner. In particular, he suggests that case studies are often structured so that their 'findings' appear to be the result of a careful process of deductive logic which, in the tradition of 'Sherlock Holmes', reveals the undisputed, underlying pathology of the patient (Spence, 1987). Others working from a post-modern understanding have argued, perhaps similarly, about the way in which methods of clinical writing create the illusion of 'truth' through the construction of a plausible story within which the discourse of clinical practice defines not only what can be written about, but perhaps even what can be thought of as relevant to understanding in any particular case (S. Swartz, 1999). From this theoretical position, power is a crucial issue and it is the clinician's power to define and mould the client's reality that is significant. But while the recognition of power in the client–psychologist relationship (or the participant-researcher relationship) is obviously very important, it is equally important to recognise that, as much as the clinician/researcher may weave a narrative, the client/participant equally tells a story that is shaped to fit the particular experience. This recognition that experience is made up of layered 'stories' rather than facts leads to a different view of what kind of understanding is possible through research. As Bruner (1987) puts it in his introduction to one of Spence's books on this subject:

> The stories one tells either as a patient on the couch or as an analyst trying to make sense of what the patient is saying do not and cannot reveal causes or explain events in the manner of a series of controlled experiments that can make such a claim. For narrative is built out of context, expectations, conventions, the nature of the interaction in which it is told. Narratives are not 'true' or 'false'. (Bruner, 1987; p. xiii).

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This position coincides with what might broadly be defined as the hermeneutic tradition within research. According to this approach, the usefulness of a case study, or indeed any research, would be in its attempt to provide a coherent and systematic account of experience, which serves to deepen understanding. It cannot provide 'causes' for behaviour or reveal underlying facts of a situation (Packer & Addison, 1989). Instead, it recognises the role of interpretation throughout the process of investigation, from the inevitability of interpretation in the participants' accounts of themselves to the interpretations of the researchers who write about them. It might be argued that recognising this puts the hermeneutic that which any participant brings to any situation. Hermeneutics, however, does provide some way out of this impasse by arguing that, while it is inevitable that the assumptions, both theoretical and otherwise, are essential to even beginning to try and understand a phenomenon, the researcher is called on to repeatedly challenge and transform these during the research process. As Spence says, 'there is a world of difference between pattern finding and pattern making and only the former can qualify as useful' (1988, p. 83).

From within this kind of approach, there are a number of suggestions for how to ensure that the researcher is not simply given carte blanche to assume what he or she prefers. Researchers have suggested a wide variety of methods to instil rigour into this methodological approach. These include such aspects as internal and theoretical consistency, coherence and comprehensiveness (Spence, 1988). Spence has also suggested the need for critical scrutiny of colleagues, suggesting a constant process of circling which helps to test the initial assumptions again and again through repeated exposure of the ideas to the challenges represented by new ideas or opinions. Most significantly, however, under the influence of critical theory, researchers are increasingly recognising that it is only possible to make sense of research within the specificity of its historical, cultural and social context (Kincheloe and McLaren, 2000). This involves 'thick description' (Geertz, 1973) which locates and explains the experiences of participants in the research. It also involves reference to the context in which the research is produced, as Kincheloe and McLaren (2000) elaborate:
'Despite the impediments of context, hermeneutical researchers can transcend the inadequacies of thin descriptions of decontextualized facts and produce thick descriptions of social texts characterised by the contexts of their production, the intentions of their producers, and the meanings mobilised in the processes of their construction' (p. 286).

Although the suggestions about what kinds of step might be appropriate to ensure some sort of validity through this research are different across many of the writers in this area, increasingly it seems that what most are arguing for is, at base level, a kind of self-consciousness on the part of the researcher. Here the crucial feature is that researchers recognise the way in which their research activity and understanding is framed by their assumptions and beliefs and indeed by the same context which determines their participants, interpretations. As Schwandt (1998) argues, the subject of research and the tools for researching the human world are shaped by the same social context. While the emphasis in the hermeneutic tradition has been on the way that these beliefs have their origin in theory, newer developments in qualitative research have increasingly pointed to the way that research is influenced by the broader structure of society and its discourses and the researchers (and participants) positioning within this. The onus on the researchers is thus

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not only to elucidate and interrogate their own theoretical assumptions, but also to reflect on other less tangible social influences they bring to the research process (Kincheloe and McLaren, 2000). Thus, any research would need to recognise the way in which both participants and researchers may carry internalised aspects of their broader social world and act these out in relation to one another.

Psychoanalytic thinking, as discussed in Chapter Three, has developed towards an approach which is compatible with the emphasis on interpretation within hermeneutics. From this psychoanalytic perspective, it is recognised that experiences, memories and accounts are all filtered through the phantasies and feelings of the person. These are not treated as impediments to the understanding of the facts of a person's life, but rather as the access point for meaning within it. This approach recognises subjectivity in both the research participants and the researcher as a fundamental part of the research process, but adds a particular understanding of a subject governed by emotion (Frosh, 1999b). In discussing the unique perspective of psychoanalysis, Frosh, however, notes how the emphasis on interpretation perhaps needs to be extended to recognise that the meanings people produce are not simply arbitrary textual productions, but are emotionally instigated structures of meaning that govern how they live their lives. Hollway and Jefferson (2000) similarly identify what they call the 'defended subject' of research who produces discourse that is motivated by their attempts to evade the experience of anxiety. In this they argue that there is some relationship between experience and people's representations of it rather than an endlessly repeating hermeneutic circle. Their location of themselves as critical realists does not, however, detract from their emphasis on interpretation which they share with the hermeneutic position.

With an awareness of the inevitability of interpretation as a function of the research process, there has been increasing recognition of the direct and indirect influence of researchers on all aspects of the research (Reason & Rowan, 1981). A psychoanalytic understanding has the potential to make a particular contribution to this developing awareness of the position of the researcher and to the understanding of interpretation within the research process. Self-reflection is crucial to researchers' abilities to locate the meanings and assumptions they bring to the process of research. The object of this self-scrutiny is not simply to recognise the researcher's involvement in the process but also to learn from it. From a psychoanalytic perspective, the relationship between the research and the participants must carry not only an awareness of the researcher's position and theory, but also an awareness of unconscious emotional dynamics between them (Hollway & Jefferson, 2000). These experiences, often regarded as impediments to the logical work of research, in this framework become essential sources of insight into the meaning of the experience (Frosh, 1999b). Hinshelwood & Skogstad (2000d) elaborate the significance of these ideas in the psychoanalytic observation of organisations. Drawing from the broader field of infant observation, they note that there is a very particular way of observing psychoanalytically, which notes the resonance of the observer and its significance for understanding the process. This resonance in the researcher may be regarded as the equivalent of the clinical experience of counter-transference (Heimann, 1950). Although insights about these kinds of process have been drawn from clinical situations, Hollway and Jefferson (2000) have begun to show how they might have broader usefulness for the social science researcher. They note that the feelings

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engendered during interviews and even in the writing up of the research may provide important clues about its significance.

Working within this kind of psychoanalytic interpretive framework, research involves a search for meaning within the material available to the researcher and a capacity to reflect on the emotional investments that may blinker what can be seen or recognised in the interpretation of the researcher. In this approach, the multiple layers of interpretation are recognised and it is clear that there can be no 'facts' to uncover, only further layers of meaning to explore. However, even within the hermeneutic strands of psychoanalysis, there is some idea that it is possible to read past surface manifestations to something deeper, which might have more validity. This is possibly closer to what Parker (1993) calls 'truth' with a small 't'. As he says, 'Psychoanalysis is culturally local and provisionally true rather than universally True' (p. 43). Thus, insights derived through research in this framework equally have this quality of contextual rather than objective truth. Even in this sense, as Segal (1985) says, they must be treated with an appropriate humility which recognises the tentative nature of any interpretation. This position, of course, coincides rather well with many researchers working within the hermeneutic tradition who would argue that a degree of scepticism about any idea is fundamental to the research process and encourage the need to particularly challenge those ideas with which we feel most comfortable and familiar (Kincheloe and McLaren, 2000).

According to this kind of approach, research is not some reified activity occurring outside of the processes of normal understanding and misunderstanding. As Packer and Addison note: 'Both our everyday actions and our research are embedded in the social practices of our home, our workplace our society' (1989, p. 19). The activities of research in this approach are re-located back in the domain of everyday experience and subject to many of its advantages and disadvantages. This closes off the possibility of claiming some special powers for the researcher to see things 'as they really are'. On the others hand, it provides the researcher with access to the processes of thinking, wondering, checking and challenging that are a part of everyday activity. This kind of research cannot be judged against some kind of presumed 'reality' out there, but needs to be valued for the way in which it opens up new ways of seeing or help to initiate new practices. Its validity depends not on processes of control or exclusion within the research design, but on the helpfulness of the interpretive insight within it. As Packer and Addison point out: 'What is uncovered in the course of a true interpretation is a solution to the problem, the confusion, the question, the concern and the breakdown in understanding that motivated our inquiry in the first place' (p. 278).

They add further that, if this is found, the research must then have been capable of generating something beyond the researcher's original assumptions and have thus assisted the development of knowledge. Frosh (1999b), writing from a psychoanalytic perspective, adds an additional dimension, arguing that understanding is not a purely intellectual experience. For him, 'achieving a different state of mind' is a product of emotional as well as cognitive insight and it is this which should be the end product of the research enterprise (p. 32).

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The questions and methodology of this thesis are constructed within this broad paradigmatic framework. I use a case study approach in an attempt to access the full complexity and context of meaning in the consultation relationships that are being studied. However, I retain a certain cautiousness about the structuring of the case studies and the potential for these to smooth the outlines of narratives in ways that are consciously and unconsciously moulded by my own theoretical perceptions, my socially structured beliefs and even my more personal motivations. This latter is clearly of particular significance given my own position in relation to the consultation process, which I discuss in detail in the following section. The case studies are constructed within a broad hermeneutic understanding within which I recognise that my role as researcher is to search for new layers of meaning rather than fact. Through theory, however, I hope to deepen understanding and to open up new interpretations that might be useful in making sense of the processes involved.

5.5 Research and the Researcher in the Context of Clinical Work

It is not possible to describe my suggested methodology further without locating this first within the unfolding clinical processes of which it is a part, as well as at my own position within these. Conducting research into an on-going intervention carries with it particular challenges. Amongst the most significant of these is the concern that the research should not disrupt a clinical process, especially where this is recognised to be an emotionally charged and sensitive one. My concern in this was both for the staff of the organisations with whom we worked and for the consultants and students who worked on the various consultation projects. As much as there is a growing recognition of the importance of evaluating clinical work, the research incentive is often perceived and felt to come from 'outside' of the clinical domain and potentially to carry disruptive effects for it. In the carefully constructed relationship between client and clinician, or in this case organisation and consultant, there may be anxieties about the introduction of a 'third party' who represents a potential threat to the relationship, most obviously around issues of confidentiality as well as the sense of safety established through the therapeutic boundary (Gray, 1995). On a phantasy level, this experience may also challenge a mutually constructed illusion that the consultants operate independently of the institutions of which they are a part and threaten to reveal the limits and constraints on their omnipotence and freedom to help their clients in whatever way is needed (Leiper, 1994). As Leiper suggests, there may be anxieties for all parties about critical judgements being made on their abilities and their contributions to a working relationship. There may also be realistic concerns that a negative assessment could have actual consequences for the work through, for example, the withdrawal of funding. These negative perceptions of research, which might equally be held by the clients and consultants, may also be exacerbated by the fact that results of any research do not seem to have immediate benefits for the intervention and, indeed, the findings may only be available a long time after the problems are being dealt with in the clinical process.

In order to address these kinds of issue in my research, I attempted to include supervising consultants and their students in the research process as far as possible. I hoped, through this, not only to allay their own

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fears about the intentions of my research, but also to involve them in a mediating role between me and the organisations they consulted to. In this, I was working with the hope that the research I was undertaking would be more likely to be helpful and felt to be more acceptable if it were introduced by the consultant who was familiar with the organisation. Thus the consultants were asked to introduce my research to their partner organisations, comment on the work as it progressed and to assist in providing feedback to the organisations on the research findings. Nevertheless, I retained some anxiety about the effects of my research on the various consultation projects. On the one hand, I hoped that my research would contribute to developing an understanding of the model and thus have long-term benefits for our work in this area. On the other hand, I sometimes feared my work would represent an additional burden for organisations already struggling to cope with the demands of their work and on consultants who were deeply committed to assisting the organisations and sensitive to potential abuses of their trust. These kinds of anxiety of course also mirrored those often experienced in the complex relationship between professionals and communities (Gibson, 2001) and perhaps shed light on the subject of the research as well as its process.

In spite of these concerns, my own involvement in the community consultation programme was useful in this research insofar as it decreased the likelihood of my being experienced only as an intrusive outsider. In addition, my role also provided me with access to a great deal of knowledge about the various consultation relationships the Clinic had undertaken. I was often involved in selecting the particular organisations for consultation, supervising students and staff in their consultation work and reporting to funders on the 'success' of the programme. This position had both advantages and disadvantages in relation to this research. In my position I 'knew' many things about the particular consultation relationships, but was also clearly caught in a particular inter-subjective relationship with them. In this position, it was likely that there were things that I did not know or want to know in terms of my own emotional investments – particularly of course in asking questions of participants about what it is that they thought of 'us'. In my position as co-ordinator of the programme, I also often felt something of an outsider in relation to particular consultation relationships. I was involved in overseeing the work, but relied largely on second hand information. I heard students' and supervisors' reports about their experiences but had little if any direct contact with many of the organisations. This obviously limited the extent to which I could draw from my immediate emotional responses to the organisation in the form Hinshelwood & Skogstad (2000d) suggest. Nonetheless, I felt and was indeed a part of the consultation processes and often found myself experiencing a range of emotional responses during my discussions about the projects and during the research process itself. On the other hand, my role, which was slightly removed from the centre of the interventions, also allowed me sometimes, I think, to see things that were missed by consultants working directly on the projects. It may be, that, in this position, I had some space to reflect on the consultations, from a position not quite in and not quite out of the process.

The role of the researcher in qualitative research is similar to that also being ascribed to the therapist by inter-subjective theorists who recognise that the therapist also observes from within rather than outside of the intersubjective field (Stolorow & Atwood, 1992). However, with the support of these kinds of idea, it might

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be only too comfortable to accept and re-describe my own institution's understanding of what the needs of the organisations are as they have developed and solidified during the course of the intervention itself. Some of the explanations developed during the course of the work may indeed be useful, particularly insofar as they have developed out of careful reflection on the consultations by skilled clinicians over several years. For the purposes of this study, however, I wanted somehow to move beyond these 'tried and tested' explanations and to at least explore the possibility that there may be other interpretations that may have been rendered invisible by the inter-relational matrix. Of course, there is a particular danger that using psychoanalysis to reflect on intervention based on psychoanalytic ideas may simply reproduce its own ideas. However, I hoped that with the broader lens of the researcher, I could use this same body of theory to reflect more critically on processes which, for the consultant may be constrained by their close involvement with the organisation and the practitioner's need to close interpretative possibilities.

The difficulty was how to maintain this broad critical lens and resist the impulse to find interpretations that fitted with my own interest in the project. Reflexivity is increasingly presented as a perhaps slightly too glib answer to the dilemma of the researcher's involvement in the research (Banister, Burman, Parker, Taylor & Tindall, 1994). If you reflect on your own role sufficiently and discuss these reflections openly in your research, the idea is that you can create a more transparent understanding of the way in which you, as the researcher, have shaped the research. However, from a psychoanalytic perspective, this cannot be so easy. In exactly the way that I can wonder about whether participants in the research may not be able to access understandings about themselves, I must wonder also about myself and what portion of my motivation is hidden from me and those who share my organisational and institutional identity. This problem is never really resolvable from a psychoanalytic perspective. All we can really achieve – with reflection and with the containment provided by theory and relationships – is an approximate understanding of our own motives.

Bearing in mind the difficulty of my task, I have however tried to develop my research question in such a way that it may deliberately provoke and challenge some of my existing assumptions. Instead of beginning my research with the extensive existing body of knowledge developed about the projects at the Clinic, I chose to interview participants about their needs and expectations in a process that was set up as linked, but in some way separate, to the intervention itself. These interviews were set up as an opportunity to 'evaluate' the Clinic's interventions and to explore the ways in which needs have or have not been met; in other words, an opportunity to reflect from 'outside' of the intervention. My intention was to use this as the core of my analysis – forcing my attention to views and ideas that were less familiar to me than those provided by the Clinic's records or consultants' accounts. I hoped that this would focus my attention differently, allowing me another role – as evaluator – which would in turn open up new ways of seeing. When I turned to the existing sources of knowledge to supplement the understanding drawn from interviews I hoped that it would be given a fresh perspective from this association. I also hoped, as Spence (1987) suggested, to subject my ideas to the critical scrutiny of others, in this case those of the consultants as well as those of the participants. In summary, research in the context of on-going interventions must take account of the potential disruptions to the clinical process. While some of these might be inevitable, it would be important to try to minimise

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their effects. In this research, I hoped to do this through incorporating the consultants into the research process and by working with them to alleviate any anxieties our client organisations might have experienced. My role as the co-ordinator of the community consultation programme had within this both advantages and disadvantages. My position as part of the intervention team gave me greater acceptance and allowed me access to the clinical process and to information that might have been difficult for an outsider to get to. This role, however, also carried with it particular difficulties, including unconscious collusion with pre-existing assumptions about the projects and how they work. In an attempt to address this, I will include critical reflections on my own position in the research as a part of the process of interpretation. I have also tried to structure the research in such a way that it challenged potential 'blind spots' and systematically subjected my assumptions to other opinions and ideas.

5.6 The Case Study Methodology

A case study format provides the form in which community consultation relationships are presented and analysed through this thesis. This method is well accepted within the newly developing traditions of qualitative research and has been widely and consistently used in disciplines like anthropology, economics and sociology as well as in the field of clinical intervention. The purpose, which is to capture the detail of a single case and its interaction with its context (Stake, 1995), seems to be well suited to the aims of my own research and it has in fact been extensively used to study complex phenomenon in organisational settings (Cassell & Symon, 1998). My interest in exploring both depth and specificity would seem to be best accommodated through a series of case studies designed to highlight variation and difference in the experience of the consultation relationships and to explore the range of possible processes that might give rise to these.

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According to Stake (2000), a case study is not a methodology as such and relies on a particular approach, such as phenomenology, ethnography or hermeneutics, to provide it with substance. It is, however, not only this methodological perspective which gives the open framework of the case study its core. As Cassell and Symon (1998) suggest, the strength of the case study rests on the coherence and sophistication of the theoretical framework rather than any arrangement of material collection or analytic strategy. The methods of data collection, analysis and writing up of the case studies in this research reflect their foundation in psychoanalytic thinking, which, although channelled through the framework of community psychology, constitutes the primary theoretical foundation of this thesis.

The notion of the case study in isolation does have some important methodological consequences that are worth outlining here. According to Stake (2000), a case study 'refers to some "bounded system" that, by tradition, draws attention to what can be learnt from this single case' (p. 435). There is, however, considerable variation in where the boundaries for this single case may be drawn. A case study may refer equally to an individual or to some large social institution. In either situation, these boundaries are seldom determined in some natural or physical way by the phenomenon itself, but are to a large extent imposed upon it by the nature of the research question. For the purpose of this research, I have drawn a boundary around

the consultation relationship, including within this the human service organisation (with its clients) and the consultants who work with them (including myself as part of the consulting team where appropriate). I have also set limits on the historical period under discussion, again in an attempt to offer a boundary to each of the cases I describe. I limit my attention to the period between the beginning of each consultation relationship and the period during which the focal interviews were conducted in 1999. Although further developments may have occurred up to and including the feedback and discussion with organisations, I have not made this the focus of my attention. In defining the parameters of the case study in this way, I have almost certainly excluded certain kinds of knowledge from my discussion. Had I, for example, identified the discipline of psychology or the University of Cape Town more broadly as participants in the process, my lens would have necessarily been a longer one and I would perhaps have drawn very different conclusions from it. By the same token, some of my colleagues have focused on the detail of specific interactions between the consultant and a group within the human service organisation, providing rich clinical detail which I cannot hope to re-produce here (Van den Berg, 2002). The limits on the historical period under discussion screen out potentially significant events from my understanding, but also allows me to focus more intently on those occurring within my chosen time frame. All of these decisions represent a compromise between detail and scope and inevitably create possibilities as well as limitations for my study.

With these concerns about where to draw the boundary around each of my case studies, there is a related concern about how to deal with the context of each. One of the key advantages of the case study approach is its ability to incorporate relevant aspects of context into the understanding of the case itself (Stake, 2000). This helps to provide the 'rich' description already recognised as fundamental within my overall methodological perspective. At the same time, there is a tension between the need to contextualise the study on the one hand and, on the other, the need to focus on the specificity and detail within the study. While appropriate contextualisation might illuminate some feature of the case, when the contextual net is spread too wide or introduced to quickly it might in fact detract from this same understanding. With these cautions in mind I will attempt an explanation in my case studies through reference to a fairly immediate context of historical, geographical, political and social factors. However, broader factors such as the state of psychology in South Africa or the position of the human service organisations in South Africa however obviously represent the broader context of this discussion.

A further framing of the case studies, as Stake (2000) notes, is achieved, perhaps less consciously, through the actual process of writing up the case. The case study which often relies on some sort of narrative to provide it with structure inevitably reflects something of the researcher's choices about what to include and how. As Stake puts it:

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> In private and personal ways, ideas are structured, highlighted, subordinated, connected, embedded in contexts, embedded with illustrations, laced with favour and bout. However moved to share ideas, however clever and elaborate their writings, case researchers, like other pass along to readers some of their personal meanings of events and relationships and fail to pass along others. (p. 442)

This idea is the same one acknowledged in the hermeneutic approach more generally. In relation to case studies, it is worth noting again that its reliance on 'story telling' may in fact make it more difficult to determine was has been left out of a coherent and apparently holistic account.

In addition to the influence of these subtle, conscious and unconscious processes of decision making in any case study research, there is also a range of more obvious decisions to make, including what cases to study. I have chosen to conduct the empirical aspect of this study through a series of case studies – or perhaps what Stake (2000) calls 'collective case studies'. The aim in this particular structuring is to gain some balance between the specificity of each example and any general reflections that might be drawn from the different cases. These are not generalisations of proof, but rather relatively consistent patterns or sets of ideas that might have some bearing on the particular experience or theorisation of the consultation process.

There were a number of consultation relationships in which the Clinic was currently or had recently been engaged in at the time I was preparing my research. I was required to reach a decision about which of these case studies I would focus on for this research. In making a selection of particular case studies, Stake (2000) recommends that some account be taken of typicality. On the other hand, Cassell and Simon (1998) suggest that the selection of more 'extreme' cases can be a useful way of illuminating processes that may be present but less visible in more mundane circumstances. Perhaps a more helpful suggestion than either of these two options is also made by Stake (2000), who recommends that in the end the choice should be determined by 'the opportunity to learn', above all other criteria. Using this as my primary measure, I selected consultation case studies with organisations focusing specifically on the needs of children as opposed to others that dealt with children as part of a more general set of activities. I hoped that by limiting my choice in this way I would allow a more specific focus on issues related to work with children, which was my primary area of practical and theoretical interest. I also was concerned to choose examples where there was sufficient material on which to draw in addition to the focal interviews. Thus I chose consultation relationships that had been extensively documented in file notes or for which other documentation or interview material was available. Finally, as I was interested in exploring the effects of different work contexts on the organisation and the consultation, I selected cases that reflected work with children who appeared to have quite different sets of needs and workers who operated within different organisational structures. My decision to focus on three of these case studies was primarily a pragmatic one, determined by the length of requirements of the thesis as well as my sense that three studies would provide greater awareness of specificity than two. It is possible that a fourth study would have illuminated some other aspect of consultation work, but this risk has to be weighed against the limits on any research process.

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5.7 Sources of Case Material

There are, as Stake (2000) notes, important decisions to make about what aspects of a particular case one chooses to study. This is a particular difficulty when the material involves complex organisational structures and a dynamic relationship with an often fairly lengthy history. Although the focal interviews, which I had conducted with key organisational representatives, had not initially been designed to fulfil this function, it became clear that they could be used to direct the case study discussion. My idea was that I could extract from these interviews some of the hopes and disappointments in relation to the consultation relationship from a single or small number of central role players – in a sense their personal evaluation of what they needed from the Child Guidance Clinic and how they and their organisation had experienced the consultation support provided so far. The phantasies, experiences and emotions elicited through the focal interviews would then be used as a basis for organising the mass of other material available on each consultation project, in the form of further interviews with those involved, recorded file notes and presentations, and my own reflections over the years the projects had been running. In this structure, the focal interviews are intended to generate ideas about *how* the consultation relationship has been experienced and together with the other available material I hoped to deepen an understanding of *why* it might be viewed in this way.

In order to encourage a continual process of self-reflection and commentary on my developing research, I decided to gather the research material in phases (or cycles), designed in each instance to encourage and deepen my thinking about material previously collected. This results in a continuous process of layering within which each new layer of assumption and understanding opens up the possibility for new questions and ideas that can be pursued in subsequent levels. In this research there are six different levels of data collection: the focal interviews; other interview material; file notes on the consultation; articles and other written material; interviews and discussions with the supervising consultant; and a focus group discussion with members of each organisation. Each of these levels was used to expand on the organisations' needs and expectations of the consultation relationship and to open up a variety of possible interpretations for this. This chapter details the general sources from which data was obtained for this study. More specific information on the data used for each case study is provided within the narrative of the studies themselves.

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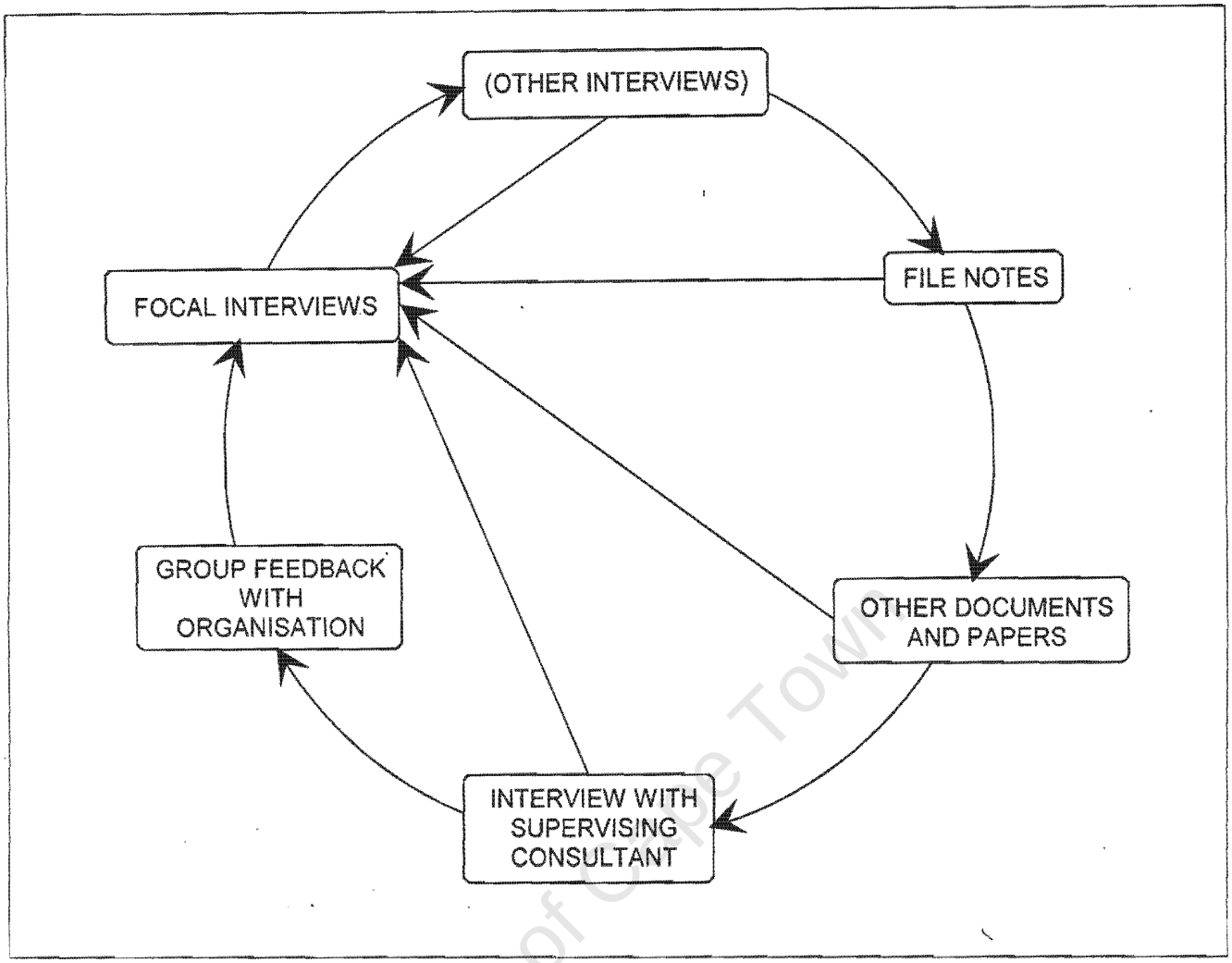


Figure 5.1 Circling in the Research Process

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5.7.1 Focal interviews

Interviews were conducted with one or several key representatives in each organisation with whom the Clinic had been involved in a consultation relationship. This involved a process of selection within which I decided to prioritise those members of our partner organisations who had been involved in negotiating the Clinic's involvement and operated in a position where they might be involved in decisions about whether or not to continue the consultation relationship. Partly, this choice was determined by analytic considerations around the need to organise a potentially unwieldy mass of information. On the other hand, each participant was also chosen because they had had significant dealings with the Child Guidance Clinic and, given their relative power in the organisation, might feel more easily able to express their views about it, leading not to a more accurate perception but to a richer body of text to explore in analysis. The decision to interview those relatively high up in their organisation's hierarchy was also a fairly pragmatic one designed to respect the internal structure of each organisation and to demonstrate, within the context of the consultation relationship, our willingness to accept their chosen representatives to convey the views of their organisation.

Although there may be good analytic and pragmatic needs to interview a particular person in each organisation, the question remains: Would I have got very different views of the organisation and its needs had I interviewed someone else? My primary theoretical framework would suggest that the dynamics of the organisation would be contained in each of their members to some extent and it could thus be expected that each member would hold some of the organisational culture, and reflect this, particularly in a conversation framed around the organisation's needs. This reflects the contribution of Armstrong (1997) that the preoccupations of individuals may reflect their internalisation of broader social relationships, including that of organisations. At the same time, though, each member of the organisation may also experience their work through the lens of their own personal dynamics. Bion's (1961) notion of valency describes the way in which these two aspects may coincide, but to assume they are identical would obviously do a considerable injustice to the complexity of the situation. The central issue, however, is that the views of participants in the consultation process are not treated as transparent reflections of the reality of consultation. In fact, it is the aim of this thesis to demonstrate quite the opposite. Every view expressed is weighted. It is weighted with the dynamics of the organisation, the dynamics of the relationship, the dynamics of the consultant and the private history and concerns of each person interviewed. Their opinions will no doubt vary depending on when the interview occurred, what had happened in the relationship the previous week, what struggle the organisation was currently dealing with, and also how well the interviewed establishes rapport with their interviewee. These issues are the case in all research interviews, but are all to often screened out of the process, conveying an inaccurate sense of neutrality and transparency (Hollway & Jefferson, 2000). In contrast to this view, my research aims to make all of these issues visible, to explore why people might express the views they do and to acknowledge, as far as possible, the links to a whole range of factors. It is important to note, however, that, for, the purposes of this study, individual personality factors were not emphasised but rather those role related aspects of the person's work in keeping with the organisational focus of the study.

Interviewees were contacted by phone to request their permission for the interviews and to arrange an appointment, which was held at their own organisations' premises. The interviews were structured as loosely as possible within the framework of a 'semi-structured' interview (see Appendix 1 for the full schedule). Organisational representatives were asked questions about the psychological needs of their organisations, the way in which they have experienced the consultation as it has developed and how they envisaged using it in the future. To try to tap less flattering responses that might have been hidden out of concern for the relationship with the Clinic, they were also asked general questions about what psychologists need to be doing for communities and how they should change their practices to become more responsive. My approach within the interview was a clinical one in which I was hoping to explore the particular interpretation of experience conveyed by each interviewee, rather than focusing on achieving answers to particular questions. I was also interested in exploring and understanding the emotional tone of the conversations. I had not yet read Hollway and Jefferson (2000) when I planned this research, but their emphasis on 'free association' in the research interview was one which, when I did read it, seemed to offer a way of accounting for much of the approach I adopted in these interviews. My objective was that the

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participants be encouraged to explore the widest possible variation in their own interpretation and to allow for the presence of ambivalence and ambiguity rather than forcing closure on their ideas.

To facilitate this possibility, I trained and supervised three Norwegian students who were completing a portion of their clinical psychology training at the Child Guidance Clinic to assist me in collecting the information. In retrospect, it seemed unfortunate that I had not conducted all of the interviews myself given the potential of counter-transference responses within the interview to shed light on its meaning. However, as obvious 'outsiders', my student researchers seemed to make it easier for interviewees to express some dissident opinions, which may have been screened out in response to an organisation's knowledge about my position as the co-ordinator of the clinic's programme. The students' foreignness often led interviewees to explain their ideas and assumptions more fully. The student interviewers also seemed to be able to ask genuinely interested questions that touched on race, culture, inequality and other sensitive areas that I may have found myself unconsciously avoiding as a consequence of my own anxieties about these issues. The students interviewers were provided with detailed clinical supervision on their interviews including careful consideration of fluctuations in the emotional tone of the interaction as a potentially valuable source of data and I recorded all this information as well as my own emotional responses to hearing the material, which gave me some access to this valuable source of data. The interviews were tape-recorded and transcribed.

5.7.2 Other interviews

In addition to the focal interviews that had been conducted very specifically around the interests of my research, I was also able to draw on secondary interview material that was available from previous studies and processes of 'needs assessment' within the different organisations. In 1998, when I first began exploring ideas for my own research, I had involved students in interviewing workers from several of our partner organisations about the kinds of stress they faced in their work and what their expectations of our involvement were with the hope that this would provide me with some empirical basis for my own research. This information was written up in separate student research projects including Abbas (1998), Hanley (1998) and Marumoloa (1998) but, with the permission of the participants, the transcripts were also made available for this research. As it turned out, only one of the case studies described in this research had this additional interview material available. There were, in all three cases, less formally documented interviews conducted with a variety of organisational staff members as part of our yearly 'needs assessment' of each organisation. These were recorded in the file notes for each consultation and provided helpful supplementary information, which sometimes filled gaps inevitably left by the focal interviews.

5.7.3 File notes

There were substantial file notes available on each of the different consultation projects studied in this thesis. These recorded obvious information such as when and how often the organisations were visited, the nature of the interaction and the progress of the intervention. The file notes were written mainly by the students working on each project who were required to keep up-to-date and detailed records as part of their training.

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With this emphasis, file notes kept at the Clinic were generally much more substantial than those normally required of working services. They frequently included process notes, supervision notes and reflections on the students' own emotional response to the work. In addition to their fullness, a further advantage for my research is that they were also frequently typewritten and had been checked for errors by the supervisor.

Using this kind of written documentation in research, however, requires particular caution, as S. Swartz (1996) has noted. It is all too easy to be seduced by the apparently official and transparent nature of this kind of material and to easily accept its claim to represent the facts of any situation. This would mean losing sight of the way in which the representation of the consultation work contained in the files is as much a part of the students' needs, the needs of the institution of which they are a part and the limits on clinical 'file keeping' itself. Nonetheless, these files offered the opportunity for another perspective on the consultation relationship and one which could also provide access to both the conscious and unconscious motivations and experiences of the consultants as well as their clients. It is also possible, from within a psychoanalytic understanding, that this material could serve as a 'mirror' in Nitsun's (1998) sense, providing insight into the emotional experiences of the organisation insofar as they are repeated in the written and spoken products that emerge from the consultant's own organisation. Finally, there was some very useful factual material contained in these files, including such things as the dates of meetings, the presence and absence of members, the agreed agenda or topic of the meetings, information on the organisation's structure and, perhaps more ambiguously, descriptions of the content of sessions. An extreme version of a hermeneutic position might cast doubt on the accuracy of even this information. However, I found it useful to construct my understanding around some of these ideas whose relative substance seemed assured by file keeping process relied on agreement and mutual checking between the two students and their supervisor.

In addition to this file material, there was often also additional material available either on our partner-organisation or on the consultation relationship itself. This included such items as funding reports from the various organisations as well as from the Clinic, pamphlets detailing the activities of the organisations, and conference papers presented by workers or others working in partnership with them. I used this information to supplement and expand my understanding where it seemed helpful.

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5.7.4 Interviews with supervising consultants

As my research progressed, it seemed that it would be valuable also to interview the supervising consultant(s) on each of the consultation projects described in this thesis in order to explore gaps in my understanding of the process of each consultation. I wanted to use this interview to gain some insight into the consultant's own emotional response to the work, partly as a clue to the organisations' dynamics through transference, as well as to elaborate the possible contribution of the consultants to the way in which each consultation relationship had developed. This interview was individually structured around questions arising from each particular case study designed to facilitate feedback on my developing understanding. Supervisors were also asked to comment on early drafts of the case study material and to point out areas or interpretations with which they disagreed.

5.7.5 Group discussion with staff from each organisation

After an initial draft of each case study had been completed and reviewed by the supervising consultant, I provided feedback to the organisation concerned around key aspects of my understanding. Any members of the organisation were invited to attend this discussion via a letter detailing its aims and objectives. The attendance at these meetings varied between the different organisations. This addition to my research method had several objectives. It was intended to provide helpful feedback to the organisation, mediated by the supervising consultant who worked with me on preparing the material and also attending the feedback session. I hoped that this form of feedback would fit sensitively into the clinical process of consultation and allow the possibility for staff members of each organisation to explore any ideas that seemed to be useful for them and their work. I also hoped in this process to add another level of reflection onto my developing understanding and provide me with direct exposure to the 'emotional atmosphere' of the organisation (Hinshelwood & Skogstad, 2000b). Sometimes this kind of practice is seen as a contribution towards establishing the validity of any research understanding through 'triangulation' (Denzin, 1978). Within the paradigm in which I am working, this possibility, however, would be recognised to be compromised by the ever-changing processes of interpretation and re-interpretation the participants might bring to this process. Nonetheless, this attempt to explore some of the ideas emerging out of the research amongst a larger number of staff from the organisation might produce further insights about the holistic situation addressed by the research as well as challenge some of the assumptions already arrived at (Mathison, 1988).

5.8 The Analysis in Practice

In my methodology, the neat distinction between data gathering and analysis breaks down and there is a sense of the two inter-twined in a developing process of understanding. While the structure of information gathering is designed already to provoke further and alternative analysis, it would be useful to outline some further features of the process of analysis which developed during the course of this research.

In structuring my analysis, I drew strongly from a theoretical framework that provides the psychoanalytic understanding of consultation relationships as I described it in Chapter Three of this thesis. According to this understanding, anxiety and the defences against it serve as the source of all views about the developing consultation relationships. Those working in human service organisations are influenced by their knowledge and exposure to the emotional experiences of their clients. This, in combination with other personal and work conditions, leads them to experience particular needs and anxieties in their own work, which theoretically might be transferred onto the consultation relationship. The consultants may equally bring their own emotional expectations to this relationship and this was given some, but not central, significance in my analysis. Thus it was thought helpful to structure my analysis of each case around these four different areas as follows:

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1. The organisational representatives' beliefs and ideas about the needs of the children with whom they worked;
2. their description of their own work experience;
3. their account of the consultation relationship and their needs, disappointments and expectations within this; and
4. the experience of the consultants within the consultation relationship.

Insights at each level of analysis informed interpretations at the next, creating what might best be described as an analytic cycle, illustrated in Figure 2:

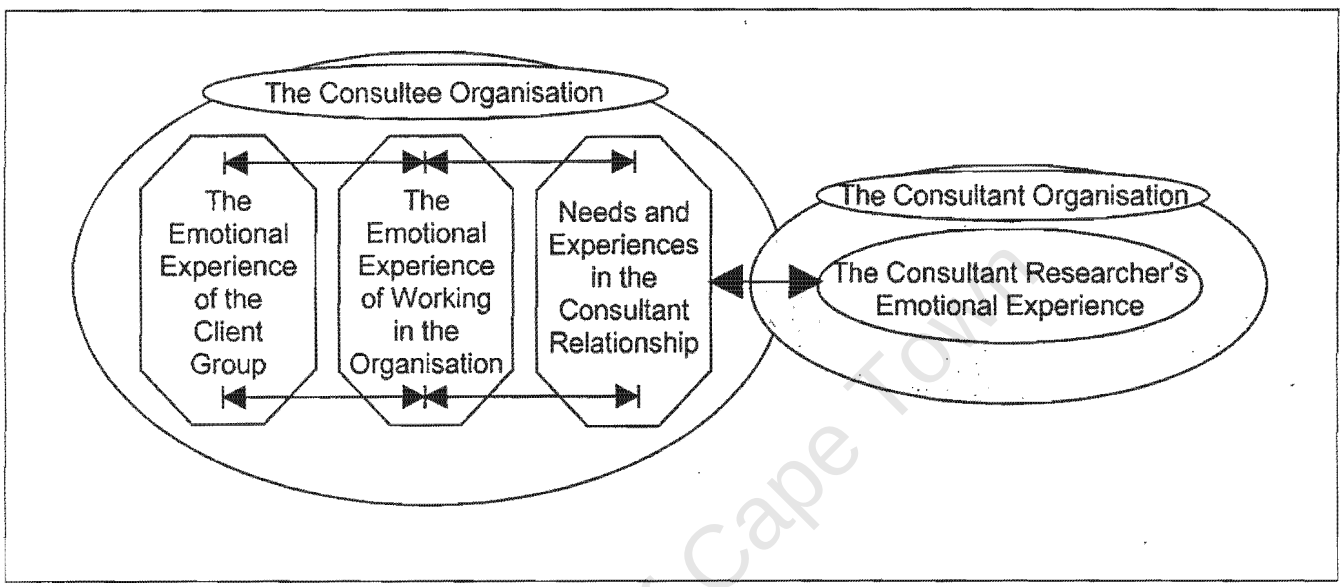


Figure 5.2 The Analytic Framework

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There were a number of separate analytic steps entailed in actualising this analytic structure. They are described below:

Step One: Getting a feel of the material

I began the process of analysis by reading through the interview material to try and get a sense of what the organisational representatives seemed to be saying directly and indirectly about the way they had experienced the consultation relationship. I particularly took note of the emotional tone of each interview, referring back to notes I had taken during my sessions with the research students who had conducted the interviews. I also reflected on my own initial responses to reading the material and to thinking about it

Step Two: Exploring diverse possibilities for meaning in the interview material

The second step of my analysis was guided by my theoretical framework, which suggested it would be useful to look at three areas: the client's emotional experience as it was represented in the organisation; the emotional experience of those working in the organisation and, finally, the consultation relationship, all as inter-linked aspects of the whole. Thus I systematically drew out material from the focal interviews that appeared to correspond to any of these three areas and began to explore possible meanings under the

different categories. While Hollway and Jefferson (2000) caution about a tendency to fragment qualitative data, my intention here was to provide an order to the material that could begin to link with my theoretical model. I also hoped to open up possible interpretations that might too easily have been overlooked by the glib insertion of the case material into the initial narrative structure I may have been inclined to allow for it. Within this process, I tried to retain as much as I could of the original ambiguity and contradiction each interview reflected, without succumbing to the tendency in research to homogenise views either within or between participants. Also bearing in mind the dangers of extracting a single idea (or theme) out of its place in a conversation (Hollway & Jefferson, 2000), I made notes in each case about possible meanings the idea might have in its immediate spoken context. So, for example, if a participant had said: 'No, no – the Clinic provides an excellent service,' it would be important to note that this had been said after a long discussion of the ways in which it was perceived to be inadequate and in response to a question from the interviewer about whether they had felt at any point that they wanted to end their relationship with the Clinic. I also noted which interviewees had said which ideas and noted briefly where these ideas might be influenced by their known role in the organisation and their particular position in relation to the consultation.

Step Three: Creating a holistic context for interpretation of meaning

At this point, I had some initial interpretive ideas but needed to embed these in a holistic understanding of the case material (Hollway & Jefferson, 2000). The third phase of the analysis involved a process of searching through the file notes and any other available material to provide some kind of meaningful context for the ideas the interviewees had expressed. If, in the example I have given, it is possible that the interviewee was expressing concern about the consultation relationship ending, was there any other evidence that suggested this could be a concern within the organisation? What kinds of meaning could this kind of event carry for the organisational representative? How would a comment about terminating the consultation relationship be experienced at this particular moment in the process? What events where occurring around this time? and so on. This process allowed me to begin to prioritise some kinds of associative meaning above others for which there seemed to be slightly less evidence. This provided me with a very loose set of interpretive ideas grouped around the various views expressed by the participants and listed under the three category headings within which I was working.

Step Four: Theoretical structuring

The fourth phase of the analysis involved structuring the loose ideas into a more formal analysis that linked the different ideas into a coherent and logical whole. In this I used the theoretical model that is central to my study. In essence, this is that there is a link between the emotional experiences of the client group, the experiences of those who work with them in the organisation and that this will help to define the needs and disappointments in relation to the consultancy relationship. At each level, anxieties, and defences against them, produce phantasies, which are enacted and reproduced in the relationships people have with one another and in the organisational structures that arise out of this. These processes may be repeated through the levels of the organisation and into the consultation relationship.

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At this stage of the analysis, I used material from the interviews and file notes to achieve some understanding of the emotional concerns of the client as they were represented in the organisation. Although I used literature in this discussion to extend or deepen an aspect of their understanding, the material presented here was not intended to be a 'factual' account of the experiences of the clients, but designed to follow and elaborate the descriptions provided by the organisational representatives. With this discussion as a basis, I was then able to begin to explore possible links into the following sections. I began to explore the way in which the emotional experiences of the clients might have produced some of the experiences the interviewees had described in their work. This helped to provide argumentative links between the loosely organised themes and interpretative ideas I had begun to generate. In a similar way, I was then able to explore the ways in which these ideas may have helped to construct the experiences of the consultation relationship. Importantly, in each case study I tried to establish where it was possible to make these kinds of links as well as where this explanation seemed to be inadequate and other ideas needed to be introduced to account for them. This process was not the smooth one this description suggests and I was forced to continually re-think the material and to question whether I might not be missing important ideas.

Step Five: Exploring my interpretations in dialogue with the supervising consultants

At this point, I had achieved a rough draft of the case study and wanted to see how my views fitted with or differed from those of the consultants who had been responsible for these projects. I had waited until this point to interview them because I wanted to be able to have an informed discussion in which I could tap into and pick up areas of their experience that might contain crucial counter-transference material that could shed further light on my developing understanding in each case study. This interview was also intended to provide me with material that could elaborate my understanding of the experiences of the consultants, which I was able to use to use in conjunction with my impression of their involvement taken from file notes.

Step Six: Comparing my interpretations with the organisation's views

The final stage of my analysis involved a presentation of my ideas to the organisation. This I did in conjunction with the supervising consultants and with their advice about the most helpful ways of presenting this material. This again provided new insights largely through my direct exposure to the emotional climate of the organisation. The form of the discussions here seemed often to unconsciously repeat the themes of the interview material and sometimes helped to confirm an existing understanding or develop it further. On every occasion, however, these group discussions also raised interesting possibilities that I had not previously thought about in my analysis.

5.9 A Note on Language

With the primary data for this research being the written and spoken language, it is important to acknowledge some of the complexities involved in the apparently simple business of talking and writing. As many noted, language is not a transparent medium of expression within research (Hodder, 2000; Hollway &

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Jefferson, 2000; Richardson, 2000). Rather, it carries with it all sorts of interpretive possibilities and constraints. There are the obvious ones already mentioned in this chapter, including the ways in which language might be constructed through the dialogue of an interview or the requirements of clinical report writing. The process of moving from the spoken to the written word also involves a degree of translation insofar as the context of other signifiers including tone, facial expression and gesture is lost to the word. I attempted to address this concern by providing as careful a transcription from tape as I could for the interviews as well as including detailed observations from the interviewers as they were reported to me. There is no doubt, however, that these processes change the material and influence the kind of interpretations made from it.

In addition, it is important to acknowledge that many of those interviewed were interviewed in a language not their own, sometimes by interviewers also not working in their home language. This must have considerable effects on the research process, where it would have to be recognised that people's intended expressions might well be distorted by the demands of working in a language with which they are not entirely familiar (Drennan, 1998; L. Swartz, 1998). However, it also needs to be said that this situation is not different from that which is a permanent feature of the consultation relationships themselves and perhaps also provides further insight into some of the processes that occur in relation to these difficulties.

It is also important to recognise the limits of language itself for describing the stuff of emotional experience. Frosh (1999a) discusses the limits of 'discourse' in capturing the kinds of experience that seem to be beyond words. These experiences seem to exist, only partly known, on the edges of consciousness and are often only capable of being understood discursively later on. In the moment of their occurrence, they are not easily accounted for in language. This does not mean, as Frosh would agree, that these things cannot be spoken about discursively. It does, however ,suggest that attempts to communicate them in this way are always incomplete. This needs to be recognised as part of the difficulty in writing up this kind of research within which the depth of emotion can only be hinted at through the participants' and researchers' somewhat inadequate words.

Finally, it is important to acknowledge the way in which the researcher's choices of inclusion and exclusion of particular metaphors and styles of language subtly shape the product of research and it is true that perhaps a final piece of research says as much about the researcher as it does about anyone else involved in the process (Kincheloe & McLaren, 2000).

5.10 Ethics and the Research Process

There are some special ethical considerations when conducting research in the area of clinical intervention. I have been particularly aware of the sensitivity needed when conducting research into a consultation relationship that relies on trust and the mutual generation of ideas for its success. Research, and particularly research in the tradition of community psychology, has always emphasised the need for mutual benefit, for transparency and for research knowledge to be made immediately accessible (Macleod, Masilela &

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Malomane, 1998). In this spirit, I informed each organisation of our intention to evaluate our consultation work through the supervising consultants who were asked to discuss this with the organisation and to request their permission. I also had specific permission to use the interview material in my study. However, there is a sense of uneasiness about using the material available to say things that went beyond the existing knowledge of the organisation and perhaps also beyond the consultant's ideas about their work. This is a general concern as well as a fairly specific echo of the kinds of issue I discussed around the need to value the voices of a community in Chapter Two. A psychoanalytic understanding must always represent particular difficulties in this, as the analysis must always move somewhere beyond the known, beyond common sense, if it is to be useful. The problem is that, in terms of the theory, what is unknown remains so precisely because it is unpalatable (Hinshelwood, 1991). In most modern therapeutic practice there is an awareness of the need to share understanding with the client as it arises – but also that the therapist may be called on to hold issues that cannot immediately be internalised by them (Bollas, 1987). Although some may interpret this position as patronising, I believe that the respect for the client has to be held here in the context of a broader understanding of the relationship rather than through a specific manifestation within it. I did consider it important to provide feedback to the organisations on my conclusions but felt it was important to mediate this through the consultant, and to ensure that, where the consultation was on-going, it facilitated rather than interfered with its process. In this process, I tried to frame my ideas in a way that could be 'heard' by the organisation, which sometimes meant leaving out some of the more complex theoretical concepts and softening some of the sharper insights. Nonetheless, I tried to retain a respectful stance in my writing about each project, with the possibility that the participants could read it and hopefully understood by them through the framework I had provided for them in our discussions. As Hollway and Jefferson (2000) suggest, 'sympathy' and 'respect' may represent helpful alternatives to a conventional understanding in research ethics (p. 100–101). These concepts refer to the need to take both an honest and an empathic stance towards those who participate in our research.

Gabbard (2000) provides valuable discussion of some of the tensions in clinical research and suggests that the choice is often between informed consent from participants or disguise in the material. Although I gained informed consent from my participants, I remained concerned that the information they provided and my interpretations of it could be more sensitive than perhaps they might realise or might wish for. I was particularly concerned that aspects of the research might be used in attempts to undermine their funding position or to cast doubt on their competence, rather than as a basis for understanding the pressures and demands under which they worked. I thus decided to rely heavily on disguise to protect the privacy of organisations. Ironically, in one case I had to persuade an organisation that this would be the safer option for them. They had wanted the information known, feeling it reflected well on their strength and fortitude. In my attempt to disguise organisations, I have often lost some significant contextual information, but decided to sacrifice this in the interests of protecting the organisations from potential harm. I have been less circumspect in protecting the interests of the Clinic and its associated institutions, but have allowed the individual consultants to remain anonymous, partly for their own privacy and partly again to avoid identifying the organisation to those who may be familiar with our work.

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It seems that many of my ethical concerns and anxieties about exploiting or compromising the organisations or the consultation work reflect not only issues in research but in the practice of community psychology more generally. Frequently, it seemed that my own concerns as a researcher echoed specific experiences in each consultation and sometimes seemed to mirror broader concerns in the relationships between professionals and communities. Thus these experiences may provide important clues as to the nature of the relationships and some of the powerful emotional responses they evoke. This, however, does not absolve the researcher of the responsibility to take serious account of these issues and where possible to minimise any potentially negative effects they might have on participants.

5.11 Conclusion

This chapter provided a methodological framework for the discussion of the case material in the following three chapters. It offered a background to the interpretive paradigm which informed my approach to this research and, through this, provided a way in which the analytic insights achieved in the case studies should be read. In addition, I have provided some practical detail on the kind of material I have used to construct the case studies and access to the processes I went through in analysing the material. The three chapters that follow each describe a consultation experience with a different organisation.

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CHAPTER SIX

CASE STUDY ONE: A CHILDREN'S HOME

6.1 Introduction

The Mary Martin Children's Home[1] was a residential care facility for young children designed to serve the needs of a relatively impoverished Coloured community situated just outside of Cape Town. It functioned under the authority of a charitable organisation and had a director who was accountable to a management committee appointed by the charity, which included both Coloured and White members. There were about 20 mainly Coloured staff who worked at the home, some of whom had a background in childcare and others who performed the domestic chores. A part-time social worker had also been employed at the home at various times. The home accommodated approximately 50 children, from birth until four years old, who had been either abandoned or removed from their families because of unsatisfactory conditions. It was intended as a 'temporary' care facility for these children, after which they were placed either in foster care or moved on to more permanent residential placements.

This children's home reflected the burden of a whole range of political and social problems that have historically affected family life in South Africa (Richter, 1994). Coloured communities, similar to the one targeted by the Mary Martin Children's Home, often allow a slightly higher standard of living than in African townships, reflecting the relative advantage apartheid constructed for this group (Erasmus, 2001). These communities have also been recognised to be plagued by particularly severe social problems linked to an inter-relationship between factors such as crime, violence (ISS, 1998) and substance abuse (Parry, 2000), which are likely to have direct effects on families and their capacities to care for their children. These problems have been attributed to the political dislocation and oppression in this group's history. Their mixed heritage, including African, White and Malay slaves brought to the Western Cape, according to Prinsloo (1997), leaves them with the political status of a 'non-entity'. Erasmus (2001) warns against the reification of a 'Coloured identity' but notes that it cannot be understood outside of its painful history of colonialism, slavery, segregation and apartheid. Even with her caution, it is difficult to avoid the association between the group once called 'God's stepchildren' (Millin, 1924 in Erasmus, 2001) and the plight of the abandoned children who live at the Mary Martin Children's Home.

Like all welfare structures for African and Coloured children in South Africa, residential facilities like the Mary Martin Children's Home are under-resourced (Biersteker & Robinson, 2000). Biersteker and Robinson (2000) note that residential care has been recognised to be hampered further in its functioning by inappropriate institutionalisation, human rights abuses within the children's homes and lack of training for childcare workers. One of the particular anomalies in the system, which is significant for this case study, is the practice of limiting the registration of children's homes only for particular age groups, thus ensuring discontinuities in the care the children receive.

[1] This is not the real name of the organisation.

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The consultation relationship between the Clinic and this organisation began in 1992 and was drawing to a close when some of the interviews were conducted in 1999.

6.2 Sources of Data

The material that provides the basis for this case study was taken primarily from interviews with three senior members of staff of the children's home. An initial interview was conducted in 1998 with the then director who was the only White member of staff of the organisation. Although she had been employed as the director at the home for only one year she had had a much longer history of involvement with the organisation dating back some nine years. Shortly after her interview with us, this director resigned from the organisation and another took over. We interviewed the new director, a Coloured man, after he had spent a year at the home. This interview took place towards the end of our consultation involvement with the organisation. At the same time we also interviewed a relatively recently appointed Coloured social worker at the home with whom we had had some direct consultation involvement.

In addition to this interview material, I drew contextual information from an extensive collection of file notes. The file notes spanned a period between 1992 and 1998, but variable amounts were recorded for each year. The 1992 file, for example, contained only 24 pages of session notes. In 1995, the file included 149 typed pages of notes. When, in 1999 it was decided to scale down our involvement with the organisation and to continue without the students, the file records, which had been their responsibility, abruptly ended. In this instance there was only approximately one year of the consultation relationship unrecorded. To compensate for the lack of file material in this period, I interviewed the supervising psychologist to establish her recollections of what had occurred in this time. I also used this interview to get some feedback on my developing understanding and to fill in some gaps in my knowledge about the consultation process. This interview was also used to explore the consultant's more personal perceptions of the consultation relationship, which may not have found their way into the more formal representations of the project. In 2002 I provided feedback to 12 staff members at the organisation (including some 'old' and some 'new' staff) and discussed my interpretations with them. In addition to these external sources of material, I used my own recollections of the unfolding process of the consultation. I had been called in on a number of occasions to provide supervision around difficult issues and was privy to many discussions, both formal and informal, about the project.

6.3 A History of the Consultation

This consultation relationship was established during the course of 1992 when the Child Guidance Clinic was approached by a senior staff member to provide direct input on issues related to the management of the children. In response to their request, the Clinic began to provide various forms of training and support to the home. The consultation became one of the most long-standing of the Child Guidance Clinic's organisational relationships, developing over a period of nearly eight years.

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The Clinic responded to the initial request for help with a series of workshops that were held with staff of the home for some months in 1992 and into 1993. Initially these workshops focussed specifically on the management of 'difficult' children. It seems that the staff were also concerned about the children lacking stimulation. As one of the staff is recorded in file notes as saying: 'Children tend to stay too long at the home. They become very bored.' Although there was a sense in these file notes that staff were worried about something lacking in the children's care it was not defined initially as an emotional problem. The documentation also conveyed little of the emotional texture of the staff's own experience. It seems that the focus of the intervention shifted quite early on from input about how to deal with the children to concerns about the well-being of the staff. It is not clear exactly how this occurred, but the notes record workshops on such issues as stress management, conflict resolution and communication skills. This change suggests some recognition quite early on in the consultation, that the staff were carrying a degree of distress about their work situation. Although the file notes reflected what seemed to be a practical, problem-focussed approach on the part of the consultants, they also suggest a gradual process of change in the consultants' thinking about the project. The initial entries describing the workshops offer the barest outline of the areas dealt with, but often convey a sense of there having been a clear task with a clear solution. Towards the end of 1993, the notes began to suggest the consultants' growing dissatisfaction with their approach in comments that seem to question whether the staff were 'really benefiting' from the training and whether this was the 'real' need of the organisation.

Although the file summary at the end of 1993 noted that the staff at the children's home were 'happy' with service provided by the Clinic, according to the supervising consultant who took over the project the following year, she began her involvement with a clear awareness of the staff's frustration with the help they had received. She reported that in her first meeting with the staff of the children's home they had told her that the Clinic's work had served only to provoke difficulties and discontent amongst the staff. They also complained that we had gone away for the December break, leaving these issues unresolved in the organisation. It is possible that the previous student psychologists who recorded the optimistic conclusion to their year's work felt under pressure to display their 'success' to their trainers or even to themselves. It is equally possible that the discontent felt by the staff of the children's home, had not been overtly expressed in the previous sessions and was more easily voiced to a relative outsider who could not be held responsible for their past difficulties. The staff's feelings around this issue may also have had something to do with the break in relationship with the previous consultant as well as the literal break in the contact due to the university vacation, which may have provoked the experience of anger and discontent (Gray, 1994).

In my interview with her, the supervising consultant described how she had wanted to do something different in her work with the organisation, but was unsure exactly what it needed to be. She decided to work, as she described it, 'organically', leaving behind some of the ideas she had been taught about the structure and

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purpose of community interventions in her previous training. She was guided nonetheless by the idea of providing 'emotional containment' for the staff. The files from 1994 show a considerable shift in the approach to working with the organisation from previous years and a different way of thinking about the needs of the children and staff at the home. Emotional containment for the staff was seen as central and the intervention was now no longer described as a training workshop' but was redefined as a 'staff support group'. This fortnightly group session became the major part of the Clinic's involvement at the home over the following years, although from time to time the consultants did provide assistance with other more practical problems.

In keeping with the developing psychodynamic understanding of the work, the students seemed to be grappling explicitly with psychoanalytic terminology and their writing contained much more reflection on the apparent emotional struggles of the children, the effects of these on the staff and also on their own counter-transference responses. The major issue of concern in relation to the children seemed to be about the difficulties created by the temporary nature of their stay in the home and the problems of separation and loss their departure created both for them and for the staff who cared for them. This became an abiding theme in the group sessions (van den Berg, 2002). We began to think for the first time about the need to maintain a constant relationship with the organisation and became increasingly concerned with the effects of the disruption of the academic year on the process and the changeover of students for an organisation already struggling with difficult experiences of separation. At the end of 1994, we decided for the first time to have the supervising consultant maintain an on-going presence in the organisation even when the students were absent. It seemed that, at the end of 1994, what had been achieved, from the Clinic's perspective, was a more sensitive and process orientated understanding of the work with the children's home and the beginning of a 'containing relationship' which could provide the foundation for a fuller exploration of the staff's experiences of their work. By this time, the extent of distress about loss and separation both with the children and with the consultants was tentatively being acknowledged by staff in the group sessions.

In 1995, the staff group continued, meeting 18 times during the year. There was a similar process oriented approach to the work with detailed notes recording the material presented in the group, reflections on its meaning in supervision and a recognition that the counter-transference impacted even on the relationships between the facilitators themselves (Nitsun, 1998). There was a sense through this year of the facilitators being intensely sensitive to, and sometimes even bound up in, the emotional vacillations of the group. During this year the group itself was reported to move between a kind of subdued anger expressed towards the facilitators and intense working periods in which deep exploration of feeling was allowed. The periods in which staff seemed less available for these explorations were mostly precipitated by breaks in the continuity of the group necessitated by the university vacations. In surveying the records of the process, it seems that as the group withdrew, apparently in response to these separations, the consultants were called on to offer more concrete advice and information. This they did on subjects such as children's sexuality, A.D.H.D. (Attention Deficit Hyperactivity Disorder) and other aspects of the children's behaviour. During this period the staff complained that they needed more than 'just talking' and conveyed a sense that the

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consultants were deliberately withholding information from them. A discussion of this information often opened up more personal emotional issues for the staff and they were gradually able to move back into a more diffuse and open discussion of their experiences. The ebb and flow between resistance and openness that seemed to characterise the group ended with a period of increased demand on the consultants to provide concrete information. The final session of the year, however, saw the staff openly expressing their sense of loss at the separation and the consultants apparently sharing their sadness. In the words of one student written after the final group of the year: 'I found saying goodbye a deeply moving event, more so than I expected.'

The following year and the change in the student team working there seemed to bring with it a slightly more active and less reflective approach to work with the organisation. The year began with some major structural and management challenges for the children's home. These created what appeared to be a conflict over leadership within the organisation. Perhaps even more significantly for our work, there was an official enquiry launched into the conduct of the staff, after claims that they were not providing adequate care for the children and in some cases were abusive in their handling of them. These two substantial threats to the organisation seemed to trigger a more 'action oriented' response from both the staff of the organisation and from the consultants. The group sessions were taken up with discussions about staff feeling powerless in relation to their management, the need for unionisation and other representations to management. The file notes suggested ambivalence in the Clinic's role. On the one hand there was considerable discussion about the need to be 'neutral' and to retain a space for thinking therapeutically. On the other hand there appeared to have been a strong push to intervene directly and to make concrete suggestions for how to deal effectively with the management of the home. In the summary notes at the end of this years file, the supervising consultant noted that the year had seen 'a more assertive power' brought by the new students and that this seemed to mirror the developing power in the staff group. She suggested that the previous year's work had provided a sufficient 'container' for the group to begin to test its strength against new challenges.

A similar tension about the correct way to approach the intervention seemed to dominate the work of the first half of the following year with further changes being imposed on the organisation from its management structure. The restructuring created tensions amongst groups of staff and threats of retrenchment. The most significant change in the organisation was that the management committee appointed a new director against the wishes of the staff. Again it seemed as though the Clinic's consultants were drawn into a more active role within the organisation. Clearly understanding their role to be in 'advocacy' rather than 'psychotherapy', they appealed directly to management to adopt a more sensitive approach to the staff. This externally directed activity seemed to have left them with relatively less space to think about the emotional dynamics of the organisation and these issues are less well represented in the file notes of this time. Towards the middle of 1997, the threatened changes had occurred without the staff or the Clinic's consultants having been able to impact on the decisions of management. There appeared, in this time, to be a sense of hopelessness and despair with frequent references in the file notes to both the staff and the consultants' feelings of powerlessness. A senior member of staff who had lost her seniority in the re-structuring process,

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resigned rather than stay on in a more junior position. This resignation evoked strong feelings of loss amongst her colleagues. Two children who had been at the home for five years were moved elsewhere and a baby died in an apparent cot death. All of these experiences seem to draw the consultant's back into a containing role in response to the distress of the organisation. It was as though for both the staff and the consultants there had been a powerful realisation of the limits of their ability to change difficult circumstances and the session notes towards the end of the year dealt mainly with feelings of sadness and dejection. It however as though this internal re-focusing also allowed more space to work on particular relationships between staff members and there was a sense of very difficult conflicts being opened up and spoken about for the first time. Once again the students' notes at the end of this year reflect their own sadness at leaving the organisation. This seemed to resonate with the existing feelings of loss and that provoked by the unexpected departure of yet another long-term staff member, who also resigned. A member of staff noted in one of the final group sessions that losing the student consultants at the end of year felt much like losing the children when they left the home to go to other residential facilities.

1998 began with a major financial crisis. The charity that sponsored the home was thinking of withdrawing their support and was requesting that the home repay a loan they owed. There was doubt about whether the home could survive this latest onslaught and the group sessions were used primarily to talk through practical problems related to this situation, with some space provided for the expression of the distress it had evoked. As this financial crisis began to resolve itself, the director announced her resignation and the group were introduced to yet another new director, the third head of the organisation in as many years. Through the financial crisis and the changeover in the directorship, the consultants seemed to become increasingly passive and lost their interpretative role. According to the file notes it appears that the group sessions were dominated and indeed facilitated by the out-going director. The tone shifted to that of a staff meeting with the director introducing items for the agenda and even, on one occasion, an unannounced visitor from the management committee. This seemed to precipitate further doubts amongst the consultants about the role they were expected to play. There were recorded conversations in supervision about the need to empower the staff in relation to the autocratic decision making of the management committee, but an increasing sense of uncertainty about how to achieve this. Perhaps as a symptom of these doubts, the Clinic's team requested supervision with an organisational development consultant. Ironically, this experience seemed to exacerbate their concerns about their inability to help the organisation. In the consultation, it was suggested that perhaps the Clinic's consultants had allowed themselves to become too submerged in the organisation itself and had lost their outside voice. It was around this time that a decision was made to no longer use the project for student training and in fact, to begin to taper off the involvement of the Clinic in a gradual process.

From the file notes of this time, there was a growing sense that the 'support group' had become a staff meeting aimed at resolving the many practical problems that faced the organisation and that the consultants' role was essentially superfluous. The impending resignation of the director provoked some anxiety amongst the staff. However, a new director arrived and seemed to offer the group hope that the practical difficulties the organisation had experienced could be overcome. In all of this the staff seemed to have little emotional

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space to think about the needs of the children. In the second last session of the year there was an emotionally charged discussion about the abuse of children – precipitated by a member of the public having accused one of the staff members of treating the children in an abusive way on a seaside outing. This issue seemed to generate considerable feeling amongst the staff, almost certainly reminding them of the previous accusations of abuse against them. The consultants seemed from the file notes to have taken a less central role in the discussion and the most helpful facilitation appeared to have been provided by the incoming director. The year ended with a training session on issues related to sexual abuse, which staff had requested. The notes suggest, however, that the material was not very enthusiastically received. The file notes end at this point and there was a notable lack of commentary on the usually painful termination experience.

As the supervising consultant suggests in a paper describing the developments in her work with this group, it seemed that the consultants' increasing passivity was a product of a healthy growth in the autonomy in the group. In this paper she describes how the early infantilisation of the staff group by the management shifted during the course of the intervention to allow them greater space to exert their authority (Van den Berg, 2002). It seems that a similar process occurred in the relationship between the staff and the consultants in which the former felt more able to 'parent' their own needs. It would seem though that this explanation would have to be a partial one, not accounting adequately for the sense of disappointment and disinvestment reflected in the file notes through the last few months of 1998. There is a sense also of an equal disinvestment on the part of the organisation that led to their apparent disengagement from the consultants in the last sessions of the year.

In the following year, it was decided that the supervising consultant would offer staff training sessions on request in a gradual process aimed at ending the consultation relationship. Although there were no file notes for this year, the supervising consultant on the project reports that she assisted the organisation with a number of different kinds of help at their request. She conducted a small number of workshops with the staff on issues related to the children's development. She provided some ad hoc support to the new director when he approached her for advice. She assisted with the referral of children to external mental health agencies for help. She also provided some supervision to a social worker and some social work students working with children at the home – although this process was interrupted by her extended illness towards the end of the year. In this loose arrangement between the Clinic and the organisation it seemed that the consultation process was not so much ended as simply allowed to drift to a rather unfinished conclusion. In her interview, the supervising consultant expressed a continued doubt about whether in fact this had been the most useful way of dealing with the end of the relationship.

This history provides some context for understanding the views and ideas expressed by those we interviewed about their needs and experiences of the consultation relationship.

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6.4 Level One: The Emotional Experience of Children in a Children's Home

As many researchers and clinicians have noted, the very painful experiences of deprivation and loss children may undergo during their troubled journey into childcare remain with them in whatever institution finally takes responsibility for them (Hughes, 1999). As Hughes (1999) has also noted, the experiences of children in care are often further marked by a powerful sense of insecurity in whatever attachments are offered to them in their temporary home. Many of them may, in their family of origin, have experienced severe abuse or neglect, which initially precipitated the placement in care. Others may simply have been abandoned early on in their lives and because of this, lack the necessary early bonding experiences to facilitate their later development (Bowlby, 1952).

The children in the Mary Martin Children's Home could certainly be expected to carry some of the difficulties that are identified as common amongst this population. The most striking aspect of the home is that the children are very young – many of them babies. They are brought to the children's home for reasons that are similar to many of those in other homes. They have been unwanted pregnancies, born to alcoholic parents or abandoned through the poverty of their families. Some have come as identified victims of sexual or physical abuse and others are thought to have been discarded because of physical impairments, amongst which is foetal alcohol syndrome which seems present in varying degree amongst a number of the babies and children at the home[2]. Following these traumas, the children face the further ordeal of care in an institution which is intended only as a temporary stopping place before they are transferred into foster homes. The difficulty here is that a foster family is seldom found and the children frequently stay in this 'temporary' environment for some years without being able to think of it as 'home'. The cut-off age for children at the home is four and after this time the policy is that they need to be transferred elsewhere. This potentially adds to the children's history of transient and damaged relationships.

All three of the staff interviewed seemed to show a considerable degree of awareness of the psychological needs of the children under their care and all expressed a profound concern for their well-being. Their descriptions of the children's most pressing psychological needs seemed to focus on three related themes which have helped to structure the analysis I present here. Firstly, the organisational representatives interviewed seemed to understand the children's emotional requirements as coalescing around the need for good compensatory parenting. The staff described the children as having suffered the effects of parenting which was incompetent, faulty or neglectful. A second related set of concerns seem to focus on the children as victims of various kinds of abuse and the need to work through or undo the psychological damage this had done to them. A third theme in the staff's description of the children's needs was around the transitory nature of their attachments and the consequences of repeated experiences of separation, loss and impermanence on their emotional development.

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[2] The incidence of Foetal Alcohol Syndrome (FAS) amongst Coloured people in the Western Cape is widely acknowledged to be the highest in the world (see Health-e at http//www.health-e.org.za/stats/stats15php3 for more detailed statistics).

6.4.1 Neglect and deprivation

In their interviews, the staff were concerned about the neglect and deprivation many of the children at the home had experienced and their effects on psychological health. They mentioned the ways in which the children's biological or temporary foster homes had been unable to effectively sustain them. They discussed the failure of the children's parents to cope with parenting and sometimes even to provide such essentials as food and shelter as frequent reasons for the children's admission to the home. Overall, the sense of the children's families of origin was of their apparent inability to provide even a basic level of care to their children. This was seen as a significant source of the children's distress. This concern coincides with much of the psychological literature on these issues. Although there have been attempts to develop more careful and nuanced research approaches to this subject, parental neglect in early childhood is still widely recognised to have a detrimental effect on children's later development (Rutter, 1972).

In addition to being concerned about the neglect which the children had already suffered, the staff seemed to experience an on-going concern regarding decisions about whether to return a child to their home for weekends or holidays. Although in many instances the intention was only to provide the child with a temporary home while problems in their family were sorted out, this was seldom the case. However, there were attempts to keep children in touch with their families and in this the contrast between the standards of care in the home and those in the child's family created their own problems. As one staff member explained: 'Many a time we put into place programmes for these children which may not be continued outside of the home. Here a child is used to a bed, a three course meal and all the activities here.' A staff member also pointed out that the difference in the care provided was not always due to deliberate neglect on the part of families, but was quite often a result of their lack of resources: 'Not because those people are not loving and caring for them, but because they are not sometimes able to provide all the stimulation, all the outings that have been given to these children.'

Poverty has been recognised to affect family functioning in a whole range of ways including the extent to which parents feel able to attend responsively to their children's social and cognitive needs (Richter, 1994). The safety of the child in the external environment also emerged as a key consideration for staff members. The high levels of crime and gangsterism in the local community meant that insufficient care for the child could have immediate and tragic effects.

On the other hand, when it was decided that the children could not easily return to visit their families, this was recognised to create further distress for the child. 'It is difficult for them to understand why they must be here in this institution when their parents are outside,' said one of the interviewees. This created a constant tension for the staff in deciding between the benefits of security and routine offered by the residential environment and the children's wish to be with their families. While care at the children's home was recognised by the staff to be more efficient than that often provided by the children's families, the staff seemed painfully aware of the way in which the structure of institutional care also fell short of meeting the

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needs of the children. While institutional care is recognised to provide relatively well for children's material needs, the inability to provide a more personal and individualised kind of care has long been recognised as a problem, particularly for very young children (Tizard & Tizard, 1974). As one of the directors interviewed pointed out: In the home, 'the child is being denied proper parenting because there are many people involved'. The home operated on a shift system where different staff alternated working hours. While this seems to be the most appropriate option in terms of providing staff with rest, it created almost insoluble problems in terms of maintenance of consistent discipline and establishment of alternative sources of attachment for the children. In this kind of context children's intellectual development may suffer (Giese & Dawes, 1999) and they may not be able to form the relationships they need to assist their later emotional development (Menzies Lyth, 1995).

The attempts of the staff to provide high quality care to the children were further hampered by the sheer number of children they had to care for. This is a particular problem for South African residential care where resource problems and lack of training discourage interaction with individual children and result in high levels of regulative care and 'block treatment' of the children (Giese & Dawes, 1999). In this kind of institutional environment it seems that the needs of any individual child must inevitably be sacrificed in the interests of caring for all. The file notes describe the staff's struggle between recognising individual differences and catering fairly to the needs of the group of children. 'One staff member may have 15 children to care for at a given time and you overlook the individual needs of the children,' one of the staff members explained. Another described how the high ratio of children to staff also made the caregivers impatient with the children's needs: 'Also like at the crèche – we've got 22 children and one teacher. It's impossible – impossible – to handle 22 active children between the age of one and half to three years. And what do you do with those children. You shout at them. You are strict with them – and they grow up with that image of the crèche teacher.'

The problems appeared not only to be a consequence of the number of children per staff member, but also seemed to be a product of an institutional culture which did not encourage knowledge about individual children. In this case, the file notes provide evidence in support of this as a difficult area historically within the organisation. Staff apparently often complained of not being provided with that would make it easier to work with them. This problem seemed to be reflected even more concretely in the practice of dressing children from a communal cupboard of clothes intended for children of similar ages. No child had any of their own clothes intended solely for their use. Young children were also frequently moved from one cot or bed to another. While this situation was improved during the course of the consultation, the staff appeared to remain concerned and aware of the institutional restraints on their capacity to attend to the individual needs of the children in their care.

The interview participants were concerned about the effects of historical neglect on the children in their care. Ironically there also seemed to be concern about the effects of moving between the well-resourced environment of the institution and the children's families, who could not offer the same degree of care. At

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the same time as the home was recognised to provide a relatively secure environment for the children, there was an awareness that the effects of institutionalised care were less than adequate for the individual needs of the children.

6.4.2 Abuse

Concerns about 'abuse' and the need to attend to its psychological effects came up again and again in the three interviews. As one staff member said, the children's problems inevitably included abuse: 'basically abuse, physical abuse, emotional abuse, sexual abuse ...' The staff interviewed were all concerned about the 'trauma' that could result from this kind of situation. Child abuse of all kinds has been recognised to occur in very high incidences in South Africa where it is often described in the popular media as being a growing 'epidemic'. In 1997 alone the police dealt with 56 479 reported cases of child abuse, a number which is almost certainly an under-estimation of those children who experience but do not report abuse (Human Sciences Research Council, 1997). Child abuse continues to be regarded as a major problem within the new South Africa and attempts are being made to explain and prevent the rising incidence at the highest levels of government (Parliamentary Task Group on the Sexual Abuse of Children, 2002). While the occurrence of child abuse cuts across social class and racial groupings, research suggests that it may be particularly likely to occur where families are disrupted by other forms of violence and alcohol abuse (Dube, Anda, Felitti, Croft, Edwards & Giles, 2001). These problems are particularly prevalent in the community served by the home and coupled with the neglect of the children makes it an understandable concern for the organisation.

Many of the children had explicitly been brought to the Home because of known abuse. Others may well have been subjected to abuse that was as yet unknown. The staff also expressed their concern about the possibility that many of the children could be abused again when returned home to visit their families or placed in foster care. While the ideal of caring for a child in a foster family is often regarded as infinitely preferable to institutional care, in reality it is very hard to ensure the adequacy of the care children receive there (IMC, 1996). Repeated traumatisation of this kind may, according to the literature, produce especially severe psychological effects (Glaser & Frosh, 1988).

The effects of abuse are recognised to include a wide range of symptoms in young children. These may include such varied responses as bed-wetting, social withdrawal, eating problems or inappropriate sexual behaviour (Lewis, 1999). These areas of difficult behaviour were mentioned by staff in the interviews and two staff members seemed to be particularly concerned about the effects of previous abuse, which they felt turned into aggression. They felt that the children were angry about the things that had happened to them but that, as very young children, they could not communicate their distress effectively. Instead they displayed high levels of aggression in their relationships with one another and with staff. As one staff member said: 'They can't say I'm angry. They have to show it or express it in some other way ... and we will find it in many of these children. In how aggressive they are.'

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Another care-worker said she understood exactly where the children's anger came from but that she did not know how to relieve them of it. The staff interviewed seemed to be particularly concerned about the potentially destructive effects that could occur if the children's anger were not addressed. It is one of the conventional wisdom's of psychology that 'violence begets violence' and that abused children will become abusive adults (Widom, 1994). Although this idea has been debated in research, it is clear that the staff remained concerned that the children in their care would eventually become aggressively destructive adults. Two of the staff members hinted at long-term concerns about the children's well being. One spontaneously drew a parallel with his previous work in a reformatory. These older children, who had committed crimes, were there because 'their community neglected them also'. This image of the abused child of the home, growing up into the angry adolescent who commits crime, is a potent one in South African society at this particular time when the unprecedented levels of crime and violence are often attributed to the 'culture of violence' developed during the apartheid era (Hamber, 2000). The third staff member seemed able to hold onto a degree of hopefulness about the children. She acknowledged that the children had had terrible experiences, but also felt that they were resilient and quickly recovered. 'They learn to trust again,' she said. This difference of opinion between staff members parallels the debates between resilience and damage that has dominated much of the literature on the effects of abusive conditions on children around the world, and especially in South Africa where there was considerable concern about these issues (Dawes, 1994; Gibson, 1989).

In one of the most difficult periods in the organisation's history, there was a formal accusation of abuse against several staff members and a subsequent investigation by their management. Although there was no mention made of abuse within the home as a current problem, one of the members of staff interviewed remarked that in the past the children 'literally cowered in the corners when you walked down the passage because of being hit.' Although this claim was made in relation to a historical set of circumstances, the current reference to it suggests that this issue may have continued to lurk as a dangerous possibility below the home's apparently pristine functioning. This would of course not be an unrealistic concern given that incidents of abuse are known to be more likely to occur in an institutionalised environment than elsewhere (G. Hobbs, C. Hobbs & Wynne, 1999).

Children who entered the home had apparently frequently been victims of abuse and the staff seemed concerned with both the short-term and long-term consequences of this on their psychological development. They were also concerned about the possibility that children could be re-traumatised by further abuse when they returned to their foster or real families for visits. There was perhaps also some anxiety that the children might not be safe from abuse even within the institution itself.

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6.4.3 Abandonment and loss

One of the most poignant sources of distress amongst the children was described as the repeated losses entailed in their history of interrupted parenting. The children's journey to the home inevitably involved the loss of their biological family, a loss which remains with them throughout, according to the staff we interviewed. The notion that the loss of the parenting figure has inevitably devastating effects has been challenged (Rutter, 1972). However, there is still widespread acceptance that early separations can have significantly detrimental effects, particularly when there is no single and reliable attachment figure to serve as a replacement (Hughes, 1999). In the interviews, the staff reported their sense that the children yearned for some kind of parental figures. As a woman staff member reported, the children would often call her 'Mommy'. From the file records it appears that it is even common for the children to address the consultants as 'Mommy' and 'Daddy' and there are descriptions of the children jostling to get close to any adult stranger, simply in order to be picked up. A staff member explained, this loss was exacerbated by the inability of the children to express it adequately: 'He cannot say I am missing my Daddy, I am missing my Mommy.' As this careworker went on to say, the hardest thing for her was to try and help the child to find a way to 'adapt to living without Mommy and Daddy'. In the home, the care-workers seemingly attempt to provide love and attention to the children, but remain aware that this could never make up for the initial loss they had experienced. Perhaps even more significantly, the experiences of loss and separation seem to be repeated through the children's stay at the home.

The original loss experienced by the children also seemed to be re-evoked in the short visits they sometimes made to biological or foster parents during weekends or holidays. For many children in homes, the fantasy of being returned to the original family or belonging to a new one is known to be an on-going pre-occupation. In the light of this, the absence for many children of foster families or any contact with their original family may constitute an on-going reminder of their initial rejection. When a child is fortunate enough to be found a replacement home or to visit their original family, the enactment of the hopeful phantasy may be equally painful. This is re-evoked each time the child is sent out of the home. However, once there, the child may experience a new trauma as they are forced to confront the disappointment in their new family and the simultaneous loss of the institution – which for many is the closest place to a home that they have known. As one of the staff members put it: 'I mean some of the children are small. They are babies. They may not fully notice that difference. But there are older children here who are going outside and they may long back for [the home].' On the other hand, children who go out for weekends to host or biological parents for a visit may equally struggle with their return to the home. 'There's always this coming and going,' explained one of the staff members.

Ultimately, the question of loss foreshadows all experiences at the home with the knowledge that children are expected to move on from there when they reach the age of five. A social worker explained that one of her tasks was to inform the children that they would have to leave the home and was preparing to do just that with two children who had outstayed the age limit of the home. She described how she would have to sit the

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children down and somehow find a way to prepare them for going. 'That child is so attached to the home. This is his home and he's been here for many years. This is his home! He doesn't know any other home and so I'm trying to help them and I'm trying to help them with that transition.'

For a very young child, who has had repeated losses, the announcement that he or she would have to leave a place and group of people with which they are familiar may produce little reaction in a child, who has not been able to establish attachments effectively due to their previous history. For another, who has begun to form a tentative attachment or even a more solid one over a number of years, the impending change could represent a catastrophic source of anxiety (Hughes, 1999). It appears from the file notes that the children's experience of leaving the home was often a very abrupt one that didn't allow an opportunity to say goodbye. Later in the consultation this pattern shifted as staff realised that the children would benefit from some kind of recognised process of saying goodbye. The fact of their departure, however, remained as a constant feature of the children's experience in the home.

Loss is not so much a particular experience in these children's lives but an on-going state which is perhaps closer to being unwanted. The child initially experiences the loss of their parents in coming to the home, or before that through abandonment. They then live at the Mary Martin home with the possibility of constant interruptions in their attachment through visits or foster placements. Their experience at the home eventually ends with another separation when they become too old to remain there.

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6.5 Level Two: The Emotional Experience of Working in a Children's Home

The emotional demands entailed in caring for institutionalised children are well recognised in the literature (Bradley, 1995). The children's difficult experiences both within and outside of the home create particular dynamics that are brought into the relationship with those who have the most intimate contact with them. In this case study, the staff's description of their work seemed to centre on three themes. The first focused on the staff's need to provide high quality care to the children under taxing circumstance. Secondly, there appeared to be some concerns about their ability to ensure the children's protection from abuse. A third theme focused on their difficulty in managing the children's painful emotional experiences, particularly the experience of loss and separation. Many of the areas of difficulty they described appear to be a response to the particular forms of distress experienced by the children they worked with. In some cases, these were also compounded by specific features of their organisational functioning and the context in which it operated.

6.5.1 Providing compensatory care

Given their awareness of the neglect and deprivation most of the children at the home had suffered, the staff seemed to believe that their major task was to provide care that not only was better than that provided by the children's families, but would in some way compensate for the earlier neglect. The staff clearly described themselves as the surrogate or replacement parents of the children. As one staff member put it: That's what our whole service is about ... intervening in the life of a family where proper care is not given. We have to compensate and provide for family care.' The file notes convey a similar sense of the staff of the organisation functioning as parents to the children in their care. Sometimes the staff even referred to themselves as 'die hele familie' (the whole family). The responsibility of providing care, equivalent to good parenting, to so many children, within an institutional context may, however, be an 'impossible task', as Roberts suggests (1994a, p.110).

The role of director, in any organisation of course, carries particular responsibilities, both to keep the demanding system in place and to ensure that his or her staff maintain the required standards of child-care. In this case, the director's task would have been made more difficult by the constant threats to the financial survival of the organisation. Maintaining any non-governmental organisation in South Africa had become increasingly difficult in the funding climate of the late 1990s, although there seemed little awareness of this broader context from amongst the staff interviewed. Instead it seemed that the staff felt that the responsibility for the home's survival rested only in their hands. This perhaps echoes the experience of parents who may not recognise the impact of the broader social environment on their ability to provide effectively for their children (Wiley & Rappaport, 2000).

During their interviews, both the staff members who had performed the function of director in the organisation conveyed a sense of the difficulties involved in keeping the institution financially viable. They spoke about the heavy demand of obtaining funding, representing a real threat for the continued existence of the organisation. In his interview one of the directors provided some sense of the continued pressure he faced, saying that one of his main functions was to ensure that the home 'did not run out of money towards the end of the month'. Judging from the recorded discussion by staff in the file notes, this appeared to be a real possibility at some points. Like any family, it is very difficult to provide good quality care in the absence of a stable financial base and this experience, ironically, may have repeated that which led to the children's institutionalisation in the first place. This director also explained that part of his job was to ensure the other staff took proper care of the children. The work of the staff included what appeared to be a demanding and lengthy list of repetitive tasks that gave some insight into the demands of caring for a large number of children in an institutional setting. The staff would:

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> ... see to bathing and dressing the children. Having their meals on time. Going to the educare, going to play, going to lunch, going for their afternoon break, seeing that at 2.00 [p.m.] the staff are taking them outside for activities in the playground and that there are formalised activities for the children, structured around certain educational principles. That there is stimulation for the children and to monitor the medical needs of the children.

He also described the way in which the home needed to be serviced regularly by a variety of professionals to ensure the children remained in good physical and psychological health. While his account of the tasks performed at the home may partly reflect the realistic demand on staff working at the home, his largely spontaneous account of the fine bureaucratic details of these arrangements seemed to convey something about the overwhelming nature of the task and the burden of responsibility that he felt in relation to his role.

One of the consequences of the seemingly endless demands on staff is obviously tiredness. One staff member captured the relentlessness of the demand: 'Because when you are going through bathing, washing, feeding, bathing, washing, feeding the child and because we are – we have a limited staff – we cannot attend to all the needs that they have.' The on-going struggle of the practical demands where one staff member may have to attend to the needs of as many as 15 children at a time makes for a situation in which staff feel exhausted and overwhelmed by their work. As one said: 'So you can see it's circling and there's always more to do. The time is not enough to do all the work that needs to be done.' These practical demands coupled with on-going financial stress and worries about the financial survival of the organisation make for a stressful working environment.

It appears from the file notes that much of the administrative work is in fact performed in a fairly orderly fashion; however, there appeared to be a constant underlying anxiety expressed in the group about the extent to which staff were performing the practical demands of their jobs adequately. Some of these issues came to a head during the period of the consultation when the staff were accused by their management of providing less than adequate practical care to the children. This seemed to spark off intense feelings of guilt amongst the staff and to increase an existing sense that they were somehow inadequate 'parents'. This was particularly distressing for them, as they appeared to carry a strong sense of responsibility for the children's well being. The sense of responsibility carried by staff members was graphically illustrated in the file notes when one of the children died in an apparent cot death. The staff member on duty experienced enormous guilt about whether she should have somehow been able to prevent it from happening. Although this reaction is a very understandable and not unusual one, it seemed to reflect something of the underlying phantasy held by workers, that any care which was less than perfect could have terrible consequences for the children.

It would seem that while the high practical demands on staff created its own stress there was at least relative certainty about what the practical requirements of good surrogate parenting would be. There appeared to be much less certainty about the home's ability to provide adequately for the less tangible emotional needs of the children or even to know what should be provided. All three participants spoke about the importance of providing 'holistic' care for the children. However, it was really in relation to the children's emotional needs

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that the staff experienced their own inadequacy as surrogate parents. 'I don't think that we are helping them enough with their emotional needs. I think that area is really lacking,' said one of the staff members. While there was clear knowledge that this is an important area, in practice emotional needs are often not prioritised: 'We as staff members sometimes become familiar with a certain problem and ... you just accept that is the child and you just go through the motions of attending to the physical needs of the children and sometimes you neglect or forget the emotional or social needs.'

This would appear to be an almost inevitable product of the pressure created in meeting the perhaps excessive demands of other aspects of the job. It is equally possible that staff, afraid of being overwhelmed by the children's emotional distress, put their energies instead into high quality physical and practical care. The potential threat of the children's unmanageable emotions might force the staff into increased attempts to maintain ideal standards of practical care as a defence against the acknowledgement of the children's emotional needs, a similar response to that described by Cohn (1994) in relation to nurses in a paediatric unit. This defensive strategy completed a vicious cycle in which staff felt pushed into greater efforts to achieve unrealistic standards of childcare which in turn deplete their energy, which might otherwise have assisted them with managing the children's emotional needs. There also appeared to be some emotional leakage through this defence as staff retained an awareness of the way in which they failed to meet the children's pressing emotional needs, an experience that added to their sense of trying to cope with an unmanageable task.

Staff also seemed to feel on-going frustration about their inability to change the institutional features of the home that they believed to be detrimental to the children's well being. The sheer extent of the numerical demands on the staff and the impact of the institutional structures interfered with their capacity to learn about or respond to each individual child's needs. Through the file notes, the staff's frustration with some of the features of the institution are frequently recorded. They seemed to feel a kind of guilty complicity in this system, but were unable to envisage changing it. As Ward (1997) suggests the powerlessness of workers in residential care frequently mimics the powerlessness of the children to control the circumstances of their lives. In spite of the apparent difficulty in shifting these kinds of institutional practices, it seems that some were in fact addressed at the home towards the end of the consultation period. For example, children began to be given their own clothes and cupboard space as well as more individually decorated – although shared – sleeping areas. It is possible that some of these apparent problems are not as intractable as they might have at first appeared. Their apparent rigidity may have been fed by the institution's need to protect itself against the anxieties inherent in the work. In this case, the painful knowledge that each individual child cannot be adequately attended to may be ameliorated by a rule that makes it impossible to do so in a similar manner. Menzies Lyth (1995) describes a very similar process in which multiple, indiscriminate care-taking is used to protect staff against intimate contact with children in institutions. In this case, the system was able to be changed by a new director who perhaps did not feel trapped within the existing ethos of the organisation, and as the only White staff member amongst those we interviewed, may have felt greater freedom to challenge the prevailing practices. Although changes in the organisation allowed some greater capacity to deal with

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each child as an individual, this remained a difficulty which the staff interviewed expressed as an on-going problem: Given the enormous work load staff members have, 'how can we focus on a particular child with a name …' said one of the staff members poignantly.

The staff of the home seemed to be very aware of the past and current neglects the children under their care had experienced. Although they recognised the source of the children's difficulties in the broader circumstances of their lives, they seemed to hold themselves responsible for making up for these deficits in their care. The unrealistic nature of this phantasy may have been further highlighted in the face of the organisation's limited financial and staff resources. As a result the staff were often left feeling over-burdened with responsibility and exhaustion. Their inability to meet their own high standards also appeared to have left them with a sense of incompetence, most particularly in relation to their ability to meet the children's individual emotional needs.

6.5.2 Preventing abuse

Working with abused children is often very difficult with anger and distress being frequently evoked by knowledge of a child's traumatic experiences, even amongst experienced clinicians (Hoxter, 1983). This is perhaps exacerbated when the children are so young and the staff feel themselves to be relatively impotent to ensure their future protection. With their awareness of the children's vulnerability to abuse, the staff interviewed expressed considerable concern to protect the children and keep them safe. They also knew however that this would not always be possible with children returning to their natural parents or foster families. The sense of powerlessness and anger this knowledge provoked seemed to be a thread running beneath all the interviews.

In addition to anger and powerlessness, working with abused children is recognised to provoke experiences that mimic the abusive relationship. People who work closely with abused children often find themselves carrying projections from the children and unconsciously forced into identification with aspects of their traumatic experience as either the abuser or the abused (Wilson & Lindy, 1994). In this case it seemed that the children's home carried some very typical anxieties about the possibility that the staff of the institution would themselves take the place of the initial abuser. Allegations of abuse in relation to staff at the home had periodically been the subject of discussion in the staff groups. The file notes describe accusations that staff had hit the children, leaving telltale bruises on their bodies. When a child had been injured the staff on duty seemed to experience considerable anxiety about the possibility that they would be 'blamed' for the injury. The supervising consultant reported that in spite of the regularity with which these issues emerged, none of these anxieties had seemed to in any way been supported through evidence.

While the possibility of abuse occurring in the home may represent a valid concern, it may be given further emotional weighting by the anxieties created through the dynamics created unconsciously in an abused child's relationships. Staff at any childcare institution may be expected to be particularly sensitive to the dangerous possibility of child abuse in recent times. The wider social recognition of child abuse has had

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much benefit for children, but it has also created a degree of anxiety for those involved in child-care. The male staff member we interviewed described how the staff should be particularly careful in their physical handling of children who had been sexually abused: 'You must be careful when you bath the child ... I must not hug that child, talk to that child in a certain way ...' His concern with this issue seemed not only to reflect a genuine concern for the well-being of the children – but an equal concern for the way care-giver's (and particularly a male care-giver) actions might be misinterpreted in a society which is extremely vigilant to the possibility of abuse by men. Not only is child abuse a widespread problem in South Africa, but it is also a country that has recently experienced high levels of political oppression and institutionalised abuse. The combination of these factors seem to have created a heightened awareness of the potential for abuse amongst local children's organisations (Gibson & L. Swartz, 2000).

Not only are those who care for children particularly vulnerable to public scrutiny and accusations of abuse but also seem to carry a projection of society's investment in the idea that children need to be particularly cherished and cared for. Childcare itself also falls within most people's arena of direct experience and therefore is especially accessible to public comment and criticism (Bradley, 1995). Its identification as women's work may also undermine the capacity of childcare workers to defend their status and knowledge (Forna, 1999). As one of the staff members graphically explained: 'I mean its amazing how many people out there you know – socially people say what do you do and I say I work at a children's home and then people seem to think that they can just give advice. Have you done this and do you do this and phone this person. If they say to me I'm a lawyer, I don't say to them do this and do that.'

The flip side of this 'helpfulness' is the judgement of the sort one staff member was subjected to when he took the children on a seaside outing. He was playing a splashing game with the children in the water when a stranger shouted at him, threatening to report him for 'abusing the children.' According to the file notes he felt mortified and helpless in the face of her accusation and was unable even to make any response to it.

The anxiety that staff seem to carry about the possibility that they might be 'blamed' for the children's abuse appears to be translated defensively into a need to locate responsibility for the children's suffering clearly outside of the boundaries of the home through the mechanism of splitting, which is one of the most basic defences in institutional life (Obholzer, 1994a). A tone of righteous anger seemed to dominate the interviews with staff members. Underlying their responses, they seemed to be asking: Who could allow such things to happen to the children? Who is to blame? Of course the biological parents seemed to be the obvious choice in this. Some of the staff seemed to attempt a kind of professional neutrality in their discussions about the parents, referring to their 'problems' or 'difficulties' in caring for the children. Occasionally, however, a sharp, unguarded comment seemed to reflect a less dispassionate response. One of the staff commented on parents who seemed repeatedly unable to care for their children: 'Because sometimes you have a parent with children at three or four homes. And it is recurring that the mother is not able to deal with her situation and she's not even thirty and she's having seven children.'

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Later the same person admits that: 'at the end of the day, with all due respect to the parents, they are the cause of the ...' In this case, the sentence is left unfinished but it is clear that anything but respect is being directed towards these particular parents.

Although there was little sense in the interviews of the role of the broader society in producing these children's problems, there did seem to be an attempt to redirect the blame outwards onto specific segments of the local community. It appeared from the staff members' comments that, in spite of quite a lot of volunteer help given to the home by the community, there was an on-going concern about the lack of foster families for children. More broadly, though, as one of the staff members said, there seemed to be a lack of support from the communities to families who were caring for the children. For him this lack reflected badly on the 'Christian values' of the community. The home's role, according to this same staff member, is that of 'being the conscience of the community' in which they must use their position to 'educate' people in the community about the need to care for their children. In the end, howeve,r it is inevitable that the largest portion of blame comes to rest on the shoulders of those who bear primary responsibility for looking after the children. The dynamics created by abusive conditions often mean that the child-care workers end up having to carry much of the responsibility for the damage the children have been subjected to and the traumas that they will continue to be exposed to.

In addition to the staff's identification with the abuser they may equally find themselves identifying with the experience of the victim of abuse. They seemed to experience similar feelings of powerlessness. Through the course of the consultation the file notes reflect the staff's sense of powerlessness, not only in relation to the conditions the children were subject to, but also the conditions under which they worked. A management committee composed of representatives of the charity who funded it initially governed the organisation. They appeared to offer little opportunity to the workers to express their opinion on matters of importance to the home. Instead, they apparently made policy decisions without consultation even where these had direct consequences for the children's well being. But while the management did not encourage participation, there also seemed to be some reluctance from the staff to challenge their authority. The consultant described the ways in which the staff struggled for many years to express their discontent with their working conditions directly to their management but seemed to be unable to do so effectively. Through the management committee's authoritarian style and their own passivity, the staff seemed to be repeatedly reminded of their powerlessness to protect the interests of the children and to ensure they were shielded from more harm. This same structure seemed to be echoed in the internal structure of the organisation, where the various authority figures seemed to exert considerable control over the focus and direction of the group sessions. Although it would be important to recognise that this structure was imposed on the workers from outside and exists as a real source of constraint on them, they may also have had some emotional investment in perpetuating it. Like the institutional system Menzies Lyth (1960) describes in which nurses use the hierarchy to defend against their anxieties about dealing with ill and dying patients, the authoritarian structure of the children's home may well have protected the staff from an overwhelming burden of self-blame. While this may have

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diffused a potentially paralysing sense of responsibility, it inevitably contributed to the frustration and helplessness the staff felt in relation to their charges.

Although the powerlessness that the staff felt in relation to authority seemed to emerge as a consistent theme in the consultation process, this aspect did not emerge prominently in the interview material. It is likely that this is a product of the interviewees themselves occupying a fairly high position in the hierarchy of the organisation. Nonetheless, the recorded experience of the consultation process suggests that these issues remained significant for most of the organisation. Notwithstanding some on-going emotional benefit derived from the hierarchical arrangements of the organisation, the powers of the lower echelons of staff remained limited by the firm structure of authority that had been created. Even the leadership of the organisation experience themselves as powerless in relation to the continuous financial crises affecting the home's survival and in relationship to autocratic decisions issued by the charity organisation's management structure. In this, both they and the staff experienced themselves as the victims of a system, which to a large extent, was beyond their own control. In the course of the consultation, however, staff tentatively began to challenge the authority structures governing the home and to demand their working rights. Much of this was confined to internal discussion and did not involve attempts to take on management directly. In this form, their expressed anger towards management may have simply begun to provide another receptacle for their self-blame, ironically detracting from meaningful action aimed at shifting the power structure of the organisation (Obholzer, 1994b).

In summary, the staff were sensitive to the abuse to which the children may have been subjected and could continue to experience either within or outside of the home. The dynamics of abuse seemed to feed into anxieties the staff had about their own capacity to perpetrate abuse. This left them feeling both responsible and guilty in relation to the children's difficulties. Although their anger with the children's parents, foster parents and the local community protect them to some extent from self-blame, they seemed to be left with feelings of doubt about the abusive capability of the organisation and their own role in this. They conversely may also have identified with the children's experience of victimhood, exacerbating their sense of powerlessness in relation to a relatively autocratic management system. The possibility of challenging their state of powerlessness may have been undermined by a defensive investment in this hierarchical system. Their growing utilisation of management as a vehicle for the projection of emotional blame may have also prevented a more active challenge to the power of their management over them.

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6.5.3 Managing emotional pain and loss

Managing the experience of working with distressed children may be particularly difficult to deal with when the feelings are painful and the contact between the client and the carer is both intimate and continuous. The file notes suggest that historically staff at the organisation had not always allowed themselves to 'know' about the children's distress in the way that Bion describes this capacity (1962). More recent file notes and the interviews with staff members suggested that staff had begun to develop a fuller sense of the children's emotional experience and struggled with the emotional impact of this on themselves.

Although there may be advantages in being able to recognise the children's distress rather than resorting to a defensive evasion of it, tolerating the pain may be extremely difficult, particularly for organisations struggling with little support (Bradley, 1995). The staff members interviewed emphasised their awareness of the way in which the children's emotional needs seeped into their consciousness. 'They feel the emotions a lot,' said one staff member describing the way that staff seemed to end up carrying the feelings of the children. Another confirmed that the staff were in need of 'care and counselling' because, as he said, 'it is very difficult for staff members to be working with children who they know have been abused and abandoned ... [They] are also affected by those bad things that have happened to those children.'

Part of the difficulty of tolerating these feelings in the children seemed to be a consequence of their concern that they did not know how to help the children through their pain. One example provided by a staff member illustrates the feeling of helplessness the children's emotional needs seem to evoke in their caregivers: 'I could see that the child was depressed, something was wrong with the child – but I don't know what to do.'

Later, talking of a different situation, this same worker talked about another child's distress, saying: 'I just don't know how to handle it.' Of course many parents or care-givers might struggle similarly with how to deal with children in their care, but the helplessness this women expressed seemed surprising considering that she had trained as a social worker, studied psychology and in fact later in the interview talked quite knowledgeably about various areas of child psychology. It is quite likely that her response here reflects less on her abilities in the area of child psychology and says something more about the powerlessness and despair that deprived children are well known to evoke in their caregivers (Hughes, 1999). Those who work with these children often struggle with the knowledge that whatever is given in the present, cannot of course make up for what was not provided in the past particularly when it affects the quality of early attachment experiences the child has had.

The three members of staff interviewed all identified the children's difficulties with loss and separation as being most painful to deal with. It seemed from the file notes that, while this issue was identified by the consultants as being one of the primary areas of concern, it took some time to emerge as an issue that could be openly spoken about by the staff of the children's home. Instead, it seemed that the staff employed a variety of strategies to avoid feeling the impact of the departure of the children under their care. The staff seemed initially to collude in a denial of the children's departure, by registering little of their going. This

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may, as Roberts (1994a) suggested, have been partly in order to bolster the phantasy of ideal parenting they were attempting to enact. The supervising consultant provided a further graphic illustration of the way that the staff tried to protect themselves against the potential experience of loss (Van den Berg, 2002). As she describes it, part of the group work had addressed the staff's refusal to name the babies as they entered the home. Instead, they called them the March baby, the April baby and so on, after the month in which they had arrived. This system of naming has ironically some, perhaps not entirely coincidental, associations with one of the systems for naming slaves in the Cape (Van Rensburg, n.d.). 'October', 'September' or 'April' are common Coloured surnames in the Western Cape. In discussions about the staff's reluctance to give the babies real names, it emerged that they were afraid of becoming too attached to the children who could so easily be removed from the home abruptly and without notice. Perhaps through these kinds of discussion, the staff had achieved a capacity to acknowledge the processes of loss their work involved, but this of course also left them vulnerable to the emotional experiences of sadness, guilt and inadequacy, reflecting perhaps more depressive anxieties (Mawson, 1994).

The staff interviewed seemed to have an intense awareness of the history of separation and loss the children brought with them into the home and the way in which it was re-enacted through further separations and finally in the loss of the home. It appeared to be very hard for them to witness this grief and all the staff members described the process of a child leaving the home as one of the most difficult they experienced. In their comments on this area, staff seemed very concerned about the children's experience of loss and their distress around this. Partly their own unhappiness might represent a projection of the children's distress into them. It appears also that they struggled with their own experience of 'losing' children to whom they had become genuinely attached. 'We have become used to the children and bonded with the children and there is trauma when the children leave the home,' said one staff member bemoaning the fact that there was no structure that allowed the staff to have contact with the children once they had left. Instead, as he put it, they were just completely 'cut-off' from the children. Another staff member openly acknowledged what she called on-going 'grief' staff felt in relation to these kinds of repeated experience.

It is not just the witnessing of the children's pain that is difficult for staff, but also the way it resonated with staff members' particular experiences of loss in their own lives. Personal experiences of loss were occasionally the subject of discussion during some of the staff groups, according to the file notes. It is likely that some of these issues would tend to remain unspoken given the primarily work-focussed agenda of the group. The staff, however, openly demonstrated a very powerful response to losses in their own staff group. When staff resigned, these experiences often seemed to provoke real sadness and distress which seemed to resonate with sadness around the periodic departure of the children.

The staff also seemed to experience an on-going difficulty with their forced participation in repetitions of the children's history of interrupted parenting. They seemed to have virtually no control over which children would leave the home and when. They were subject to policies of institutional care that have historically not been sensitive to children's emotional needs (IMC, 1998) and may be equally insensitive to the needs of

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staff. In spite of their relative powerlessness in the overall system of welfare, these staff members were often involved in readying the child for departure and explaining to them that they must go. In this situation, they experience themselves, like the children, as being at the mercy of decisions made without any consideration for their well-being. The social worker described in her interview how she experienced difficulty telling children that they would have to leave the home and how she struggled to find the most helpful way to do this. Indeed, it seems impossible to think of a 'right way' to talk to a child about the fact that they must leave what to them is 'home'. For the staff it may have been hard to witness this pain but also particularly difficult to negotiate their own reluctant participation in the process. It is likely they would experience both feelings of powerlessness as well as guilt about their involvement in the process. These kinds of feeling may have exacerbated the guilt present anyway through the inevitable frustration of the human service workers reparative impulses (Roberts, 1994a).

Experiences of separation are particularly painful insofar as they invoke the idea of being unwanted. The children who were originally unwanted in their families come to be rejected also by their institutional home. While none of the interviewed alluded in their interviews to a racialisation of this idea, the significance of these being unwanted Coloured children was raised in the group feedback discussion. All the staff members at this meeting were Coloured and several spoke about how the recent addition of two White children to the home had thrown into relief the particular problems of rejection faced by Coloured children. They described how, when they took the children on outings, people would only pick up the White children and pay them attention, ignoring the other children. For the staff it seemed as though the Coloured children were those nobody would want. Perhaps painful feelings attached to this phantasy may also connect up to the more general experience of being Coloured in a society where this group were wanted neither by Africans nor by Whites (Erasmus, 2001).

The staff appeared to have become remarkably open to the children's painful experiences. It may, however, be difficult for them to contain and manage the feelings of despair that are a part of the institutionalised child's experience. The children's repeated experiences of loss and separation may be especially difficult for staff to manage particularly as they face their own repeated loss of children to whom they have become attached. These experiences may resonate with more personal experiences of loss as well as with distress in relation to the departure of staff members. The staff seemed to struggle not only with periodic re-evocations of loss on a number of levels, but also had to manage their guilt about being involved in the system which creates enforced separations for the children. The experience of being an unwanted Coloured child may have particular resonance for those who may themselves share aspects of this deeply and emotionally charged racial identity (Frosh, 1999a).

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6.6 Level Three: Needs and Experiences in the Consultation Relationship

The staff of the organisation described a variety of potential needs in relation to the Clinic and its consultants. These are discussed here under headings provided, in part, by my own understanding of the areas of intervention that might commonly be associated with our work. These included the need for direct psychological intervention with the children, the need for practical guidance and further training for staff and finally the need for emotional support. Through each of these areas of need, I explore the way in which the deeper emotional dynamics of the organisation resonate through the staff's experience of their relationship with us, and the hope and expectations they felt in relation to it.

6.6.1 To offer direct psychological services to children

Our work with the Mary Martin Children's home never specifically included individual therapy for children, in keeping with our broader interest in developing the organisation's internal capacity to deal with the mental health needs of their clients. The staff interviewed still seemed to feel that this was and should be something we could and should offer. All staff spoke about the need for individual psychotherapy sessions for the children. It would seem that in spite of our different model of working and the organisation's long-term exposure to it, this image of psychological work is still regarded as a priority. One of the staff at the organisation seemed convinced that in fact we did see a number of children from the home in individual therapy, in spite of the fact that this was not so. In his description of the home's functioning, he gave a sense that that the organisation was able to offer a full range of professional services, including psychotherapy. This, however, was not in keeping with our knowledge about the home's resources. It seemed that the Clinic's imagined role in the provision of direct service helped to sustain his wishfully idealised vision of the home's functioning. The social worker, who seemed more familiar with our approach, spoke of her 'anger and disappointment' that the consultant from the Child Guidance Clinic had not been able to see an individual child she was struggling to deal with. She seemed to experience it as a particular shortcoming in our approach and it was clear that she felt frustrated with what she experienced as our unhelpfulness. For her, it appeared our approach which, from our perspective, emphasised capacity building in the organisation, was perceived as infinitely less useful than making ourselves available to take on the children's problems directly.

At one level, the staff's on-going hope that we might help them by seeing individual children in psychotherapy perhaps reflects the widely held image which sees psychologists conducting individual psychotherapy with a needy child and providing them with, perhaps not always clearly understood, ways of working through their difficulties. Our style of working is very different from this classical view and in many people's minds may appear to lack the established credentials of the conventional, individual forms of psychotherapy. It is important also to point out that the idea that children should have access to psychotherapy is itself not in any way an unrealistic one. There have, to our knowledge, been many children at this home who might have benefited from individual psychotherapy had this been available to them. Lack of resources for individual clinical work is easy enough to talk about in general, but becomes poignant in the

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context of an individual referral that cannot be made. This was perhaps especially so when the very professionals to whom the child could, in a well-resourced world, be referred, are regular visitors to the institution.

In addition to this, the staff's particular experiences in their work may have added to their frustration at our reluctance to provide direct services to the children. At one level, the staff felt themselves to be burdened with a tremendous range of practical demands in relation to the children's care. Catering to their psychological needs may in this context have represented yet another burdensome chore. Their hope was perhaps that the consultant would simply do this part of the work for them and, in doing so, lighten their load. This coincides with other work in this area that suggests that front-line workers may feel burdened by having to take on the additional demands of mental health work as well as whatever else it is they do (L. Swartz & Gibson, 2001). However, the powerful feelings of responsibility and guilt that the children's emotional distress seems to evoke in their caregivers may also have engendered amongst staff a longing for someone to simply remove the problem from their shoulders. The staff were aware of the children's distress. They recognised the way in which the conditions of their work and the structural constraints of institutionalisation got in the way of their ability to respond sensitively to their emotional needs. They also felt themselves to be ill-equipped to deal with these particular kinds of problems and were perhaps afraid of being overwhelmed by their own emotional response. In the face of all this, there may well have been a need to idealise the psychological consultant as someone able to provide expert help and reassurance. One of the careworkers captured this need saying that she needed to be able to reach out and say: 'Listen, please see this child. Just tell me ... will this child be okay emotionally.' It may be, from the perspective of the organisation, our attempts to make psychological help more accessible to communities and to give them access to our own thinking, may ironically have represented a loss for them. It is the loss not of the real, potentially helpful but also imperfect thinking of the consultant, but of some idea of a mysterious power capable of taking pain away without the involvement of the sufferer. In locating the problem with our inability to provide the help needed, the organisation may also unconsciously deflect blame and responsibility for the children's emotional difficulties, from themselves.

In talking about the needs of the children, the staff seemed to express an on-going tussle between our idea of what was useful and their own. Our model of consultation would want to make them responsible for the children's welfare while they continually requested some more direct intervention. It seems that our attempts to force the responsibility for the children back onto the staff is experienced ironically as a way of asserting our power to determine the form of the intervention. 'I know they don't work like that,' said one of the people we interviewed about her frustrated attempt to get us to see an individual child for therapy. The tone of this comment seemed to reflect a resignation about her inability to have us bend to accommodate her wishes. In the light of the previous discussion, this difference of opinion between us and them may not simply reflect two different ways of conceptualising psychological help but also may carry more unconscious anxieties about who gets to carry the emotional pain. The staff members' experiences of impotence seem to feed their hope that there is some direct way that we can intervene to prevent the cycle of

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damage they feel they cannot change. 'So you can see that these problems will recur – these problems will always surface with children who have been abused and abandoned and neglected and how can we address that?'

Their hope is that we can somehow, with our powerful professional influence, produce a change they feel unable to bring about. Ironically, our reluctance to do so perhaps, in phantasy, places us in the same position as the neglectful or absent parent who has left the staff with the responsibility of caring for their troubled child.

6.6.2 To develop knowledge

In addition to providing therapy services to individual children, the staff also seemed to express a hope that we could offer them expert knowledge through training and supervision in the way that perhaps comes closest to the conventional objective of mental health consultation. One staff member, for example, expressed her wish that 'someone would guide me and say maybe you could do this, maybe you could try this'. She went on to say: 'I don't expect from them to have all the answers but at least you've got the educational background on psychology and maybe you could advise me on how to handle it.'

In spite of her apparent recognition that the consultants 'did not have all the answers', her tone seemed to convey a powerful sense of dissatisfaction with what was given and a feeling that some knowledge was being withheld from her.

All of the interviewees also mentioned how important it was for staff to receive on-going training around mental health issues. One staff member expressed a wish for the staff to get help in developing their knowledge around child psychology, while another emphasised the need to develop the 'human resources within the organisation'. He explicitly used the word 'empowerment' to describe a need for us to provide the staff with skill through a series of workshops. Yet another staff member mentioned particular areas such as HIV/Aids or sexuality that could be addressed by the psychologists in training workshops. The staff we interviewed all seemed clear that training and direct advice had been the most valuable part of our work and that they wished that more attention had been devoted to these aspects. This appeared in their discussions to be linked to a need to improve the staff's quality of work, ensuring good childcare practice and guarding against the potential for inappropriate behaviour amongst the staff. In this sense, training seemed to be thought about as a way of ensuring the high standards the home attempts to maintain. These would all appear to be very reasonable requests in the context of any consultation relationship. However, at a more unconscious level, staff's need for training may also have been fuelled by the anxieties they experienced in relation to their competence and their expectation that they should provide perfect care to the children at the home.

The file notes suggest that we did in fact, on many occasions, provide direct guidance in relation to the needs of a specific child or problem behaviour. Although the predominant form of the intervention was a support

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group, we included training on topics requested by the staff within this. In spite of efforts to meet these needs, it appears that the staff we interviewed still felt that not enough direct guidance or training had been given. They were aware that at least part of our intervention had focussed on training, but nonetheless seemed to express a diffuse sense that something more could or should have been given.

It could be that their sense of not enough having been provided was a realistic one. There may, however, also have been other emotional needs that fed into this desire for further training. As Salzberger-Wittenberg et al. (1983) note, the longing for direct help may reflect a hopeful phantasy that there is someone who knows 'the answer' in difficult circumstances. This experience, perhaps fed by basic assumption mentality (Bion, 1961), may be more likely when levels of anxiety are high and stress considerable, as they are in this children's home. The investment in our professional status may have also reproduced the hierarchical arrangements in the organisation itself and have in this way, served the same defensive need to abdicate some of the phantasised sense of responsibility onto a higher authority. In this, our status as educated, largely White professionals situated us as perfect objects for these kinds of projections. The inevitable product of idealisation is some loss of the organisation's own experience of competence. Idealisation also provides fertile ground for disappointment and it is possible that while training or guidance was given, it did not provide the imagined relief, which led to the disappointment staff seemed to express.

The location of the consultant as an authority in relation to the organisation may also have evoked a more ambivalent response. In spite of the expressed wish for more training and direct advice, it appeared that some of our experiences of training did not seem to be particularly well received. Instead, as the file notes suggest, that when the staff requested training, they frequently seemed to lose interest and return to more emotionally focussed group discussion. It may be that the commitment to training is stronger amongst the senior members of the organisation we interviewed and it could well be that it is not shared by those lower in the hierarchy. In fact, in discussing the importance of training, one of the directors reluctantly acknowledged that her own attempts to offer training to staff in aspects of child work had similarly not been well received: 'So on the one hand I started off with this ideal of giving the staff skills to work with the children – but the practical issue is that they don't really want to do that. They don't feel like they've got the time and energy.'

When staff are tired and depleted the suggestion that they learn more may simply be experienced as an additional and unwanted demand. In theory, training may offer the opportunity for an experience of increased potency that might assist staff in managing their pervasive sense of inadequacy. However, if they received further training in areas of child psychology it might mean that they would be expected to shoulder the full burden of the children's emotional difficulties, which may be both a practically as well as emotionally daunting possibility.

Emotional factors are also well known to create difficulties in the process of learning itself. Various writers have noted the sensitivity of learning processes to emotional dynamics (Salzberger-Wittenberg et al., 1983; Watt, 1994). The information that can be taken in depends considerably on a range of emotional factors, including a sense of safety in the learning relationship. One staff member complained in her interview that

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she had received no direct help from us, in spite of her expressed need. I later found out that this particular woman had in fact had a number of supervision sessions with the consultant. At first it seemed inexplicable why she should have been so clear that there had been no direct contact between her and the Clinic when in fact she was the recipient of such direct consultation services. From her later comments it seemed clear, however, that she was adjusting to the then recent hospitalisation of the primary consultant on the project and had had to make do with her replacement. In the face of this separation ordeal, it seemed as though she experienced a real difficulty in holding on to the presence of the Clinic as a real and solid source of support. Instead it appeared that her strongest phantasy was of being abandoned and that this took precedence over any realistic experience to the contrary. It appeared that she was quite literally unable to hold us in her mind through the period of disruption. This rather extreme experience may be unique to this particular staff member but it may have been exacerbated by the general anxieties this organisation seems to experience in relation to losses and separations.

There may also have been a reluctance to depend on outsiders for this kind of knowledge, when there was no guarantee that they would continue to remain available to the organisation. As one of the staff members said:

> Ja -- you can spend whatever, six years training a psychology student but that person ... they are not contributing anything back to the community. Whereas by training people in the community, they stay and work in the community. They may not have six years of training and loads of experience but they are still working directly with the people and they're staying and doing it.

This statement seems to reflect some of the anger many community organisations have experienced in relation to external consultants, who come into their organisations for short periods of time and leave for their more comfortable university environments when it suits them (Hamber et al., 2001). It may be difficult in this emotional climate to allow the organisation to depend on outside expertise. This may be particularly hard for an organisation that may be especially sensitive to issues of abandonment.

Even this explanation does not seem to account for all the ambivalence expressed about our role as experts in the organisation. Two staff members who were interviewed appeared to feel that while they wanted our help, they had reservations about whether anything we knew could in fact impact on the realities the children faced. As one of the staff said: 'It is easier for a psychologist to say that this is what you should do and this is how to handle it. But when you're here its like a whole different situation.'

Later she went on to say: 'I don't think if you are not here you will really understand ... what we are talking about.' Another staff member even more forcefully said: 'There's all the theory, but when you're working here you can't say, now this is what you must do because this is how Freud says the child should be handled.'

The staff members quoted here clearly felt that our ideas and knowledge would somehow reflect an ideal theoretical way of working and could not deal with the very different realities of the home. Of course much

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of the literature on community psychology might suggest that there are very real ways in which professional ideas are out of touch with the realities of demand in Black, disadvantaged communities. Certainly the nitty-gritty of work in a children's home must confront staff with all kinds of difficulties that cannot be addressed by psychologists. In addition to this, it seemed that our apparent knowledge of what was 'ideal' in childcare could have posed a particular threat to this organisation. In one instance, which was described in detail by one of the interviewees, the consultants from the Clinic had, she believed, assisted with the referral of a child to a local psychiatric clinic. According to the care-worker, the psychologist who assessed the child made the recommendation that he be placed in foster care as soon as possible. The care worker who had administered this referral seemed angry about this suggestion: 'They are idealistic about what is supposed to happen. Because the recommendation was that the child must be placed into foster care as soon as possible. I know that! I know that! We want that! This is not a home for the children. So I knew the child must be placed. But you cannot find suitable homes that easily and for so many children.'

Her frustration was, understandably, about the psychologist's apparent lack of awareness of the realistic difficulties of placing any child in foster care. While the psychologist who made this recommendation was not from our Clinic and we may have disagreed with her, the care-worker made no distinction between the two different mental health agencies. Perhaps more importantly, from her perspective, it must also have felt that the psychologist merely underlined the impossible nature of the task the staff of the home faced in meeting the needs of the children in their care. The staff are aware that the institution cannot be a 'home' for the children and how far from ideal the children's care inevitably was. Against the background of this awareness, the consultant's knowledge of the 'correct' way to care for children may have been experienced, not as helpful, but as a painful criticism of the staff's inability to provide these things. This may have resonated with the particular sensitivity of this organisation to criticism, both in reality from the public, and in phantasy from their self-blame.

From within our model of work, we have shared the idea that knowledge is key to empowerment with many other community psychologists. However, while the external consultant might represent an opportunity to gain power they may also represent a threat to the power of the organisation (Rappaport, 1981). In an organisation where power is a scarce commodity and powerlessness is a continuous threat, it may have been particularly difficult for the leaders to accept an alternative authority outside of the group, even though at one level they wanted apparently wanted this. The staff members we interviewed were all senior in the organisation and seemed quite cautious in circumscribing our areas of involvement in the organisation. They also seemed concerned to assert their own areas of knowledge quite clearly. One staff member, for example, clearly delineated the areas around training in which we might be helpful – whilst very sharply drawing a boundary around our potential helpfulness in the 'real' demands of the home's functioning. Another staff member talked about our training as though it were a programme he himself had designed. As he said: 'So staff development and training is also part of my function although I may not be conducting a workshop all the time – but I know what is the need.' In this, he situated us in the role of his employees who he would call in and direct to attend to particular limited areas requiring our attention. While these may be partly realistic

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ways of managing a consultancy relationship, it also seemed that these carried less realistic anxieties about our relative power and attempts to assert their authority in relation to us. Powerful figures in this organisation may call up a longing for a lost parent but also may be strongly associated with the potential for abuse and powerlessness for the children who are victims of this. These issues interact with the power structure of the organisation, which partly reflects this ambivalence between compliance and suspicion in the relationships between workers and the management structure. These organisational issues may resonate with a broader ambivalence about power in a country undergoing a major political transition between an autocratic government and a democracy (Alexandrov, n.d.).

This analysis suggests that the consultant evoked a strong ambivalence about power and authority. On the one hand, there seemed to have been some longing for a 'parental' authority who would know the answers and help the organisation to deal with experiences they found overwhelming. On the other hand, there were anxieties that the consultant, with this kind of authority, could be unreliable, critical and perhaps usurp some of the little power available to the organisation itself. These views may have reflected a realistic failure on our part to provide what was needed, while the emotional dynamics within the institution may have also have helped to generate some of these feelings.

6.6.3 To provide emotional support

The primary intervention, during the most part of the consultation, was through a regular weekly 'staff group' that was designed to meet the careworkers need for emotional support in their work. The comments of staff on this process seemed to express strong and sometimes conflicting opinions on the role the consultant psychologists had played in meeting the support needs of the organisation.

Only two out of the three staff members interviewed had had direct experience of the staff group as the social worker, who was also interviewed, had arrived after these groups had ceased. The two staff members who had been a part of the group seemed to understand its function in slightly different ways. One described the group as a 'meeting without an agenda', clearly looking for parallels from his own experience as the director of the organisation. He did recognise that it formed part of what he felt was an essential system of support to enable staff to deal with their distress that he was aware their contact with the children evoked in them. He spoke a lot about the pain the staff members seemed to carry for the children and how hard it was for them to continue in their work without receiving some kind of help. The other staff member, who had a stronger psychological background, described the group as a safe place for 'people to speak their minds'. Although she acknowledged the importance of the group in dealing with conflict amongst the staff, she emphasised the role of the group in potentially facilitating healthy staff relations. This may have reflected her own needs, as the director during a period in which there seemed, from the file notes, to have been considerable tension and conflict between the workers and the internal leadership of the home. Although there may be a shared emotional investment in any organisational structure, there may be a danger in ignoring the investment of management in their own powerful position (Newton et al., 1995).

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This same staff member spoke about the capacity of the staff support group to help clear up misunderstandings and improve communication. She explained that it was a place in which some of the power hierarchies in the organisation could be relaxed to allow people to speak more equally and openly. This staff member felt that an external facilitator was required for this because this made the staff feel safer to 'speak out'. She also did not think that there was anyone in the organisation who had the skill to encourage people to talk openly in the way the consultants had been able to. In spite of the different needs prioritised by the two staff members, both seemed to convey a general sense that the support group had provided the staff with a valuable opportunity to deal with their own experiences of their work and allowed them to express their feelings and opinions more openly than was allowed in the normal course of work. While many of the comments of the staff reflected the value they accorded the group sessions held with the consultant psychologists, when pressed to explore things more deeply by the interviewer, most also expressed a degree of ambivalence that reflected a variety of concerns about the process.

In their commentary on the staff support groups, there seemed to be an echo of some of the doubts participants had expressed in relation to the capacity of an ideal psychological process to impact on the realities of working in a children's home. Some of the staff members were openly doubtful about the practicality of psychological ideas and ways of working. 'If we had just carried on ... with this group psychotherapy type thing we would still be sitting with those same problems,' said one staff member who felt that psychological theorising was much less helpful to the organisation than a 'hands-on' practical problem solving approach to the organisations problems. She also expressed doubt about whether the 'coping skills' learnt in the support group could actually be taken outside of it effectively. She spoke more generally about her frustration with what she saw as the 'passive' role that was played by the Clinic. She did not believe the reflective, listening role we had adopted was the most helpful way to use our psychological resources. 'Its one way. I don't think its necessarily the best way ...,' she said. At the same time, she seemed unable to let go of her sense that the group sessions had in fact still been very important for the staff. She reluctantly acknowledged that the strength of the Clinic was that they had made a thinking space for people without directly intervening. Part of why she felt the group had been helpful was that they 'didn't tell you what to do'. As she said, it was like a 'catch 22' – referring to the no-win situation from Joseph Heller's novel of the same name (Heller, 1961/1994).

The dilemma this staff member presents here seems to be an entirely understandable one. There may be a role for reflection and consideration of the emotional issues in any organisation, but if an organisation were to depend only on therapeutic reflection it would certainly be unable to address the on-going practical needs and make required changes in the organisation. It can be assumed the support group was never intended to replace other activities in the home, but to work in addition to these. It is possible, on the other hand, that, given the demands on staff in the home, they may have unrealistic expectations of the consultant's abilities to intervene in all areas of the organisations functioning. The continuous demands on their resources, their sense of powerlessness and their feelings of incompetence, may lead them to seek a powerful saviour who is

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capable of addressing very difficult realities they do indeed face. In this, it would seem that their own experience of having to be the 'perfect parents' capable of dealing with all aspects of the child's needs, is transferred onto the consultant who is expected to be able to intervene practically in all areas of the homes functioning. Their disappointment with the consultants then perhaps mirrors some of their own frustration with their inability to fully address the needs of the children in their care.

The sense that these practical and emotional needs within an organisation are somehow in conflict with one another may also reflect the staff's difficulty in balancing these two areas in relation to the children's needs. The staff group's emphasis on emotional exploration seemed to be experienced as an attempt to force the staff into an acknowledgement of emotional weight of the children's needs. This perhaps triggered an impulse to return to the value of a practical orientation as a defence against this. The staff acknowledged in their interviews that, as much as the exploration of feeling was helpful, it was also potentially too demanding. As one of the staff members said: 'Whereas I might just take it at face value ... there may be some deeper meaning [which] can be infuriating ... sometimes you just don't want to go into things deeply – over and over again.'

Another staff member also warned against the free expression of emotion, saying that what is required is a more controlled process where particular issues are put on the 'agenda'. Concerns about opening up emotional issues in the staff group are hardly surprising given that the very nature of the group is designed to challenge surface understanding and to deepen acknowledgement of the difficult feelings – some of which the staff may have been trying to avoid or were only just struggling to manage.

We were guided in our work by a need to limit and contain the emotional distress of participants, particularly as the group was being conducted in a work setting rather than as part of a dedicated therapeutic process. Nonetheless, it seemed that the group was not only a forum for expressing and coming to understand the anger many of the staff were carrying. It also became a forum in which some of these difficult feelings were lived and experienced. Although, according to the file notes, many of the staff groups had involved relatively gentle discussion about the needs of the children and of the staff, there were times in the history of the consultation that the staff group seemed to become a part of the internal conflicts of the organisation. One staff member spoke about her initial experience of the group as a powerful persecutory presence in the organisation. She had initially offended some of the staff of the home by publicly accusing them of abuse, before the management structure appointed her, without consultation, into a senior position. Her first experience of the group was when she was, in her words, 'summoned to appear before it'. The group, for her, had clearly taken on the role of adjudicator and she saw the consultants as standing in judgement of her. In her descriptions of the group, she seemed to struggle between a genuine appreciation of the opportunities the group had given for people to express their feelings and her own difficult feelings of having been under attack there. She described how she had felt the consultants uniting with the rest of the staff against her but also acknowledged that: '[The consultant] was offering support to the group. And so I suppose it was a reflection of the group's feelings, not her personal feelings. But it was difficult for me to differentiate that.'

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Her experience was not entirely without a reality base. The consultants had in fact requested a particular meeting with this staff member to discuss the staff's concerns in relation to her and it would have perhaps been evident to her that the consultants were, in fact, not neutral in the process, but supported the staff who experienced themselves as having been wrongly accused.

While there were clearly some specific, concrete issues that needed to be resolved in these particular staff relationships, what is perhaps most striking about the situation for the purposes of this analysis is the way in which abusive relationships seem to have been played out through the support groups. This staff member had, in fact, angered the staff by accusing them of abusing the children. Her behaviour may also have provided the staff with an opportunity to express the anger they carried on behalf of the children. They seemed to have used the support group to give her an experience of being harshly judged, a transfer of their own experience of being blamed for the children's difficulties. She also perhaps became a receptacle for their anger at the management structure, which was largely inaccessible to them. Instead of providing a haven of support for staff in their difficult work, it seemed that the staff group was also capable of re-creating some of the more difficult dynamics of the organisation around abuse and blame.

In her interview with us, the staff member who faced the group's wrath in turn seemed to blame the problem on the Clinic's reluctance to act more forcefully to prevent a situation in which she felt the staff had been abusing the children through harsh discipline and careless childcare practices: 'I felt that the [Clinic] knew about what was happening and they didn't do anything about it,' she said. This was a powerful criticism and it is clear that she experienced us as negligent in our professional responsibilities. However, in the light of her experiences in the staff group, her criticism here also may have represented an opportunity to equalise a situation in which she had felt she was unfairly blamed and scapegoated within the consultation.

One of the areas that seemed particularly important for staff members was the constancy of our presence through the staff group. 'They were there for us,' as one of the staff members put it. Another alluded to the length of our involvement as an indicator in itself of the way the staff had valued the Clinic's input. A sense of the strong connection between the supervising consultant and the organisation was also affirmed during the feedback meeting where the warmth with which the consultant was greeted was obvious. The file notes also demonstrated a reciprocal awareness of the importance of our continuous presence in the staff group. Not surprisingly, the interruptions in our constancy at the staff groups were experienced as problematic. One of the staff expressed an overt frustration with the way that 'students' from the Clinic moved 'in and out' of the organisation. 'That's not the way to do it ... we need to work together as a team,' she said. However, our attempts to ensure some kind of continuity through the constant presence of the consultant psychologist were recognised as being valuable: As one staff member put it, 'she's got a long history with the home'. This suggested some capacity to hold onto what the consultation relationship had achieved in spite of areas of discontinuity. The difficulties of maintaining a sense of continuity were highlighted again by the social worker's lack of knowledge about the many years the staff group had run prior to her arrival at the home. While this kind of situation might be regarded as the inevitable product of staff turnover, in this organisation

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organisation's anxieties about separation when I met with the staff group to provide them with feedback. In this discussion, a number of staff expressed their surprise that the supervising consultant remembered their names. One staff member, who wanted some particular advice from me about courses offered at my university, displayed considerable anxiety that I would forget her name and would not know her if she called me.

Perhaps one of the most noteworthy omissions from the interviews was any direct commentary on how our status as a predominantly White organisation (and in fact all except one of the consultants and students working with this organisation had been White), in contrast to the largely Coloured identity of this organisation, had affected the consultation relationship. The files similarly suggest that for most of the history of the consultation there was no overt discussion of race or class differences in the staff group. There was some joking about several English-speaking students who struggled to speak Afrikaans fluently[3]. This seemed to be the only way that race could be mentioned. Later there was some discussion in the staff group of different 'cultural' ways of rearing children and an implication that the White consultants would not really understand the motivations of the Coloured care-workers. Even this emerged in what appeared to be a very muted and gentle way, suggesting a difficulty with the open acknowledgement of differences. Acknowledging racial differences in post-apartheid South Africa may be generally difficulty, but perhaps in a group where separation issues were fraught with anxieties, potential differences could take on an even more threatening quality, raising the possibility of rupture in a fragile relationship. This lack of acknowledgement of racial issues may also reflect a more general historical identification between Coloured people and their White oppressors. Unlike Africans, Coloureds were co-opted into a favoured position by the apartheid government and within this frequently identified themselves with Whiteness (Erasmus, 2001). The close relationship with a White organisation may therefore represent a precarious form of safety to this organisation, allowing it to avoid some of the painful and frightening experiences associated with being the unwanted Coloured child.

In summary, the interview material suggests that the organisation's expressed need to receive emotional support from the consultants seemed to carry a range of ambivalent feelings. There appeared to be an implicit longing for the consultant's to be the 'perfect parents' capable of providing practical solutions to their emotional problems and offering a continuous and reliable source of support. This phantasy could not be sustained and the staff seemed to have experienced some disappointment in our inability to meet their emotional needs. Although sometimes offering a valuable space for the discussion of emotional experience, the supportive function of the consultation seems also to have become infused with anxieties linked to the organisation's experiences of abuse and blame. The support offered by the consultation relationship also appears to have developed its unique form under the sway of anxieties about abandonment and shifts in the perceived continuity of the relationship, which affected the growth of both emotional and political understanding in the organisation.

[3] Afrikaans is the predominant language spoken by Coloured people in the Western Cape. Both English and Afrikaans were the official languages of South Africa under apartheid. But while most White people who grew up in South Africa were taught Afrikaans at school, English speakers are often not fluent speakers of the language.

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6.7. The Consultants'/Researcher's Emotional Experience

There were many different experiences through the consultation process, depending on the particular stage of the consultation and the various consultants involved, but it is possible to extract three central themes in the consultant's experience that may have interacted substantially with the needs of the organisation. These related to the consultants' concerns with interruptions in the constancy of the consultation; a tension between a therapeutic and a more active role in the organisation and an on-going struggle with their own feelings of competence.

The file notes reveal an almost continuous awareness on the part of the consultants about the need to maintain continuity in a variety of ways over the period of the consultation. Although the supervising consultant provided on-going support through vacation periods, the constraints of the academic year affected the consistency of the students' presence in the organisation. The most obvious impediment to the maintenance of a firm connection in the consultation was the changeover of the students each year. The file notes clearly reflect their initial 'newness' as they 'discover' the organisation and then shows the way in which their perceptions of the group and organisation shift and deepen over their years work, with increasing knowledge and experience. Their growing understanding seems only just to have been established when it is replaced by the new students' views – their fresh vision, doubts and insecurities. Viewed through the lens of the file notes, this results in a jagged kind of history which is only partly cushioned by the sense of the supervising consultant as a continuous presence in the background of their experience.

The lack of continuity in the consulting team was mirrored in even more pronounced ways in the composition of the staff group. There was an acknowledged difficulty in holding ideas from one session to another as the group was attended unpredictably by staff members who happened to be on duty on the day that the group occurred. To address this, the consultants developed a practice of reminding participants of what had happened in the previous group session. In the words of the supervising consultant, they tried to establish a 'memory' for the organisation which they saw as an important need in the organisation more generally, where consistency in relation to the children was often impeded by staff turnover and the system of shift work.

The frequent changes in the leadership of the organisation over the consultation period made it particularly difficult to establish a solid relationship with a central organisational figure. It seems from the file notes that each new director posed a different challenge for the Clinic's consultants and often influenced the tone of the intervention. It seemed that there was some kind of search for a 'match' of the organisation needs and the Clinic's capabilities that was begun anew with each successive director. When a foundation appeared to have been tentatively established, the whole process would have to begin again. It seems that the consultants also struggled with these kinds of discontinuities on a deeply personal level. The file notes reveal the students' feelings of guilt and sadness as they left the organisation at the end of each year's work. This feeling also seemed to be reflected in the supervising consultant's sadness about the Clinic's final withdrawal

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A second theme that dominates the history of the consultation relates to constant shifting between what was perceived as 'therapeutic' work and a more active role which included such functions as training, suggestions for structural improvements in the organisation and even advocacy. Crises affecting the functioning of the organisation occurred with reasonable regularity throughout the consultation process and seem to precipitate in almost every case a more active approach to the work. As each crisis died down, the consultants appeared to move back into a more reflective and emotionally focussed approach that was sustained until the next crisis. Within all of this, there seemed to be doubt about the kind of approach which would be most valuable to the organisation. This vacillation on the part of the consultants perhaps represents our own struggles about balancing our belief in therapy against the model of empowerment and advocacy which is more dominant in community psychology. These issues seem also to interact with the home's own difficulty in managing the relationship between emotional issues and a more practically focussed approach.

Our more therapeutic role seemed to call up anxieties in the organisation to which we responded with increased activity. In some way it appears we were trying to be the 'available parents' to the organisation. However, when we became more active within the organisation, this raised other sets of concerns to which we were alerted, about the extent to which the Clinic could operate effectively with the neutrality and distance required of the consultant when they were drawn into such long-term, constant relationships with organisations such as this one. This seemed to reflect a permanent tension in our work – and most particularly in this consultation – between our role as helpful outsiders in the organisation and the need to be permanently and constantly available to them, without which they did not seem to be able to hold the value of what we could offer. Sometimes our sense of our role as central to the organisation also led us to exceed our authority in relation to it. On the flip side of our supportive role as 'parents' to the organisation was the more active position we envisaged for ourselves. Here we seemed to become involved in an enactment of their phantasy of us as critical parents whose role was to identify and correct the staff's problematic practices in relation to the children. While consciously we weren't always aware of standing in judgement of the organisation, we seemed sometimes to act out this kind of role in relation to it. Partly, this may have been motivated by our own anxieties and insecurities about the value of our consultation work.

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The supervising consultant described retrospectively the way in which she carried her own anxieties into her first encounter with the organisation at the beginning of 1994. Not only did she feel a sense of inadequacy around the staff's challenge to the Clinic's effectiveness in their organisation, but also her own anxieties about being a relatively new graduate, supervising trainee psychologists for the first time. Like many psychologists working in the relatively new field of 'community psychology', she also described feeling the weight of the discipline's uncertainty around this area. 'I didn't know what community psychology was,' she said, reflecting much of the confusion and dissent in local literature on the subject (cf: M. Seedat, Duncan & S. Lazarus, 2001a). There was also regular reference, throughout the file notes, to the students' feelings of incompetence in relation to their work at the home. Partly, this reflects the reality of the learning process, but it may also have carried some of the anxieties about competence that seemed to exist in the children's home itself.

In framing the experiences of the consultants through this particular relationship, it may also be helpful to note some of my own emotional responses to this particular consultation relationship. Being one of the most long-standing of the Clinic's relationships, this consultation had a rather special place in my mind prior to beginning this research. In spite of the vacillations and difficulties in the course of the consultation, my overwhelming sense had been that this consultation was one of our most successful and one in which we were most obviously needed and appreciated by the organisation. This perception, I think, was facilitated by the sense that the emotional care of very young children seemed be an obvious priority, which could transcend some of the complicated political dynamics that were a part of our other work with community organisations. The consultation had also been allowed to develop into the comfortable therapeutic mould that seemed to best fit our theoretical model and the skills we had to offer as psychologists. It was with some degree of discomfort that I began to register how my phantasy of a 'special child' and the thoughtful and considered 'parenting' we had provided to this organisation was challenged by closer inspection of the material available. As I wrote up the research, I felt myself experiencing a range of uncomfortable feelings around how we might have let the organisation down in various ways and a sense of disappointment in our own capacity as consultants.

When I provided feedback to the staff group at Mary Martin Children's Home, however, I had a different experience. I was accompanied by the supervising consultant and noted a genuine sense of connection and warmth between her and the group. The staff were clearly very excited to see her (they hadn't been in contact for three years) and although they repeated some of the concerns about the consultation which had emerged in the interviews, they also expressed their delight and surprise that she had not forgotten about them. They referred to the many insights they had gained through the consultation relationship and spoke in a way which suggested they had internalised a sensitive and thoughtful understanding of the children's needs. Both the supervising consultant and I left this meeting with a greater sense of hopefulness and achievement.

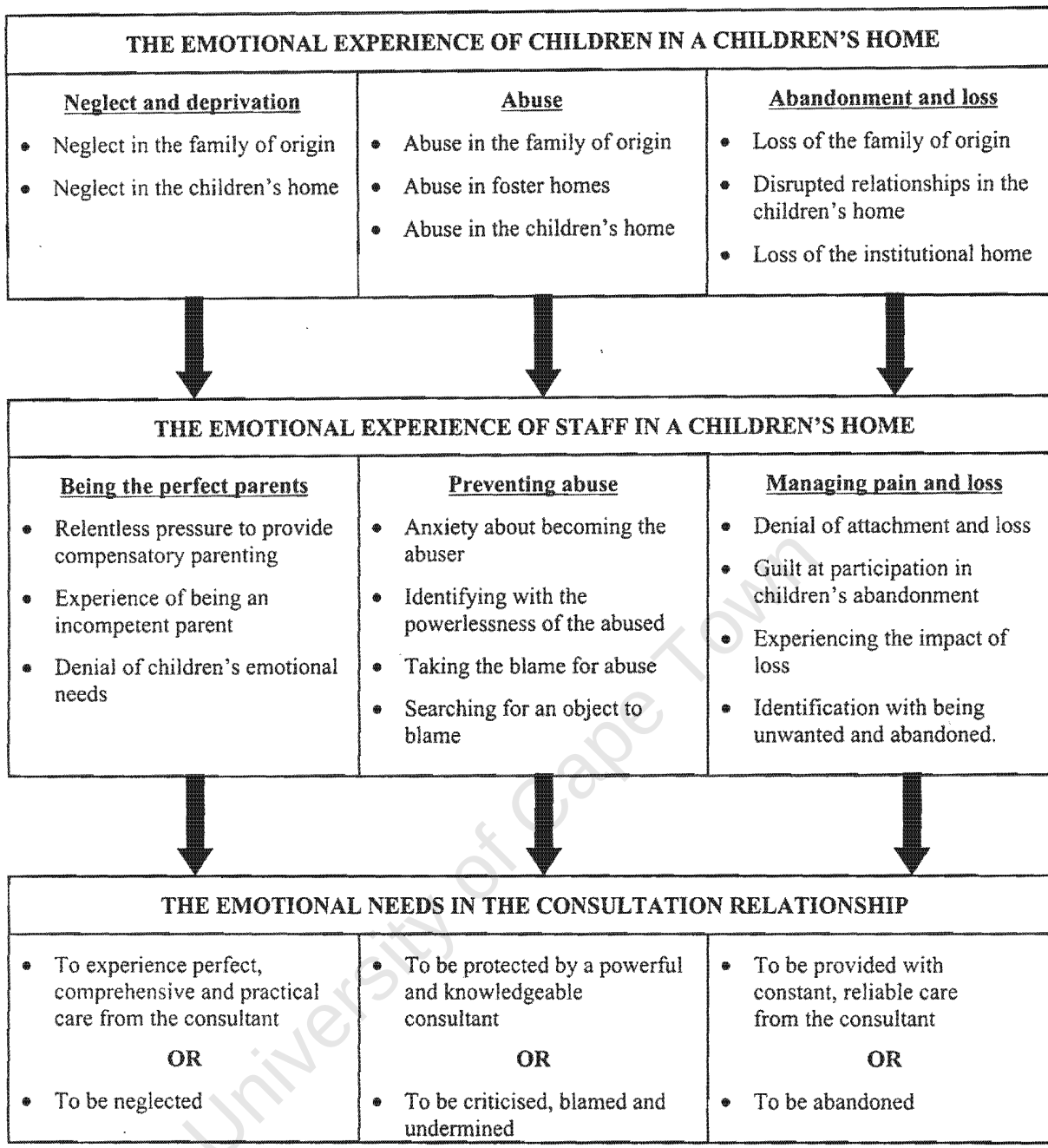
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On reflection, my contradictory feelings of disappointment and failure on the one hand and a sense of real connection and understanding shared with the organisation on the other, may hold something of the organisation's own experience in relation to the children. Their struggle seemed to be about the need to give up the phantasy of perfect parenting and settle perhaps for the imperfection that Winnicott described as 'good enough' care (Winnicott, 1970).

6.8. Summary and Conclusion

While it is not possible to do justice to the complexity of this analysis in graphic form, I have provided a schematic summary of the flow of emotional experience through the different layers of the consultation relationship: from the children who are cared for in the children's home, through to the staff of the home and then into the consultation relationship and the experience of the consultants.

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Figure 6.1

It seems that anxieties about the children having been neglected, abused and abandoned found their way into the organisation and the way in which it conceptualised its burdens and responsibilities in relation to the children in its care. The staff appeared to experience the need to provide perfect parenting that compensated the children for their experience of neglect. Their attempt to match their unrealistic expectations of themselves, however, resulted in feelings of incompetence. This in turn gave rise to an attempt to minimise an awareness of their failure through a focus on the practical rather than the emotional tasks of childcare. Anxieties about the children's abuse filtered into an identification with an experience of the victim of abuse which was felt as powerlessness. Staff also experienced anxieties about their potential to take up the position of the abuser. They seemed to unconsciously hold themselves responsible for the children's abuse, which resulted in attempts to locate the blame for this outside of the organisation. In dealing with the children's

emotional distress around separation and abandonment, the staff had seemed first to deny their attachments to the children. As they became more aware of the impact of repeated losses for the children and themselves, they experienced guilt at their participation in a system that allowed this. There seemed also to be an identification with the experience of being unwanted, perhaps partly forged out of the Coloured identity they shared with the children.

All of these feelings seemed to flow into the consultation relationship, which was marked by ambivalent feelings, apparently reflecting hopes and fears that mirrored the emotional dynamics of the organisation. They hoped to have some of the burden of emotional responsibility taken from them. When this was experienced as absent from the consultation relationship the staff seem to have felt neglected. The staff also expressed the hope that they might be helped by the professional expertise and position of the consultant but feared the potential for abuse in this vulnerable position, where they might be criticised, blamed or undermined. Finally, the organisation also seemed to hope for and sometimes benefit from a constancy of care not available to the children. They feared abandonment and when this was threatened in reality, seemed to lose their capacity to benefit from the consultation relationship.

While the material provided as the basis for this analysis had little overt political content, many of the emotional experiences described here carried a range of significant political meanings. The experiences of the children within this Coloured community, which was itself neglected and abused under apartheid, are profoundly marked by the generational effects of these social and political conditions. Even in the new political order, the responsibility for the care of this group seems to have all too easily been deflected onto a single organisation which carries the burden and responsibility to compensate for what has been missing from these children's lives. Like childcare more generally, this is regarded not as a public, but as a private responsibility. The hierarchical structure of the organisation's management of course provides a more obvious reminder of some of the powerful and impassive authority structures that have governed political life in South Africa. In relation to their management the staff are obliged to take emotional responsibility for a system in which it is impossible to meet the children's need for attachment and continuity. The irony here is that the management may in reality be no more powerful than the staff of the organisation to provide the sensitive policies the children's home might need within the context of a badly designed and inadequately resourced welfare sector. This case study would seem to illustrate how political responsibility may filter downwards, towards the least powerful groups in society, who like this organisation, find themselves carrying the burden of emotional responsibility and believing in fact that they are to blame for the inadequacies of the broader system.

In its relationship with the Mary Martin Children's home the Clinic seemed to unwittingly reproduce some of the difficult emotionally laden political experiences. Perhaps in attempting to fulfil our own phantasy of being the perfect parents to the organisation, we colluded in the denial of the broader contextual influences on the organisation and sometimes participated in thrusting the full emotional responsibility for the children back onto the staff. We seemed to enter the organisational phantasy that created child care as a private

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'family' experience and suggested that we might be able to facilitate improvements through our own benign parenting provided by the consultation relationship. Crises in the organisation forced our awareness of the structural and political constraints on good parenting and seemed to provoke a more active response from us. This alternation between a therapeutic stance and a more active one did not seem to allow the space for a fuller reflection of the political significance of the organisation's experience and may sometimes have taken the place of thinking about these issues. The consultation relationship also seems to have harnessed the organisation's own ambivalent responses to us as the benign helpful authority on the one hand and the abusive, neglectful and abandoning 'parent' on the other. The source of these experiences are projections from the children, filtered through the particular structure of the organisation and through the broader fabric of power in South African society where both the consultants, the organisation and its clients are located.

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CHAPTER SEVEN

CASE STUDY TWO: A CHILDREN'S MENTAL HEALTH PROJECT

7.1 Introduction

Sinethemba[1] is a children's mental health service operating within a large, informal African settlement near Cape Town. The project was set up in 1994 in response to the findings of a research study that had suggested a high prevalence of mental health problems amongst children in the local area. The service was initiated under the auspices of the institute that had conducted the original research. Its existence, however, relied on (sometimes precarious) external donor funding. Initially, the project was located with the host institute itself, which was in central Cape Town. Later, an office was set up within the community the organisation was intended to serve.

This African township, like many across the country, is home to some of South Africa's poorest people. There is some formal housing, but this is grossly insufficient for the needs of its population. Many of the residents live in crowded conditions, in shacks constructed out of whatever material can be found. A third of the population is estimated to live in unserviced squatter camps. There is considerable unemployment and crime is rife in the area. These problems are exacerbated by a continual influx of residents from rural areas who are often drawn to the urban areas in the hope of finding jobs. There is thus a rapid growth in the population of this area. This influx seems to echo the effects of the Homeland system created under apartheid, the purpose of which was to provide cheap sources of labour in proximity to White areas. Adult staff members were forced to leave their children in the rural 'Homelands', often with elderly relatives, while they worked for subsistence wages in the cities (Thomas, 1988 in Richter, 1994). The township described here, like many others, carries the legacy of these divisions between urban and rural life, with children still often being sent backwards and forwards between their parents in the township and other family members in the rural areas. Higson-Smith & Killian (2000) seem to capture some of the long-term effects of apartheid's disruption on township life through their description of 'fragmented communities'. Sinethemba was one of very few mental health services directly available within this local community, which has been estimated to consist of several hundred thousand people[2].

Five African mental health staff members, who had undergone some limited training in counselling, staffed the office of Sinethemba. There was also one formally trained social worker. Together, these staff provided a range of services, including counselling, to children, teenagers and their families. They also made referrals for further investigations where necessary, facilitated therapeutic groups for children, offered parent training and consulted to local schools and agencies on issues related to children's mental health.

[1] This is not the real name of the organisation. The Xhosa name I have chosen to represent it here reflects some of the ethos of the organisation through the English meaning of the word: 'We have hope'.
[2] More precise information on this particular community is available to the researcher but I do not quote it here in the interests of maintaining the organisation's anonymity.

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The consultation with this organisation was a relatively new one when this research was conducted in 1998 and 1999. It was, however, on-going when the group discussions were held with staff members in 2002.

7.2 Sources of Data

A focal interview was conducted with the social worker who had been employed by the service since its inception. The interview took place at the end of 1999, shortly after she had returned from several months' maternity leave. This interview was supplemented with material taken from an earlier set of interviews conducted in 1998, in the first year of the consultation relationship. This set of interviews included all six staff members (including the social worker, who was interviewed again the following year). These additional interviews were particularly valuable in this case study, as the focal interview had dealt particularly with the relationship with the Child Guidance Clinic at the expense of a richer account of the staff's experience of their work. In the earlier set of six interviews, the interviewer, who was working under my supervision, had explored the staff's experiences of their working conditions. The details of this study were written up as part of an Honours research project in 1998 with an emphasis on the staff's experiences of stress in the workplace and their attempts at coping (Hanley, 1998). This research was also carried out to explore perceptions of our then recently established relationship with the organisation and their expectations of us.

There was relatively less file material on this project than on others described in this thesis, given that the consultation relationship had only been in existence for two years at the time of the focal interview. There were, however, detailed file notes for the full years of 1998, when the consultation began, and for 1999. Together they comprised about 100 pages of Clinical notes. In addition to this, I was also able to draw background information from some funding and other reports prepared by the organisation.

I also interviewed the supervising consultant who had been with the consultation project since its inception. With her assistance, I fed back aspects of my research to all members of the organisation at a meeting. In this meeting, I recorded all comments, advice and suggestions made by the staff about my understanding of the consultation. This was also included in the analysis. In addition, I drew from my own experience and knowledge on the project about which I had a number of discussions with staff and students.

7.3 A History of the Consultation

This consultation project was initiated in 1998 at the request of the organisation's manager. The manager, a psychologist herself, was based in the founding research institute. She had been responsible for providing the initial training to staff at the project and had, at various times, been both a student and a part-time staff member at the Child Guidance Clinic. She also attended a regular forum in which we held discussions about our various 'community psychology' interventions. It was in the course of these discussions that she requested the Clinic's involvement with the service. Her specific concern at the time was that, although the staff of the organisation had received some initial training in counselling, they still required follow-up

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training and support. She was also concerned that there were two recently appointed staff members who had missed out on the initial counselling training.

It seemed that the request for training was not necessarily supported by the mental health staff members in the organisation. Although the six people who worked on the staff arrived for the initial meetings with the Clinic's consultants, they seemed surly and uncooperative. The file notes report how one member fell asleep during one of the initial sessions and how other staff made what seemed to be disparaging comments about the consultants in Xhosa – which they seemed, incorrectly, to believe could not be understood by them[3]. As L. Swartz (1989) notes, the decision to conduct conversations in an African language in front of Whites may itself represent a form of resistance against their power. The consultants speculated in their file notes that the organisation's obvious reluctance to have them there represented an anxiety about exploring their emotional difficulties with their work. Relatively soon, however, there was a suggestion from the staff members that their lack of enthusiasm for the consultancy had been provoked by earlier experiences of being 'used' and discarded by researchers who simply wanted to gain access to the local community through them. The consultants, who were based at a university, were clearly identified with these other researchers.

In all, there were 17 meetings recorded between the staff group and the consultants during 1998. The notes describe how, after an initial session designed to tap the needs of the group, it was agreed that the Clinic's consultants would begin with a series of workshops on 'counselling skills' as had been requested by the staff members. The staff, however, persisted in their lack of enthusiasm for the task with one being overheard to say in Xhosa: 'We are tired of these people.' According to the file notes, only the social worker seemed to overtly value the consultants' presence, apparently encouraging the rest of the group to acknowledge their status as 'experts'. She, however, seemed initially to have a difficult relationship with the rest of the staff members, being separated from them in being their line-manager and the only Coloured person amongst an otherwise African staff. After just two workshops, the group cancelled a third planned workshop. The following meeting was poorly attended but it appears from the notes that the staff who were there began to talk about some of the difficulties they experienced in counselling.

After a reluctant and slow start, the whole tone of the group seemed to shift dramatically in the following session. This took place after the organisation had been informed that there was no funding available for their work and it was likely that they would have to close. The consultants appeared to have responded to this crisis by allowing the meeting to be used as a space to explore how staff were feeling about their situation. According to the notes on the session, the threatened closure had evoked considerable anger and distress from the staff members who began to talk more openly in the presence of the consultants. They used a number of sessions to talk about their concerns about the organisation and the additional pressure this put on them. The discussion of staff members' 'stress' in fact became a focus for much of the year's meetings and took the place of many of the planned 'training' workshops. Through these discussions, divisions in the organisation and between the organisation and consultants no longer seemed pertinent and the file notes

[3] White and Coloured people commonly do not understand or speak African languages.

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describe an apparently unified staff grouping and what seemed to be a new degree of comfort in speaking out in front of the consultants. It seemed as if both the staff members and the consultants had drawn together for support against the external threat of the organisation's closure. While the student consultants refrained from commenting directly on their own emotional responses to the predicament of the organisation in the file notes, they clearly conveyed the staff members' sense that they had been treated very badly by their management. This crisis was exacerbated by a personal tragedy in the family of one of the staff members and it seems from the file notes that the meetings with the consultants were being used increasingly by staff to talk about their considerable distress and difficulties in coping. It was during this period that the initial interviews with staff were undertaken.

From this time onwards the consultants seem to have adapted their approach to include what they call 'unstructured sessions', interspersed with only occasional workshop sessions on subjects which seemed to provide an opportunity for staff to continue to talk about their own difficulties. For example, a workshop on Post Traumatic Stress Disorder became an opening for staff members to discuss their own traumatic experiences. The consultants also arranged an 'outing' for staff which was intended to offer them 'time out' from their stressful situation. Overall, the file notes from this period suggest the rapid development of a warm and supportive relationship between the consultants and the mental health staff members within which the staff members used the consultation meetings to talk about their own emotional responses to the stress under which they lived and worked.

There was only one short period towards the end of the year in which the relationship between the organisation and the consultants seemed less trusting and enthusiastic. Interestingly, it followed the announcement that continued funding for the organisation had been guaranteed for a number of years. This marked the end of this particular crisis around the survival of the organisation. It also coincided with the supervising consultant's absence due to an operation. Following the style of many psycho-dynamically oriented Clinicians, she had told the group she would be away for a period but had not told them the reason. The file notes suggest that in her absence the staff members showed a new kind of coldness to the consultants – in one case leaving them to wait outside long after the appointed time of their meeting. However, when the staff heard that her absence was due to illness rather than some perhaps imagined intent, there seemed to be a marked thawing in their response. This was evident in the final sessions of the year, which, according to the file notes, saw the staff members verbalising a great deal of gratitude and affection for the consultants.

Although the consultants had initially contracted to provide a series of workshops on suggested topics through the following year, this plan appears once again to have been altered. While there was no obvious point at which a conscious decision was made to provide more support and less training, this appears to have been what happened. In fact, out of a number of chosen topics for workshops only one, dealing with grief, seemed to have been substantially addressed during the 16 sessions held during the year.

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At the start of 1999, the changeover in student consultants coincided with the resignation of the project manager who had been with the organisation from the start. Although the former was not acknowledged as significant in the file notes, the latter was openly discussed by staff of the organisation as a considerable loss. This resignation was followed shortly afterwards by the temporary departure of the social worker on several months' maternity leave. This left the organisation without their internal manager as well as with a new external project manager. In April the organisation moved to new premises. Although this was a welcome development, all the changes seemed to result in some anxiety amongst the staff, which they expressed in a number of unstructured sessions with the consultants.

By May, it appeared that the group sessions were being poorly attended by the staff and the consultants expressed concern in the file notes that the group was 'fragmenting'. Although overtly voicing their gratitude for the support they were receiving from the group, staff members appeared to take turns in arriving late or not at all for sessions. In the 12 sessions that were run from the end of May until the close of the year, all five staff members were present at only one meeting, and in this meeting a staff member left early. The reasons for the depleted number of staff at the group sessions apparently included illness, competing work demands and sometimes other educational or training activities. In the absence of structured topics, the group meetings seemed to be used mainly for dealing with what appeared to be overwhelming levels of personal trauma in the lives of the staff members. In spite of the erratic attendance patterns, it seems that staff who were there often revealed very personal and sensitive material in the sessions. The file notes suggest that these discussions were felt to be of value to the staff members, but there remained a sense that the group was struggling to maintain its coherence in the face of other demands. This situation seemed to worsen when the supervising consultant, with the agreement of her colleagues, decided to allow the students to run several sessions on their own. During this period, the students reported continued erratic attendance, the expression of conflict between members of the group and their own doubts about their competence to hold the group together.

On the return of the supervising consultant, there seemed to be a concerted effort to address the meaning of the poor attendance. In this session, staff appeared to blame their management structures for overloading them with work and not protecting their right to attend support meetings. Several staff members reiterated that the group was the only place they received support. In spite of this, the group continued to be poorly attended in the final sessions of the year. Those who attended, however, continued to use the group to talk about crises in their own personal lives. The group sessions continued for the year in this slightly disrupted form. The staff members all attended one last event in 1998 held at the Child Guidance Clinic, during which they were all given certificates recognising their involvement in the consultation. This was remembered by the supervising consultant as one of the high points of the year. In her interview, she described how it was during this 'Christmas party', which later became a tradition, that she became aware of the strength of the connection between the Clinic and Sinethemba.

Although not recorded in the file notes, the supervising consultant reported in her interview that it was at this point that she asked the organisation if they wished to maintain the consultation relationship the following

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year. The social worker was categorical that they did. It was shortly after this that she was interviewed for this research study.

7.4 Level One: The Emotional Experience of Children attending the Service

The catchall phrase 'mental health' has come to stand for a whole variety of conditions of human suffering. In relatively poor communities, this suffering is likely to be more severe that in other circumstances (cf. Dawes & Donald, 1994). Children growing up in South Africa's African townships are often exposed to extremely high levels of violence (Hamber, 2000), to material deprivation and a range of other social problems that are associated with poverty (Richter, 1994; Pillay & Lockhat, 2001). In this time of social and political transition, there may, however, also be a sense of increased hope invested in the younger generation, who are likely to have more opportunities than their parents had. At the same time there may well be concern over the long-term effects of the many years of oppression and struggle, which have been a part of the lives of Black people in this country and, along with this, frustration at the inability to easily reverse these effects in the new political order.

The focal interview provided some indication of the main areas of difficulty the staff identified amongst the children and families they worked with at Sinethemba. The areas described as being the major target of the organisation included the children's psychological difficulties, the material deprivation in the community and the high levels of violence and conflict to which the children were exposed.

7.4.1 Psychological problems

The initial study which motivated the establishment of the organisation had already identified a range of psychological disorders that were common amongst children living in the local community. The staff interviewed however only gave lip service to these formal diagnostic categories (briefly mentioning categories like conduct disorder, depression and scholastic problems etc.) before moving beyond this professional discourse into their own understanding of the children's difficulties. In their accounts, they seemed to steer away from the individualising and sometimes pathologising approaches of conventional psychology (Parker et al., 1995). Instead, their descriptions seemed to be infused with a recognition that the life of a township child was a difficult one, and the staff expressed an empathic understanding of their plight. Most, for instance, emphasised how the problems the children experienced were linked to various objectively traumatic or inadequate circumstances. The social worker, for example, explained how: 'Their parents die in front of them ... family members die.' Another staff member elaborated on how some children, well into their teens, were forced to remain in first or second grade of school with children aged seven and eight, because of a lack of educational resources. As she added, many of these children ended up 'wandering around without schooling'. Again her description suggested her understanding of the particular circumstances that made psychological difficulties more likely amongst the children of the township.

In describing the client group, the staff also seemed to emphasise the sheer numbers of children and families approaching the organisation for help. They described how difficult it was to turn clients away from the

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organisation, with one staff member acknowledging that, although their official policy said they should see children from four to sixteen years, they often ended up seeing much older children, even young adults up to the age of 23. Their generously inclusive approach also extended from the child client to their family. As one staff member said: ' If your child is a client here, then the entire family will be a client of [Sinethemba].' Their funding reports support that view that the organisation was involved in providing assistance to quite a large number of children and families. One report from 1998, for example, notes that 489 counselling sessions were held over a three-month period.

According to the staff members interviewed, it seems that that many people came to the organisation for help because of its local proximity. The fact that they were accessible in this way was seen by the staff members as an important part of the organisation's ethos. As one staff member noted:

> It is really interesting and encouraging because it's more of ... getting to the community, getting to know the community, getting to know the problems that are within us. Because before we had similar problems but we didn't know where to go, what help to get. Then now the project has been nearer to them, it is accessible. They are able to come here and get whatever.

Another staff member also emphasised this aspect but added that access included affordability: 'It is very nice because now people, we are near to them so they come to us and they see where we are. Then it is also affordable to them because they only use the transport around [the township], not as far as they used to go to [the hospital] where they used to see the psychiatrist.'

The fact that the organisation was located right in the community it served is relatively unusual in terms of the broader picture of mental health provision in South Africa. It has been suggested that children's mental health is not only particularly under-resourced, but, as it operates mainly at a tertiary level (in hospitals rather than local clinics), access for many communities is seriously compromised (Milne & Robertson, 1998). The idea of access also carries strong political overtones in this context where so few resources have 'belonged' to Black communities. The staff members often seemed in their comments to be situating themselves not only in but also of the community, conveying the local meaning often given to a 'community-based organisation.' In other comments, the sense of the value accorded the accessibility of the organisation to the community seemed certainly to go beyond its geographical location to include a more general availability to the needs of the community:

> What is making sure that they still need us is that we are close to them at a certain period. They come to you with that special problem they have and after that you will seeing them doing the home visit. Then they gain a lot, then you see them – there is no need of me seeing them again ... [but] you leave that open door ... Maybe after three or six months or even after a year even they come back. Then you open your file again because not the child is growing, the child is experiencing a lot of things then the mother knows where she got help from.

This comment suggests that the clients are perceived to value the level of commitment that the organisation offers to them. Certainly a number of the staff members suggested that clients seemed to prefer to come to Sinethemba rather than other possible agencies, not only because of its proximity but also because of the

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quality of attention they received there. As one staff member pointed out, people would spread the word that Sinethemba 'does not give up on its clients'.

In spite of their obvious enjoyment of this view of the community's need of them, the staff were also concerned that these positive perceptions of the organisation might create unrealistic ideas about what the organisation could offer. As one staff member pointed out: 'They ending up thinking you will do everything for them.' It seemed that the community also used the organisation to get advice on how to access general resources, unrelated to mental health, both within and outside the community. As another staff member suggested: 'People did not know where to take their children – so we refer lots and lots.'

While the staff seemed to be clear that the community needed and wanted a service like Sinethemba's, there appeared to be a little more uncertainty about the appropriate approach the organisation should adopt in its work. On the one hand, staff seemed to feel that their clients needed and benefited from a conventional counselling approach, while, on the other, they expressed muted reservations about its cultural suitability. One of the staff members interviewed seemed to feel that what their clients most needed was somewhere to talk: 'Just for the child to be able to talk about this thing and also to have somebody listening to this, you see. So these children feel better about that.' Another added, 'if she stays with the things inside, it might hurt the child as the child goes on, as the child grows. It might hurt the child, it is much better for the child to reveal it and to talk about it, so that it can come out.' Other staff members also noted how counselling helped parents and teachers to develop more appropriate expectations of their children and to become more sensitive in dealing with them.

This set of understandings would probably be similar to the way that any children's mental health clinic in the developed world might describe its role and function. The staff of the organisation, however, alluded to other sets of expectations in the community, which seemed to complicate their attempts to provide counselling. One staff member, for example, suggested that people in the community were unfamiliar with talking about difficult feelings: '[They] didn't have skills and ways of handling it if it comes your way, you see. If it touches you. It's just you go to the doctor and the doctor will give you medication to drink.'

Another staff members described how this unfamiliarity became resistance to the organisation's work: 'Maybe the father and mother, both they need the counselling. Because these things of sexual abuse ... no one talk about them before. I think they were happening even that time – but no-one talk about then because someone was told he mustn't tell nobody. Then the someone have to die with it. Now in this new era, you have to talk about it'

Of course it is not uncommon anywhere for sexual abuse to be hidden in this way (Glaser & Frosh, 1988), but in this community there may be additional pressures created through the unfamiliarity of seeking help in family matters from strangers. A number of Southern African researchers have noted the way in which Western assumptions about the value of counselling directly challenge cultural beliefs about how these kinds

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of problem are to be managed privately and within the patriarchal power structures of traditional African family life (Mtini, 2001; Washkansky, 2000).

One of the staff members expanded on what he felt to be further disjunctions between the ideas taught in counselling and the traditional beliefs of the community. In this case, it was clearly presented not so much as a resistance to the work, but rather as a valuable alternative way of thinking about how to work psychologically in this community. This male staff member spoke about how it could never be assumed that a mental health staff member could necessarily speak to anyone who approaches the organisation. By way of example, he pointed out that it was only culturally possible for a married man to speak to someone who was already married. 'You see there are stages. Even me as a man there are issues I can't discuss with a boy ... I'm thinking ... if I'm dealing with men I must have enough of skills in order to deal with these kind of people. Because even myself, I'm part of life, I'm not living in heaven.'

In this comment, he suggested that counsellors could not be allowed to set themselves above the community and its implicit rules and values. Other clinicians have similarly noted the way in which the open communication encouraged in counselling often constitutes a direct challenge to African customs around how to speak to elders (Christian et al., 2002).

In summary, the overriding sense conveyed by the staff members is that the children who sought assistance at the organisation had been exposed to traumatic and difficult circumstances and that their distress was legitimate and understandable. The staff of Sinethemba seemed to feel the enormity of need in the township through the large numbers of children and their families who sought their help. In this, their clients were encouraged perhaps by the generosity of the organisation and its accessibility to them. The location of the organisation within the community seemed to lend it particular credibility for its clients. According to the staff, children and families come to the organisation seeking comfort and the opportunity to talk about their problems. It would seem, however, that this 'counselling' approach to problems does not always fit well with the cultural practices of the community.

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7.4.2 Deprivation and loss

According the social worker, one of the main concerns of the project was to look at the way in which mental health issues interacted with poverty in the community. As she put it: 'Most of the people here in [the township] are so disempowered because of unemployment and poverty so people think that they can't do anything.' As she explained, the material deprivation generates a sense of helplessness and passivity that she said the organisation hoped to challenge: 'They [believe they] need to be given things, to work for somebody else, for them to be empowered which is not the correct thinking. Everyone can be empowered and can empower him or herself rather than feeling empowered only when receiving a salary, a wage at the end of the month.'

This staff member described the connection between poverty and disempowerment. Patel, Araya, Lewis & L. Swartz (2001) have argued that disempowerment often becomes the basis for mental health problems, which then completes a vicious cycle of interaction between economic problems, reduced productivity and psychological difficulties. While it can be dangerous to make sweeping generalisations about the effects of poverty on children, there are studies that suggest that in some cases these effects may be fairly significant, operating directly on children and influencing the quality of relationships in the family (cf. Richter, 1994 for a review of literature in this field).

In the area where the organisation is located, poverty would appear to be one of the most obvious problems to an outsider. However, most of the staff members made little overt reference to the influence of poverty in their client's lives. Only one staff member noted that: 'Families are very poor and the children don't go to school: The mother couldn't work or the father run away and all those problems.'

Several of those interviewed, however, mentioned the organisation's policy of providing food parcels to very needy clients, a practice which later had to be abandoned when funding ran out. They did not elaborate specifically on the rationale for this practice, but it is common amongst many community-based organisations to make some attempt to provide food to clients, whose most pressing need is hunger. There was also a general acknowledgement that many clients came to the organisation looking for a social worker. While, in this organisation, the social worker did provide all kinds of other mental health service, for many township residents this role is associated with access to government grants sought by those in desperate financial need.

These kinds of practice were alluded to by the staff in a matter-of-fact way as part of the assumed background for many of the clients of the organisation. In this community, where poverty is such an established fact of existence, it may have a 'taken for granted quality' which requires little further discussion. As the saying goes, 'fish are the last to discover water'. I found a similar response when I was working as a researcher in a township experiencing warlike conditions in the last months of apartheid, where residents appeared to have 'normalised' both their circumstances and their traumatic responses to it (Gibson, 1991). Hidden within this kind of response, perhaps, is also a resigned acceptance of poverty as a condition that people feel they are unable to change. The social worker's clearer identification of material disadvantage as a problem for the community may be a result of her position as the only 'outsider' in the organisation, living as she did in a relatively less poor, traditionally Coloured, area in Cape Town.

In spite of their lack of discussion on economic conditions in the area, many of those interviewed did express frustration about the general scarcity of mental health related resources in the community. While their focus was a pragmatic one in terms of the referral needs of the organisation, they showed concern about the lack of many services for their clients. In addition to the obvious lack of other mental health services, which had precipitated the development of this project, some staff also spoke about such issues as the shortage of schools in the area and about how hard it was for mentally handicapped clients to find a suitable placement. Staff members also noted that what services did exist were often inadequate in meeting the needs of the large

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numbers of people who needed them. The cursory assistance they received at other over-burdened services was suggested as the reason why clients often chose to come to Sinethemba.

In contrast to the little overt attention staff gave to the problems of material deprivation, there seemed to be considerable attention paid to various kinds of emotional loss and deprivation, and a thread of sadness around these kinds of experience seemed to run through many of their descriptions of clients. Poverty is often acknowledged as an important factor within the writings of community psychologists (see for example the special issue on the subject in Journal of Community and Applied Psychology, 8(2), 1998), but there is surprisingly little literature exploring the emotional experience of this from a psychoanalytic perspective. It would seem likely that the experience of material deprivation might link up in various ways to experiences of emotional deprivation, which is more often the subject of psychoanalytic consideration. Comments about loss, absence and death seemed to predominate in many of the interviews with staff members of Sinethemba. The loss of a family member through death was suggested as a common problem amongst clients of the organisation. In their description of these losses, the staff members conveyed a sense of the despair and helplessness the clients brought to the organisation. One staff member spoke poignantly about how she didn't know what to say when clients came to see her directly from the hospital saying, 'it's my child, it's my father ...' Another said simply: 'A lot of our clients are dying.' These references to death and illness are unsurprising, given the high rates of mortality in many black townships from a variety of causes. The chances of dying violently in an African township are statistically very high (Hamber, 2000) and the number of South Africans affected by HIV/Aids was estimated by the Department of Health to be over 4 million in 2000 (Avert.org, 2001).

Another staff member captured both the sadness of loss and a way of dealing with it as he offered this account of the traditional understanding of death. As he put it: 'We are not believing that if a someone is passing away, he is passing away totally. There are those spirits that we call ancestors – "inyanya".' He went on to say that the absent father was always watching: 'He is there keeping the family together.' While this description of the local understanding may in fact be accurate, it also seemed to convey a longing to hold onto those who had been lost. This staff member also seemed to recognise how the pervasive experience of death in the township was experienced as part of a more general sense of loss: 'Loss ... more especially loss of our roots, culture and all that stuff.' Using the example of his own experience of moving from the rural to the urban areas, he described how children typically suffered the absence of their parents in the township: 'They've all got problems ... they try to adapt the environment, they try to adapt the style of how to grasp at school you see. They try to form the bond, because most ... of them are coming from rural areas, growing up alone, away from their parents, you see, maybe to their grandmother, to their grandparents. That is the way I'm also growing up.'

This analysis suggests that, while material deprivation was treated as part of the assumed reality for the community, the staff did seem to be overtly concerned about the scarcity of mental health resources available to their clients. In contrast to their resigned acceptance of material deprivation as a part of life in the

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township, the staff seemed very aware of the emotional deprivation and loss their clients had experienced. The sadness attached to these experiences may express a response to both the material and emotional deprivations within this community.

7.4.3 Violence, abuse and conflict

Another of the explicit aims of the organisation was to address the consequences of violence in the community and also work towards its prevention. 'Post Traumatic Stress Disorder' was mentioned as a concern by almost all the staff members in their interviews. While this diagnosis may in reality have many antecedents, it has been strongly associated with the experience of violence and abuse. In South Africa, Post Traumatic Stress Disorder became synonymous with the effects of a range of politically motivated forms of violence during the 1980s and 1990s (L. Swartz et al., 1990). Like many township areas, the community served by this organisation has experienced extremely high levels of violence continuing in various forms over many years. From the politically motivated violence of the 1980s, violence has evolved in South Africa into more diffuse criminal and domestic violence. As Hamber (2000) noted, violence is the new South African epidemic. A recent survey of school children in the Western Cape found that 62 % had witnessed violence, 31 % had been robbed or mugged and 30 % had witnessed a family member being hurt or killed (S. Seedat, van Nood, Vythillingum, Stein & Kaminer, 2000). Straker's use of the term 'continuous traumatic stress syndrome' to describe the on-going nature of violent experience in the 1980s in South Africa may be no less relevant now than it was then (Straker & The Sanctuaries Treatment Team, 1987).

A major part of the initial motivation for setting up this particular organisation had in fact been the high levels of violence in the area. According to most of the staff, one of the major problems they dealt with related to children's experiences of violence and abuse. In the understanding of the staff members, much more violence seems to take place in the children's homes than the streets: 'Family violence you know,' as one of the staff members explained, while others went on to identify the fathers as the prime perpetrators. This view coincides with the widely held view that men are the primary instigators of violence in the home. However, as one staff member explained it, it was not always easy to simply put the blame on men as it was clear they were reacting to problems and difficulties in their own lives. She gave detailed description of a case in which a father was a violent alcoholic but was unaware of the impact his problems were having on his family: 'He was depressed and had all sorts of problems ... he died a few years later,' she added. Another staff member offered a more general perspective on this issue: 'Because there was lots and lots of violence around the community. People in that apartheid time used to struggle a lot you know, so some men used to take their anger out through their family you know. They become so aggressive, not working and all that ... It affects the children as well.'

In this, she describes a link between the experience of being a victim of violence (and unemployment) and later becoming a perpetrator. It is this aspect which creates particular difficulties in locating responsibility for violence with the men who themselves grew up as victims of a variety of forms of oppression and state sanctioned abuse.

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However, while fathers are described as being the most obvious perpetrators, it was clear from the interviews that mothers were also seen as being responsible for violently punishing their children. Some staff spoke about how they once would have condoned these practices themselves, but since their training they had become more aware of how this was also a kind of abuse. As has been noted by other researchers, there is a gap between the policy assertions of children's rights and the way in which these filter into local use (Newell & Kibel, 1995).

Sexual abuse was identified by the staff members as representing a particularly common form of violence affecting families in the community. One of the staff members described some of the difficulties in protecting a child from this kind of violence: 'And then there's this other problem of sexual abuse. You will counsel the mother, the child, but the perpetrator isn't there. The child – maybe it's incest – the child would go back and face that person who is maybe – it's the eldest – father is there you see. And it's difficult also because if the perpetrator has been released, if he was arrested or maybe he wasn't arrested.'

This form of violence is not only prevalent but hits at the heart of family life, which is then fraught with both danger and mistrust (Glaser & Frosh, 1988). This staff member's account also seems to reveal something about the powerlessness victims might feel in relation to the abuse when, as the staff told us, the abuser is seldom successfully prosecuted.

One of the key psychological responses to the experience of violence is a threat to the capacity of the self to maintain its coherence and organisation, which marks what is known, psychologically, as trauma. The threat has the potential to overwhelm the defences and produce a terrifying sense of discontinuity not only within the self, but also fundamentally in the relational bonds between people (Herman, 1994). In the short term, exposure to violence and abuse may give rise to symptoms which include various manifestations of anxiety, reduced responsiveness to the external environment, and intrusive re-experiencing of the traumatic event (or events) which seem to represent attempts by individuals to reconstruct their fragmented self (Lewis, 1999). When, as may be the case in domestic violence, the situation is on-going rather than a once-off experience, there may be long-term damage to the capacity to trust, to care effectively for others, and a pervasive sense of powerlessness which may feed into a child's sense of self (Herman, 1994).

As in the previous case study, staff in this organisation also seemed to be concerned about the high levels of exposure to violence on the children's capacity to become violent themselves. As one staff member explained: 'Because someone will redirect the things that make him anger, to be aggressive … the only thing that make him be so violent is from the child.'

Several of the staff members spoke about the children they saw at the organisation being violent or abusive themselves. 'It's dangerous because some of these children are the gangsters,' said one of the staff members. Another explained that it was not only the distressed children the organisation had to cater for but also others 'that are robbing people, staying away from school, stealing from the houses'. She added that others often then subjected these children to retaliatory violence: 'They are maybe being [hit] by the community all the

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time because of those problems,' she said. This re-exposure to violence is seen to complete the vicious cycle, which produces on-going violence in the community.

According to another of the staff members, the problems of violence in the family and in the community seem to be linked to a general breakdown of the connections between people in the community. He described how in the past people looked after one another: 'But now after the years of struggling ... people are become separated ... They are people minding their own business now. But if you can see that business, its not a business, it's a human business, its unhuman business.'

This same staff member spoke more about what he saw as the pervasive damage in South African society: 'If a nation, I'm talking about a whole nation ... if we can't be human beings, what can we be.' He went on to link the high levels of aggression and conflict he perceived in his community to the experience of division and discrimination in the township:

> You see, people outside are judging one another by their backgrounds ... this tells me that our people really are lost. You coming from Transkei, me I'm coming from Ciskei. That one come from Ciskei feels better because he's coming from a situation similar, like Cape Town[4]. That one he will feel small just because he come from a rural background. You see people are killing one another. Our government and policemen and whatever saw by blood that our people are killing one another. But me I already see that people are already killing one another by neglecting and harming them emotionally. [Sinethemba] is dealing with specifically what is causing violence in people – emotions.

Implicit in his account is the way in which the current problems of violence seem to be a part of a much broader history of conflict in our society. In a society that has operated for years on the engineered divisions and inequalities of apartheid and the oppressive practices which held it in place, it would be strange perhaps if there had not been some internalisation of these beliefs and practices. In this staff member's understanding, part of the solution for the violence is to restore the sense of connection and humane feeling between people, the absence of which is itself the product of past violence and oppression. As he suggests: 'We must come together as one big family, to share, to protect one another ... because some of them, they feel hopeless, selfless, unconscious, unhuman.'

In summary, the staff members at the organisation seemed to describe violence and conflict as one of the fundamental difficulties faced by their clients. Their primary concern was violence in families, which, in the understanding of some, is connected to the historical pervasiveness of violence under apartheid. They seemed to fear also that the children themselves were becoming violent and completing a vicious cycle of victimhood and perpetration. One staff member described the way in which the very fabric of the community seemed to be fraught with conflict and mistrust that destroyed the sense of connectedness and humaneness in interpersonal interactions.

[4] Transkei and Ciskei are the names given to two of the former Homelands under apartheid. They were integrated back into the 'new' South Africa, but the old labels still appear to be used to describe these largely rural areas of the country.

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7.5 Level Two: The Emotional Experience of Working in a Children's Mental Health Service

The staff at Sinethemba expressed strong feelings of commitment to their work and considerable sensitivity to their clients' needs. Their strong empathic connection to the needs of their clients, together with the demands their working conditions placed on them, seemed to create a considerable emotional burden on the organisation. In this analysis, I explore their accounts of their experience of their work under three inter-linked themes. The first theme relates to the staff's sense that they needed to be fully responsive to their clients' considerable distress, and their own emotional resonance with this pain. The second theme concerns the staff members' responses to deprivation within the community. Finally, the third theme deals with the way the staff members attempted to deal with the aftermath and, in some respects, continuing experience, of violence and conflict in their local community.

7.5.1 Sharing the pain

Within their apparently sensitive understanding of their clients' emotional distress, the staff members seemed to resort little to the distancing measures many mental health staff members employ to protect themselves from emotional overload (Hinshelwood & Skogstad, 2000c). Instead, their sense of their role seems to reflect a highly responsive empathic connection with their clients. Several of the staff members expressed the need for staff of the organisation to 'take on' the pain their clients were feeling. In the words of one staff member: 'If you are working with children, you must feel the pain, as if the pain that they are having is the pain you're also having. If you don't feel the pain, you won't be able to be with somebody ... If you don't feel that pain, you won't be able to work with them.'

This belief that the job of the staff members was to share the pain of their clients was also conveyed in the way that the staff members spoke with great feeling about their clients' distress. While this kind of empathic connection between counsellors and their clients is often regarded as one the prerequisites for the helpfulness of the relationship, it can also create particular problems in the work. Mental health care demands a direct confrontation with the emotional world of another. Unlike in health or other social service work, in mental health work there are few distractions from this primary task through, for example, attention to the needs of the body or to material or practical demands. Instead, it is the naked demand for emotional containment that most often needs to be confronted in this kind of therapeutic work (Casement, 1986). The frames and boundaries that generally operate in this work are partly to protect the counsellor from being overwhelmed (Gray, 1994). So, for example, the time limit on a session or the physical setting may operate as a form of 'frame' or container for the difficult emotions that are aroused in both client and counsellor. For Sinethemba, as for many community-based organisations, it seemed difficult to maintain any kind of boundaries between staff and clients. On a practical level, the counselling space was too small to allow privacy and counselling often spilled out into outside areas, where discussion was conducted informally. As the file notes recognised, it was also part of the ethos to visit the clients at home or to see them at the offices with or without appointment. The staff members themselves (with one exception) lived in the local community and frequently knew the clients and their families. A recognition of the value of boundaries may

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also only come with experience and, in this case, the staff members had received little training, had relatively little experience of counselling and mostly did not have experience of their own therapy or counselling from which to draw. In the absence of these protections, it seemed that the staff of this organisation were particularly vulnerable to what has been aptly called 'compassion fatigue' (Figley, 1995).

Under these conditions, it may have been almost impossible for the staff to achieve a reflective distance from their clients, even if this were what was desired. However, it sometimes seemed from their accounts that the staff members were in fact reluctant to set boundaries on their empathic connection with their clients. This may be partly because the community health worker ideology encourages a blurring of boundaries between the service provider and the community (L. Swartz, 1996). The staff may also have experienced some emotional advantages from this arrangement. As Sexton (1999) notes, in defending themselves from emotion in counselling work, counsellors may either attempt to distance themselves or over-identify with their clients. The latter may protect the counsellor from the painful experience of acknowledging distress in another person. Their tendency towards over-identification in this case could have been exacerbated by the staff's lack of confidence in their relatively recently learnt counselling skills. It is possible that the staff of Sinethemba felt a greater reliance on their capacity for an empathic understanding of their clients' needs in the absence of other skills. Given their relative inexperience, they may have felt that they had little to offer their clients but themselves and their compassion.

While this compassion may in fact be of enormous value to their clients it, not surprisingly, takes its toll on the staff members. Almost all of the staff members spoke about how emotionally demanding they found their work. One staff member said graphically: 'We are all screaming from the type of work that we do. It is very traumatic work.' Another reflected their exhaustion saying: 'You just wish you can sleep or wish you can go home, just go home and have a rest.' This kind of idea was a commonly repeated theme throughout many of the sessions the consultants had with them. Taking on their clients' emotional distress in this direct way may well have begun to exhaust their emotional resources.

It seemed from the staff members' comments that it was not just the distress of the clients to which they responded. In many cases, this distress seemed to reactivate their own unresolved emotional difficulties, creating a powerful sense of communal distress, which seemed to be located somewhere between the staff members and their clients. Thus, when one staff member said, 'If you have something inside, and you don't talk about it, its going to hurt you and hurt you and hurt you, until one day when it burst, maybe you become psychotic, or going to be mad,' it was not altogether clear whether she was speaking about a client or about her own distress. Another staff members spoke about how the organisation had to 'heal the problems that are within us.' Here again it was not clear whether she was talking about her own difficulties or those of clients in the local community, or indeed, as it seemed, both. This blurring of boundaries between clients' distress and the staff members' own personal distress seemed present in many of the interviews and as they described the difficult circumstances their clients faced, the staff members clearly felt they were describing their own circumstances too. One of the staff members described how she felt that the difficult conditions in which the staff members lived needed to be recognised.

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'You can't cope in that situation, it's terrible to cope in that situation and it ... feels mad, to get mad, if you want to, because anyone who lives under such conditions will not be mentally healthy.'

As this staff member clearly suggests, there may be little relief for the staff even outside of their work situation. Living under similar difficult conditions to those of their clients may make it very difficult for staff to find the necessary emotional space in which to process their clients' feelings (Sexton, 1999).

It seems that it was not only the shared physical circumstances which created an identification between the staff members and their clients, but, as this staff member suggested, there was a sense that the work of the organisation could be directly useful to those who worked there. As one of the staff members explained, she had decided to come and work at the organisation, initially without payment because: 'I told myself, okay, since I am having some children, maybe at the long run my children will also have those problems, then I told myself, let me go for it.'

Another of the staff members openly acknowledged how their attempts to help others were closely connected to their own unresolved difficulties: 'So we put all our efforts to try to help our people and ourselves also ... because it also heal our souls that were inside, pretending that our pain weren't painful.'

The notion of the 'wounded healer' (Guggenbühl-Craig, 1986) may be particularly salient in this context where the staff members have had no opportunity to deal with their own difficulties in therapy, and where many of the emotional and social problems they themselves experienced seemed, from the file notes, to be on-going. Another staff member spoke sadly about her own past difficulties and how these continued to haunt her: 'You know I used to attend a psychiatric clinic ... because I was so depressed and the way that I grew up struggling a lot you know, have to suffer and also be the breadwinner. That makes me not to cope at all.'

While there may clearly be many problems associated with a situation in which the clients and their counsellors have a shared experience of pain, it also seems to have some advantages for staff members in this context. They seemed not only be comforted by the knowledge that they were giving all that they could under the circumstances, but they also seemed to experience the benefits of emotional support recognised to come from a feeling of closeness with others. As Straker (2000) notes, some of the comforts of the unified state of the infancy–mother dyad may be repeated in groups, which sacrifice individual identity in return for group cohesion, particularly under difficult circumstances. This need perhaps also reflected itself not only in relation to the communal suffering that linked them to their clients, but it also emerged in a particular closeness between staff members. Many spoke about the support they felt being a part of the organisation: 'We cope ... like, for instance, because we are as a team, able to support each other. Whenever one experiences problems with a family and we come and sit down and discuss it and we have other people's ideas about the problem, you see.'

Yet another staff member conveyed the sense of a warm and supportive relationship between staff at the organisation saying: 'When that issue is when there are difficult cases we cry all together. Then you don't

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know what you are going to do now, but later one will come with a suggestion, then we listen, then we laugh because we got that thing of laughing for problems. Lately we think – hey if we can do that, that thing would help.'

The images of the organisation as being part of the community as well as being a 'family' in itself seemed to emerge strongly in various interviews with staff members including the focal interview. Other aspects of this kind of functioning were also described by the supervising consultant who said she had noted the way in which the staff 'spread the emotional load' by calling in their colleagues to join them in sessions and visits when dealing with particularly distressed clients.

While this apparently spontaneous development of 'social support' within the organisation would be hailed by most community psychologists (Orford, 1992), it may have some difficult emotional side effects. The pervasive sense of unity between staff and between the organisation and the community may not only protect the staff from their emotional distress, but also inadvertently sustain the channel through which emotional distress moves through the clients and into and between members of the staff group. With few boundaries to filter the experiences (Roberts, 1994b), staff may simply find themselves feeling saturated by emotional distress.

In an attempt to manage the distress they felt, the staff seemed also to seek strength in asserting the value of the work they were doing. There were many references through the interviews to the clients' needs to talk about their problems and how they appreciated the support they received from Sinethemba. While the staff members remained concerned about their relative lack of skill in mental health work, they expressed a perhaps idealised belief in the psychological methods that they had covered in their training. As one said, after you have been taught, in this case family therapy skills, 'then when you go back to that family you are well equipped. You know what you can do.' Their general belief in the effectiveness of counselling seemed however to be held in spite of particular instances in which they felt their skills did not help them in addressing their client's difficulties. As one staff member continued: 'And you tell yourself and you blame yourself for that ... Sometimes that you were not able to be there for them.' It seemed, through the interviews, that there was a struggle for some staff members between their desire to take their clients' pain away, their doubts about their competence to do so and subsequent feeling of guilt which may have been exacerbated by some unrealistic reparative phantasies (Roberts, 1994a).

In general, the staff members seemed to be reluctant to express criticisms of the model of counselling they had been taught, but several provided examples that suggested that they struggled to apply it to what they called 'different' clients. In this context, 'different' seemed to refer to the demands of the local context and the cultural beliefs and attitudes that were perceived to be a part of it. It would seem the 'difference' referred to here is from the clientele who are imagined to be the recipients of the established historically White counselling services that may have provided the model for their own training. One staff member, for example, described her difficulty in applying the knowledge she had been taught. She attempted to help a family within which a child was being sexually abused, but was concerned that she might be intruding.

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'Now me, I am just jumping in you know. Maybe they have discussed the issue as a family.' She went on to say she feared 'breaking them' and was concerned that they would 'judge' her. She continued to report that in the end her attempts to help had been unsuccessful as the family had simply sent the child off to the rural areas, from where she had never returned. In another interview, one of the staff members spoke about the difficulties of shifting the attitudes of parents in the community, suggesting that this was a difficult but important area of intervention for the organisation. The file notes also report discussions around the staff's problems with families that resented visits by the counsellors. Through these and other examples, the staff members seemed to convey a muted sense of concern about the appropriateness of the model in which they worked. Part of their concern, in these cases, seemed to be about their intrusion into the private space of family life. This difficulty is not unexpected given the way in which the counselling model might be seen to conflict with culturally accepted family-based approaches to solving mental health problems that were discussed earlier. At another level, it may be that this kind of intrusion represents an anxiety about the emotional intimacy entailed in their work. With few boundaries operating to protect the emotional space of any individual (client or counsellor) and a sense of shared circumstances and experiences, this anxiety may have been heightened and the staff's fears of intrusiveness may have represented the flip side of their empathic concern.

In spite of the apparent reliance on group cohesion to protect staff against the painfulness of their work, there also seemed to be some anxieties here about what too much closeness could mean. The social worker spoke about how the 'team' worked 'hand in hand' but also spoke about how, when staff did reveal personal information to one another, there was sometimes an anxiety about whether they would 'judge you'. Here again it seemed as though closeness could also hold some threat for staff members and an acknowledgement of the risks created by loss of the boundaries between people. This staff member also acknowledged that even in the close-knit staff group there were 'different personalities' and that this sometimes caused problems. Although she was the only one of those interviewed to talk about difficulties between staff, the file notes certainly support this sense of areas of tension between staff members. Although there indeed seemed to be a strong sense of connection between members of the group, in general it seemed that the interviews presented a rather more idealised picture of group cohesion than was suggested in file notes. A person who was absent from the group would typically become the object of hostility for the remaining members of staff, although this would seldom be discussed openly with them. This suggests some tension between the image of the coherent, supportive group and any conflict that emerged within it. In the latter example, it seems that these difficult feelings would be split off, and held carefully outside the staff group in an attempt to protect its internal coherence. This, however, would have been at the expense of opportunities to discuss disagreements or difficulties openly.

While mental health work always brings staff into direct and intimate contact with the painful feelings of their clients, this analysis suggests that, in the absence of clear boundaries between the organisation and its clients and no boundaries within the organisation itself, staff seemed to feel overwhelmed by their clients' distress. This also interacted with their own unresolved sources of emotional distress. On the one hand, the

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staff members appeared to merge with the experiences of their clients and, on the other, with their colleagues in the staff grouping. The latter may have represented an attempt to protect themselves against overwhelming emotion via the strength offered by the idealised container of the organisation. The staff also seemed to need to believe in the value of what they did and the skills they had been taught in order to be able to deal with the emotional demands of their work. Sometimes they felt unsure about both their skills and the suitability of their approach for the circumstances in which they worked, but seemed reluctant to criticise it, perhaps as part of this protective idealisation of the organisation. In spite of the obvious advantages provided by the sense of unity in the group, these close connections may have carried their own difficulties. A structure like this does little to protect against emotional contagion (Moylon, 1994) and may increase the organisational experience of feeling overwhelmed. The closeness in the group and with clients may also exacerbate anxieties about emotional intimacy and intrusion, which are perhaps present in mental health work anyway (Salzberger-Wittenberg, 1996). This reliance on the idealised organisation for protection may also have prevented internal conflicts and difficulties from being expressed easily or resolved within the organisation.

7.5.2 Making do with limited resources

Working with people who live under very deprived conditions seems to evoke a variety of strong feelings (Gibson & L. Swartz, 2000). Staff members seemed to experience concerns about their ability to give as much as was needed or a resonant experience of having insufficient resources available themselves. The experience of deprivation also seemed to link to feelings of loss and sadness, as well as feelings of envy and anger, which complicated the work of the staff of Sinethemba.

While, other than in the focal interview, the staff did not often refer overtly to the deprivation experienced by their clients, they seemed profoundly aware of the effects of deprivation on their own working conditions. One of the staff members described her concern that the project, with its limited resources, had little to offer: 'We've got nothing. We've got nothing. We've got nothing that can attract or make an interest to our group members,' she said. Indeed, it appeared that the organisation did have very little to offer in the way of resources. When we first began working there through to the middle of 1999, the service operated out of two 'wendy houses' (portable, wooden structures similar those children use to play in, but used extensively in the township as accommodation). There was no electricity and no telephone at the centre. There was also no running water available. Unlike their apparent acceptance of their clients' poverty, they seemed painfully well aware of the inadequacy of their facilities, as one staff members said: 'I wish if we could have money really. I think we should develop ourselves. Having our own land, whatever. And we must build us a beautiful office … not these bungalows. Having telephones, having fax machine. I wish we could be having even a library – even a small one.'

The financial resources available to this organisation certainly fell far below those available in the mental health centres and clinics in the central, historically White, areas of Cape Town.

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Anxieties about the lack of resources available to the organisation were compounded by an on-going difficulty around its financial survival. The file notes reported almost continuous concerns throughout the first year and a half of our consultation about whether the organisation would have to close because of insufficient funds. Although they were eventually told towards the end of 1998 that their funding was confirmed for a further period, this was a temporary respite and concerns about whether the funding would be renewed resurfaced regularly through the consultation. When I conducted the group discussion during 2002, Sinethemba was again under threat of closure.

The deprivation of their clients seemed in this organisation to register as insufficiency within the organisation itself. It appeared that the staff's concern was not primarily for themselves, but for the adequacy of the service they could provide. One staff member said if they had more resources they could do far more good in the community: 'We can do things and there will be a less number of this anger, of committing suicide, of these disturbed families and people who are depending on alcohol.'

The generally poor resources available for referral or additional help may have exacerbated their sense of not being able to provide adequately for the needs of the clients. The food parcels that they were providing also had to be discontinued in the time that we were working there. One staff member explained their sense of frustration at their inability to offer this to needy clients: 'We target a lot the real suffering of people. As a result, we are having some food parcels that we get from the food nutrition programme but now – they are what you call bankrupt – they can't provide any more.'

This comment seemed to capture in concrete terms the painful experience of having insufficient resources to meet the need. Given the awareness of the inadequacy of their resources to meet their clients' needs, it is likely that whatever real material insufficiencies the organisation was forced to struggle with, these were likely to be overlaid with the emotional distress that comes from not being able to provide for the needs of others, which perhaps calls up more unconscious phantasies of personal insufficiency (Roberts, 1994a).

According to the file notes, the staff members spent many sessions talking about their distress in relation to their funding situation. Their anxiety seemed partly to be about their own potential unemployment, but also the effects this would have on the community they worked with: 'Clients are attached too much to us and because of this project not having a phone we end up giving them our home phone numbers for emergencies. Then now how will we act that time, if we are not employed here anymore. And saying to them when they phone you "No, I am not working there anymore." That will create another worse thing for them.'

Another provided a sense of how the community's loss was also felt to be their own: 'But you meet me with at a very, very, very, very sad moment. Looking that we are going now to lose something that we know is very important.'

Given the sense of connection in the staff group, it seemed that the loss of the organisation would mean not only the end of their work but the loss of what several staff members referred to as their 'family'. Once again it appeared that the experience of material deprivation coalesced with a sense of emotional loss.

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In spite of their awareness of their very limited resources, it seems that the organisation saw itself as needing to address some quite considerable needs. The aims that were documented in their fundraising documents included: the promotion of mental health in the township; building community capacity to address mental health needs and reduce risk and to lobby local authorities and government around children's rights and needs. While it is common for organisations to over-state their aims in reports aimed at fundraising, this view of the project's aims may have put further pressure on the staff, who experienced frustration at their inability to carry out the tasks that appear to have been set for them.

The file notes suggested that the staff struggled to keep up with the practical as well as emotional demands of their jobs. In spite of their exhaustion, however, it seemed from the file notes that the staff did not challenge the scope of their activity. Instead, they often excused themselves from group sessions to attend to clients, seemed to struggle to find time to fit in all that they needed to do and conveyed their sense that they had never done enough. Staff members apparently also ran groups for unusually large numbers of troubled children in an attempt to stretch their resources to meet the needs of their clients. Although they clearly experienced considerable stress in trying to meet the demands they perceived, it might also be that they had some emotional investment in maintaining their 'grand mission'. As Roberts (1994a) has said, the 'impossible task' may represent a defence against the feelings of inadequacy human service staff members experience in their jobs. Here it functions as a manic defence against the anxiety that nothing can be done at all. Ironically, this attempt to deny deprivation may have ended up increasing staff members' sense of inadequacy and perhaps interfered with their being able to achieve more realistic goals.

The organisation's sense of not having enough appeared not only related to the material benefits which they were able to offer to clients, but also the skills they had at their disposal. The staff seemed painfully aware that their skills were not sufficient to the task they were pursuing. For example, one staff member described how she watched a psychologist testing a child: 'Hey, it's very difficult you know, but I am used to work with her. To score the children. I don't know how she is doing that ... You know I would like to do those things, but I don't know how.'

This staff member went on to say that she was studying further. However, she made it clear that she remained doubtful about her capacity. Another staff member described how she watched the psychologist working and longed to learn those skills. She worried about asking in case she embarrassed herself: 'I am not educated well to the standard where she is, you know, because she's a Clinical psychologist.' The staff members seemed sometimes to under-estimate their skills and education as though regardless of how much they developed, it would always be below what was required. Although it is accurate that their skills were less developed than those required of a mental health professional, it also may have been that these responses held something of the more pervasive sense of inadequacy and lack within the organisation. Similar anxieties also seemed to be reflected in the file notes. It seemed that the staff, who had received initial training and some on-going input from their host institution, seemed doubtful about whether this kind of knowledge 'counted' as training. This anxiety may also have carried something of the reality of their

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situation. In the various experiments in training community health or mental health staff members (including our own), it seems there was sometimes insufficient attention paid to the career aspirations of the staff members, whose 'qualifications' were often not recognised outside of their particular work situations.

The staff members' doubts about their own ability to deal adequately with the needs of their clients seemed to translate itself into what seemed to be a dependency on their host institute. The staff of Sinethemba received various kind of training from staff at the institute and had fortnightly visits from a psychiatrist based there. They seemed enormously grateful for this assistance and one staff member marvelled in her interview at how the psychiatrist had said to staff that they could phone him to talk about any problems they had. With their doubts about their own capacity, it seemed to be very important to the staff members that they were connected to the professional resources offered by their host institute. Ironically, it also seemed that the skills provided by the mental health professionals there did not always bolster their sense of competence, but sometimes by comparison made them feel less well equipped to do their jobs. Nonetheless, it seemed that the staff members maintained a longing, not only to become further educated, but also to have greater access to professional resources than they had. Some writers have discussed the potential problems involved in providing a lower standard of health care through informally trained health workers to already deprived communities (Binedell, 1993). Although this system appears to be a logical solution to resource problems in mental health, it may unwittingly reproduce the inequalities between the formal mental health services and those that are accessible to Black people. Sinethemba's staff may have internalised some of this sense of being a 'second class' organisation, which reinforces feelings of inadequacy amongst its staff.

It seems that staff members' doubts about whether they had the material or skill resources to attend effectively to their clients combined with their own direct experience of deprivation, both materially and in phantasy. Several of the staff members were unemployed prior to getting work on the project and, according to the file notes, the threat of the project closing meant a return to this precarious financial position. Although I do not have specific information on the staff members' financial positions, the file notes document how one staff member left a group session during a rainstorm to go home because she feared the shack in which she lived would be leaking. Another apparently discussed her lack of furniture and her longing to sleep in a real bed.

This experience of physical deprivation seemed also to have its complement in an emotional experience of deprivation. The staff spoke of their own experiences of various kinds of loss and absence. In his interview with us, one of the staff members spoke movingly about the absence of his father through his life: 'But unfortunately enough, I was also growing in that environment of losing my father, growing up without him. Growing among the grandparents of my mother ... imagining my family, needing that warmth. Struggling with that picture ... who this man is?'

The sadness of this comment appears to reflect a more widespread experience of losses amongst the staff. According to the file notes, the death of close family members seemed to dominate many group discussions and the staff seemed often preoccupied with issues related to their own grief and mourning. One of the staff

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members mentioned in passing in her interview that she was separated from both her parents and her children, who remained in the rural areas. She went on to say that it was because of this that the organisation had become her 'family'.

While the staff seemed to have considerable emotional capacity to express and acknowledge their own sadness and sense of deprivation, there also seemed to be times when this was translated into feelings of anger and envy. In the interviews, there seemed to be little anger expressed towards their host institution, which was on the whole regarded as 'available' and helpful to the organisation. On the other hand, anger towards funders, who had not committed themselves to sustaining the organisation, was often expressed during group sessions with the consultants. This anger was kept focused on the funders and anger towards the host institute, which was partly responsible for the position in which the organisation found itself, only emerged much later. It appeared that the anger was split off onto an outsider in an attempt to protect the much-needed relationship with the host institute. In this way, the organisation could express its anger at the funder while at the same time protect its dependency on its host organisation. This defensive strategy began to break down as the threats to the organisation's survival became increasingly dire during the course of the consultation process.

In addition to anger, envy is well recognised to be the natural corollary of deprivation. Where lack is experienced, there may be a sense that the 'good' is being withheld and enjoyed by the object (Klein, 1959). Once again it is perhaps significant that the staff members in the organisation expressed what appeared to be admiration rather than envy in relation to the much better endowed host institute. There was, however, some envy that seemed to be expressed towards other mental health organisations. As one of the staff members said: 'When I see another project like [another child social service organisation] the others they are really developing.' She spoke about how other organisations were able to offer play equipment for the children, which made it easier for them to attend their sessions. These comments, however, seemed to be spoken in a tone of wistful longing rather than anger. It may be that some of the apparently more neutral comments made by staff members about the poor quality of other services in their area do not reflect realistic appraisal but a subtle form of denigration motivated by envy. Envy, with its capacity to destroy all that remains of the good, may, however, be a particularly frightening emotion when the organisation relies so heavily for its survival, not only on the host institute but also on the network of referral agencies who offer the kinds of specialised help the organisation is unable to provide. The funders, with whom the organisation had little direct contact beyond the provision of money, and on whom they had little day-to-day reliance, may have represented a less threatening vehicle through which to express envious and angry feelings.

As much as it might have been expected that, with its own deprivation, the organisation would experience some envy in relation to other better-equipped and resourced services, it is also plausible that the staff members themselves represented objects of envy to their clients. While the staff members may have perceived themselves as very poorly off, they were considerably better off than most of their clients. Their employment, their access to professional resources and educational opportunities, as well as their relative

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status in the community, may well have been coveted by their clients. In some versions of African culture, there may be subtle sanctions against those who progress too quickly and leave their community behind (Kirk, 1996) which could add to anxieties about setting themselves above their clients. The emphasis on their own lack of resources as an organisation may not only reflect the reality of their situation but may also have served as a way of staving off phantasised envious attacks from their clients. In presenting themselves as being as emotionally and materially needy as their clients, the staff members may have been protecting themselves from the danger of taking up a more advantaged position in relation to the surrounding community. This may be particularly important in a broader social culture which, throughout its struggle against apartheid, lauded equality and the levelling processes of democracy. However, as much as this offers a degree of phantasised safety from envious attacks, it may prevent the organisation from owning those resources they do have – including their developing skill base – sufficiently, or perhaps from being more forceful about demanding more resources as their legitimate right.

In summary, while the staff members did not focus on the deprivation of their clients, they seemed aware of the limited resources Sinethemba had available for their work. They felt frustrated that they were unable to meet their clients' needs adequately and perhaps carried a resonant sense of their own insufficiency. Part of their experience of their own deprivation arises from their lack of material provisions to run their service as well as the on-going experience of financial insecurity that threatened Sinethemba's continued existence. In addition to their sense of material lack, there seemed to be doubts about the skills staff members had to do their jobs, a problem which may have been compounded by the somewhat extravagant aims of the organisation. This on-going experience of deprivation may have connected up with other experiences of absence and loss, which seem to be strongly evident in the lives of the staff members as well as their clients. Less commonly, the staff members seemed to express feelings of anger and envy. Their lack of resources perhaps encouraged a dependency that may have made it difficult to express these feelings, which were displaced onto the more distant funding relationship instead. As deprivation perhaps heightens envious feelings and the anxieties associated with these, the staff members may also have protected themselves against possible envious attacks from clients by merging their own needs with those of the community.

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7.5.3 Healing and re-uniting the community

Those working with the traumatised victims of violence and conflict are widely acknowledged to experience a range of powerful emotional responses, commonly categorised under the label of vicarious traumatisation (McCann & Pearlman, 1990). This includes emotional experiences that are similar to those experienced by the original victim of the trauma. In Sinethemba, the staff members were not only dealing with their indirect experience of trauma through their clients, but also lived and worked under conditions that were themselves traumatic.

The experience of listening to the children and families talk about their trauma was described by the staff members as being painful to hear. 'It's hard, very hard,' said one staff member. Although there was still

considerable emotion around the description of violence to which the clients were exposed, the staff members also seemed to convey a sense of their deep familiarity with these sorts of experience. Feelings of shock and disbelief that might be considered to be a part of the early traumatic response to violence were, however, generally absent from the staff's discussion around violence and trauma (Lewis, 1999). Instead, their comments reflected an emotional tone of resignation and sadness.

Their resignation, however, seemed to become frustration when they expressed concern about the fact that the violence many of their clients were exposed to, usually in the family, was on-going. In response, the staff felt themselves under pressure to intervene more directly. A number of the staff members spoke about how they struggled to prevent a situation of violence continuing. One described how the abusers of the children were often allowed back into the house: 'No, I actually feel helpless in that situation for there's nothing that I can do. I'm, trying all my best but if the things go according to this way, I'm not the law, you see. I can't do what the law is supposed to do.'

Her primary experience seemed to be of powerlessness, especially in a situation where even the law was seen to be ineffective. In addition, this kind of experience seemed to produce fear of the kind expressed by another staff member, describing how she felt confronting violent fathers: 'Mothers say they are afraid. Even as a stranger you become scared of him ...' It appeared that it was not only the adults who represented a possible violent threat to the staff members but also some of the children who themselves were described as 'gangsters'. One staff member described how difficult it was to separate the perpetrators and victims of violence and how she ended up being guiltily caught up in the conflict between the different parties, in this case children and their parents. 'You end up blaming yourself. Now am I doing something wrong. Why are the children cheating their parents and all that? Is it me? Because they are abusing the children's rights. Then you end up accused by the parents because now the children are abusing their parents.'
The staff members seemed to feel that they needed to prevent the violence but found themselves feeling powerless, afraid and finally confused and guilty. In situations of pervasive conflict it may be very difficult to escape the feeling that one is, or should be, taking sides (Straker, 2000). This may also be particularly hard in a society where there still appears to be considerable confusion about who can be considered a perpetrator and who a victim of violence. This is exemplified on a broader scale in the shifting social identities of Black victims of White oppression and Black perpetrators of crime against Whites (Hamber, 2000).

The staff members also described their problems in working in an atmosphere not only of overt violence, but also involving a more insidious experience of on-going division, mistrust and suspicion within the community. Several staff members spoke about how people were quick to 'judge' one another and how they, in turn, were quick to judge the organisation. It seemed from several comments that the staff members were afraid that their actions would be easily misinterpreted and public opinion could turn against them. One of the staff suggested something of the precariousness of social interactions in this kind of environment:

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'People were reluctant to share anything because there was sort of lack of trust. You didn't know how this person was going to take it, if I shared with you for example I didn't know if it would remain with you.'

Confidentiality seemed to be a particular problem in this particular community. While this is an issue in any mental health work, it may be of particular concern in a community which carries the history of political oppression, fear and the mistrust engendered by a divisive political system.

This perhaps raises particular challenges in the field of mental health, where 'safety' and 'trust' are considered to the essential building blocks of any treatment, and most particularly in relation to trauma work in conflictual communities (Stewart, 2001). It may have exacerbated the staff members' understandable feelings of helplessness and incompetence as they struggled to meet the demands their work required of them.

It is also likely that the staff members found dealing with the effects of violence in their clients and client community particularly difficult given that many of them seemed to be struggling with direct experiences of violence in their own lives. One staff member recounted in her interview her experience of several incidents of violence over the years. 'I was victim of the violence also while I was staying in [place name] and also here at [place name]. Before I was staying at [place name] and in 1986 there was all that violence. Those police came to shoot us there. So it was a trauma for me.'

She went on to describe how, hearing gunshots, it felt for her as though 'it was the end of the world. It was a bad trauma, it stays with me. So I keep on having flashbacks.' Finally she described a more recent experience of violence where 'people' came to her shack and shot at her, but again she survived. In all, this staff member spoke about her direct experience of four violent incidents. This might perhaps sound unusually high, but this kind of experience also seemed to be documented fairly frequently in the file notes which recorded other staff members' similar experiences of violence. In the space of just three months, it seemed that there were four serious violent incidents directly affecting staff members at the organisation. One of these was an armed robbery at the premises of the organisation itself. The staff members had, according to the file notes, described feeling traumatised by these kinds of experiences, but again did not seem to express particular surprise or shock at their occurrence.

The general feeling of lack of safety in the environment seemed also to have been exacerbated by the anxieties that the staff felt about the possibility that the organisation could close at any time because of the difficulty in getting funding. As one staff member said, they never knew whether 'when Monday comes', the organisation would close or not: 'So I don't know if you will be out of a job and staying at home. Sometimes they say – hey people you must know it's the last week now or last month which we are going to work together. Then we realise it's not going to happen?'

The unpredictability of this situation would almost certainly have resonated with the threats in the external environment. Without an internal sense of safety within the organisation, it may have been very difficult to

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provide the necessary sense of containment to clients who were themselves dealing with various forms of threat. Nitsun (1996) describes the particular vulnerability of a group struggling for its very survival.

Trauma often has a fundamentally disorganising effect on any system. Herman (1994) notes the way in which the experience of trauma, by definition, overwhelms the defences and results in a loss of continuity of self. In the moment of trauma, there is a rupture between past and present and a loss of the meaning systems that allow us to connect our experience into a coherent whole. Violent experiences are also noted to have similar rupturing effects on whole communities, where these experiences give rise to divisions and experiences of alienation and disconnectedness between groups as well as individuals (Higson-Smith & Killian, 2000). Perhaps in response to this threatening possibility, Sinethemba seemed to place a very strong priority on a sense of connectedness within the staff group, which helped to protect it against external threats to the organisation. The warm connections between members may have served to protect the organisation against the trauma introduced by their clients as well as from their own traumas. This situation is perhaps similar to the way in which, during war, the individual may retreat into collective forms of thinking and experiencing (Straker, 2000).

This aspiration towards close connections in the organisation seemed to have an echo in some of the staff members' view on their role in the community. Some believed that the organisation should not only attend to the immediate needs of its traumatised clientele but should also encourage a greater degree of cohesiveness in their divided and conflictual community. In the words of one staff member: 'We must try to live together, as in the past we were separated, because I believe if we are together, there is much things we can do.'

In this, he reflects the need to be united, which, in his view, acts as the antidote to the history of political division. He explained further that, in talking, it was inevitable that commonalities would be discovered between people and they would forget about their differences. He suggested that the organisation should lead by example in this: 'We're building trust, we're sharing things, show them that you are also a human being.'

While this is clearly an admirable goal and one that indeed could be seen to work against the damage wrought by violence, it perhaps also served to place an even greater burden on the staff members at the organisation. The cohesive structure, which is of course beneficial for the organisation, may also contain within in it a degree of precariousness. Anger and internal conflict may be felt as significant threats to group cohesion – as would expressions of difference between members – under these conditions. The only man in the staff group quickly mentioned in his interview with us that he was 'not like other men', perhaps hinting at an underlying anxiety about his potential difference as a man. The staff members did seem to feel greater freedom to acknowledge the difference between themselves and the one Coloured member of the group. In her absence however, this seemed to serve the function not of breaking down the group cohesion, but of asserting the unity and connection between the other staff members.

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In summary, while staff members were concerned about the effects of violence, they seemed resigned rather than shocked at its effects. They experienced a more active sense of frustration at their helplessness to protect their clients from further violence and some felt fear when dealing with violent people during the course of their work. Their inability to stop the violence seemed to make them feel guilty and perhaps concerned about being drawn into the conflicts they were attempting to mediate. This confusion may have been exacerbated by difficulties in clearly separating out victims and perpetrators in the complicated cycles of violence that affect their community and our society more generally. The general absence of safety that staff members may have experienced in this violent community seemed to occur in an atmosphere further marked by mistrust and suspicion. All of these experiences resonated with the staff members' own high exposure to violence, both in the past and in the present, as well as with the unpredictability of the organisation's future. The staff members, however, attempted to protect themselves and their organisation against the powerful effects of on-going trauma by drawing together against the external threat. This had the added advantage of mitigating the disintegrative effects of trauma. They seemed to see their function partly to re-create humane relationships and a sense of connection within their divided community. While this may well have been what was needed it might have made it particularly difficult for the organisation to deal with its own internal conflicts and divisions, if these indeed existed. It was also likely that the exposure to these very high levels of trauma had simply exhausted the resources of the organisation, putting pressure on the individual staff members as well as on the defensive coherence in the group.

7.6 Level Three: Needs and Experiences in the Consultation Relationship

The staff at Sinethemba did not express a need for our help in terms of direct intervention with their clients. They described having some needs for our expert knowledge in the form of training, but in general seemed to prioritise their need for us to continue to provide them with emotional support. A clear distinction could also not always be made in relation to the latter two categories of need and there frequently seemed to be a fusing of the two through their discussions which seemed more concerned with the quality of the relationship in the consultation than with more specific sets of needs. Nonetheless, I have attempted to separate them out for the purposes of analytic consistency with the other case studies I discuss in this thesis.

7.6.1 To offer direct psychological services to children

The staff members interviewed did not seem to feel that our role should be extended to the provision of any direct services to the children and families with whom they worked. This was most likely because their host institute, whose psychologists and psychiatrists made regular visits to the centre, was already providing some of these services. As the file notes suggested, our role had been set up differently from the start. We were not considered to be part of the service infrastructure, but an additional source of support and training. This of course coincided much more closely with our own understanding of our work, which seemed not be always so well understood in some of our other consultation relationships. In this case, the match between our interests and the organisation's expectations seems to have been facilitated by their psychologist manager, who herself had an intimate knowledge of the way that we worked through her involvement in

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aspects of our programme. The staff members seemed relatively clear that they should provide the mental health services, with the exception of psychological testing and psychiatric assessment, which fell outside of the scope of their training and expertise. Sinethemba was different from the other organisations described in this thesis insofar as it had an explicit mental health focus and clear task areas overlapping with those conventionally ascribed to the psychologist. In response to a direct question, the social worker said that they could do with a psychologist working full-time at the organisation. Here, however, she was clear to point out that it should be someone 'in town' rather than one of the external consultants. This, it would seem, was an acknowledgement of the limits of language and cultural understanding which would no doubt be a significant problem in working directly with this exclusively African community and points to the need to transform the still largely White, non-Xhosa speaking psychological profession (L. Swartz, 1998).

7.6.2 To develop knowledge

Although the need for expert knowledge was given far less priority than the need for support throughout the staff members' interviews, most mentioned the value of the training they had received through the consultation. Their ideas appeared to reflect some dependence on our professional knowledge that may have stemmed partly from feelings of helplessness, deprivation and incompetence. On the other hand, there seemed to be some ambivalence about the usefulness of the skills we taught them and a subtle attempt by staff to assert their own developing power and knowledge without disrupting their access to the consultants' professional expertise and support.

In her first interview, the social worker's description of her initial expectations of the consultation seemed to reflect a passive acceptance of our involvement with the organisation. As she said: 'I can't say what I wanted them to do because I wasn't sure what they were coming here for. So I was just ready for anything that they could offer. We were told that it would be an in-service training, so when you are given in-service training, you just accept what's given to you on the plate, you see.'

It seemed apparent that the decision to invite us in to offer training had not been negotiated with her. Indeed, from the file notes it appears that it had not clearly been negotiated with any members of the organisation. In this comment, however, there was little evidence of anger or resentment. Rather, it seems that the social worker simply accepted our presence and was grateful for anything that might be offered. Although her comment seemed to emphasise her appreciation, there was perhaps also a sense in which she reflected the kind of resignation crystallised in the notion that 'beggars can't be choosers'. The deprivation that permeated the organisation may have contributed to this sense that the staff members must simply accept and be grateful for whatever is offered to them. Any resentment that may lie below this attitude perhaps expresses itself in other ways such as the initial disinterest and hostility shown by the staff members in the first few sessions of the consultation.

In the later focal interview, the social worker repeated a similar view, but this time she emphasised how there had to be a mutual negotiation of needs between the organisation's and the consultants'. As she put it: 'My

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first impression was, I didn't know what they were coming for, sort of I didn't know what they were giving us, I was waiting in anticipation as to what would be given. Which proved helpful because we were open to whatever they came with and they were open to whatever we came with so it was a give and take.'

Her more positive interpretation of a negotiated understanding here may reflect on the development of the relationship over time and an increasing sense of trust in the consultants. It seems, however, both from the early set of interviews with staff members and from the file notes over this period, that there was concern about 'outsiders' coming in and forcing themselves onto the organisation. The staff's anxieties about being used and exploited in this way seemed to reflect something of the broader atmosphere of mistrust and suspicion within the community. Even in the later interview, the social worker added that it was very important for a consultant to understand 'how a particular organisation experiences something', not to just dispense random advice. This concern may also have carried residues of the organisation's anxiety about their own perceived intrusiveness into the lives of their clients.

In spite of a possible concern about training being imposed on them, the staff members generally expressed a strong need for assistance in developing their counselling skills and their reliance on the training that had been offered. As one staff member said: 'For example we were given counselling skills. Then you know exactly what you are in for the following time when you meet a client that you are counselling. Because you've already been given what to say – if it wasn't given directly to you the training itself has made you aware that this is where I need to improve.'

The file notes describe a variety of workshops held with the organisation during the first months of our involvement. The initial set of interviews with staff members included several comments on how valuable it had been to learn about specific kinds of information we had taught, including 'history taking' and 'counselling skills'. The comments of this staff member conveyed something of the gratitude the staff members seemed to feel about what they had been taught:

> Yes I do need lots and lots of skills you know because it helps you know. It helps you as a person to get those skills because I think everybody will learn up until he died. Because each and everyone, she bring different kind, like something that is new for me. So each and every time I am learning. Those people [the consultants] help me a lot. I do love them. I did not know what they were going to do, you know. But I do need – was expecting some training. I really don't know on what. But they are so useful to me.

Other staff members enthusiastically quoted some of the insights they had obtained through the training sessions with the Clinic's consultants. In particular, the input on 'stress' amongst the staff members themselves, which occurred shortly before the first set of interviews were conducted, seemed to provoke considerable interest. A number of staff members seemed enormously grateful for the fairly basic advice, which had been provided on nutrition and stress. In many of the eager expressions of gratitude, our input seemed to be portrayed as vital to the organisation and several staff members mentioned that they had never before been given information about how to recognise or deal with their stress. As one of the staff members put it: 'We feel that there is this load over your shoulders and also what methods you can use, you see and

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the symptoms of stress because sometimes you won't know what it is. And then what can you do if you feel you are stressed out, you see.'

It seemed that our input in this particular workshop resonated particularly strongly with the needs of the organisation shortly after they had heard about the potential loss of funding for their project and helped to counteract the feelings of helplessness the staff were experiencing.

In terms of the staff members' more general comments on training, the consultants seemed to be grouped together as one of several training resources made available to the organisation. Most of the staff members seemed to feel that this training was essential both to their work and to their survival as an organisation. The various opportunities for training, both from the consultants and from the host institute, seemed to be taken very seriously by the staff. Almost all spoke about their need to improve their skill and knowledge. The doubts that staff members have felt in relation to the adequacy of their skills and the difficulty of their work perhaps made them particularly grateful for and dependent on this kind of skill development.

Our input at this stage also seemed to be important in assisting those staff members who had missed out on the initial training offered by the host institute. As the social worker reported: 'They didn't get the in-depth training like the others did, so the whatever the training that the Child Guidance gives they might as well give it to everyone – so it is good to get more training.'

In an organisation where deprivation is an issue and there is some anxiety about inequalities between people, it may be particularly important that no-one receives less than anyone else in case this activates the feelings of lack and envy that might lie below the surface.

Even the social worker, who acknowledged that she had had training in counselling, said she felt she needed further help: 'Because sometimes even if I'm a trained counsellor and I've trained the three case trained managers in counselling. But it's also good to have someone from the outside. To hear the people's perspectives and views on the subject, not only to remain with my perspective.'

In this comment, she reflects her need for a fresh perspective but simultaneously strongly asserted her existing knowledge. As a trained social worker, she may be particularly susceptible to the consultants' potential to challenge her authority status in the organisation. In her role as the only formally trained person in the organisation, she perhaps felt a particular sense of responsibility to 'know'. At the same time, anxieties about her advantaged position relative to the other staff members may have resulted in some ambivalence about owning her own skill. Her account of what she valued in the style of the training provided seemed to confirm her sensitivity to the subtle power dynamics that operated between the consultants and the organisation. She said she enjoyed the training with the Clinic because it involved 'sitting around and talking'. She made it clear that she appreciated the fact that this was an informal process, not like 'a workshop', which she seemed to view as a more didactic form of teaching, more hierarchical and less participatory in nature. While this comment may have reflected the particular anxieties of her position

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in the organisation, it may also have carried something of the broader organisational concern with the uses and abuses of power as well as an investment in more democratic modes of functioning.

Although setting herself in a slightly different category to the other staff members the social worker went on to say that while the staff appreciated what the consultants had provided in terms of training, she felt there was never enough time to get as much training as they wanted: 'We've asked them for so much. At the end of every session with us we usually haven't covered everything. If we had more time with them …'

Another staff member reflected on how hard it was to hold onto the brief training saying: 'We need more on life skills again … We've done it, but you feel things if you do it – maybe just for a short period of time.' While these kinds of comment seemed to reflect a reasonable frustration with limited time available to learn a considerable amount, they may once again carry the emotional dynamic of deprivation, an experience in which nothing is felt sufficient to make up for the lack. The social worker went on to say that part of the problem seemed to be that the staff members had not been able to attend all the sessions, as these were scheduled at a time that clashed with their other commitments. She was at pains to point out that this was their responsibility rather than that of the consultants. This seemed to be part of a more general reluctance amongst the staff members to criticise our work in any way. Ironically, the reason she gave for the staff members missing their sessions with the consultants was that they had other educational demands to fulfil, including exams for other, formal courses that some were completing. It may be that the staff members' search for more skills and knowledge led them to take up more than they could realistically manage. Alternatively, the advantages of informal training within a consultancy relationship may not seem as obvious or indeed be as beneficial as more formal training that brings with it acknowledged status and advancement.

In spite of the staff members' expressed desire to enhance their knowledge and develop the recognised 'skills' of mental health work, they also seemed to express some subtle doubts about the counselling model and the value of their training. On the one hand, it seemed that the staff members wanted to believe that through training they would have access to the professional resources on which they depended. On the other hand, they seemed much less sure of and perhaps even challenging of the kind of knowledge that the consultants could offer. One of the staff members spoke about the need for training that would help her deal with the 'different cases' described earlier, with the implication that what would be required was 'different' counselling skills. This staff member seemed in her comments to be drawing attention to the ineffectiveness of traditional counselling methods in dealing with threatened and on-going violence. Another staff member mentioned the same concern as follows: 'We wanted them to give us more on counselling, because the way of counselling it's different and there are different problems – others you won't be able to counsel.' She went on to say that what the staff members needed was 'problem-solving skills' and 'new ways of tackling the problem'. Finally, as she points out: 'What's the point of counselling when the abuser is still there, when the problem recurs every three months?'

Another staff member also seemed to be expressing his doubts about the value of the training from a very different perspective. He seemed to be arguing that counselling was not a very specialised process and was

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in fact something he had been able to develop on his own. 'Ja its such an easy thing ... it was just easy to me to adapt, because even the group stuff. I'm not the one who [is] going somewhere ... somehow to get an experience, to get training. It's just a thing that I'm living.'

He goes on to say that, although he was initially doubtful of the counselling approach, he began to realise that it was what he had been doing 'outside' anyway. In this statement, he appeared to take ownership of the counselling process, asserting it as a skill he already possessed rather than as something he had learnt. This might be a reflection of the way in which knowledge comes together helpfully with experience (Van Vlaenderen, 1999), but may also be an effective way of denying the power of the trainers to teach him something he does not yet know. Later in the interview he went on to assert his own important contribution in 'translating' the ideas into forms that could be understood by the clients: 'Even the English, or the language that they were using ... It is just easy, easy to read and to translate to the client if he's not knowing, because of an English way of asking.'

In this, the staff member seemed to express a sense of his own value to the clients and reverses the organisation's apparent dependence on the consultants to demonstrate how the process is in fact dependent on his skill in translation. While it may be important in any counselling training that trainees develop and adapt their style to fit the particular needs of their work and organisation, this challenge to the consultants view may take on a particular meaning in the light of the historical and present inequalities represented in the consultation relationship (Maw, 1996). A reliance on White expertise may evoke a strong ambivalence, particularly when, as in this case, the work of this organisation directly engages the suffering that was itself a product of White oppression.

These expressed doubts about the model of counselling and its value for the organisation seemed, however, muted in contrast to the staff's more frequently articulated need for professional help. Given the staff members' feelings of inadequacy in the face of their overwhelming tasks, it may have been more difficult to pursue their own ideas confidently. Instead, this developing creativity may have been set aside in the interests of protecting the much-needed relationship with the professional network, which included the consultants. It seemed that this ambiguity between dependence on and doubts about professional expertise could be sustained partly because the consultants were felt not to impose their views too forcefully on the organisation. As the social worker described:

> They come from different backgrounds. But our admiration is that they have been able to fit in with this background of people from [the township]. They have made themselves flexible to fit in with what is going in [the township] and with the result that they have really taken on, they have fitted into the shoes with the people who are living in [the township]. They've been very ... ja, they put themselves in the shoes of ... They are not like those people – who don't know anything about [the township] and you will have to teach up ... There was just no indication of what they want from [the township]. We didn't pick that up.

This comment reflects well on the consultants' abilities to fit in with the perceived needs of the 'township'. Ironically, the approbation of the consultants confirms what is appreciated by the organisation, but also

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reveals the threat of what will not be tolerated. It conjures up, in contrast to the consultants, an image of a White person who would simply impose their ideas on the community without respect for its members.

According to the file notes, the staff members did not, beyond the first difficult sessions, seem to overtly challenge the value of the training they received from the Clinic. It is possible, however, that they revealed their doubts in more subtle ways. Although they apparently agreed enthusiastically to training during the consultation and made numerous suggestions for topics that might be covered, in fact they almost always seemed to steer discussions away from workshop material and into more personal discussion. As one staff member described: 'They supported us fully, right through. If we weren't sure how to go about a case, you discussed it with them they gave us ideas, you had personal problems, they were there giving ideas, always leaving the decision to you.'

This appears to reflect on the easy flow between training and emotional support in the consultation, but also might suggest an unconscious reluctance to follow through on their expressed need for a more formal kind of training. Indeed, it seemed from the file notes that training sessions were often derailed by personal discussion. Long (1999) has shown how subtle dynamics within the consultation may point towards attempts to subvert the power of the consultant.

This analysis suggests that the staff members' feelings of incompetence, doubts about their skill and a pervasive sense of deprivation may have fostered a dependent relationship with the expertise of the consultants, whose input seems to have been met with considerable enthusiasm and gratitude. In the role of trainer, it seemed that consultants may have met the organisation's need to maintain a link to professional services. This bolstered Sinethemba's sense of its own capacity as well as potentially offering a way to equalise access to knowledge within the organisation. However, below the surface of this appreciation there may have been doubts about the training that perhaps could not be openly expressed. It may have been difficult for staff members to balance the assertion of their own interests and ideas against their dependency and reliance on external professional support. In response to this, the staff may have unconsciously attempted to re-define the relationship with the consultant as more equal and perhaps steer the process away from more didactic forms of teaching to something that felt more participatory and met their more primary need for emotional support.

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7.6.3 To provide emotional support

The staff members' needs for emotional support in the consultation relationship seemed to dominate throughout all their interviews. The 'unstructured' discussions, which took the place of planned training sessions through most of the consultation, seemed to focus exclusively on the emotional needs of the staff members. From the interviews it appeared that, regardless of the specific form of activity the consultants were involved in, it was the 'support' that they provided that was seen as the most important factor by the staff.

At one level, that the staff members should need emotional support in their demanding work seems entirely obvious, as one staff members clearly put it: 'We need a support structure for us because of the nature of our work which is very emotionally draining.' It also appeared that their particularly empathic approach to dealing with their clients created an even stronger need for emotional support. Many of the staff members described feeling overwhelmed and seemed to be expressing a need for the consultant to help them carry the emotional burden. As one staff member said: 'That's what C.G. [Child Guidance] was there for. It was for us to unload so that we don't take other people's load. Because if we go loaded to other people, we'll crack right down.'

The metaphor vividly represented here gives a sense of the emotional pain being passed along from client to counsellor and then to the consultant. Although this may sound like the ideal of containment which we envisaged as part of the consultation relationship, in this relationship it felt as though the major task involved was not so much to make sense of feelings but rather simply to help to carry a level of distress that was perceived to be too burdensome for the counsellors to carry on their own. This seemed to echo the function of the additional counsellors who were called in to be present when someone was dealing with particularly distressed clients.

The absence of a clear boundary between the staff members' own distress and that of their clients seemed also to foster a need for direct emotional help for their own personal difficulties. This need was described by a number of different staff members in their interviews. One said, for example: 'I think it will be better if we can get some psychologist ... who will be also ... looking at our problems as – we counsellors. Because now it's the problems. It's the community's, the clients' problems. And then they come onto us and then we end up feeling sick also. We can have somebody who can see us as staff members.'

Another staff member also seemed to be asking for individual counselling for the staff members.

> That's where one feels that: 'Hey it's too much for me. I can't take it anymore'. Because you've got your own problems at home, with children or whatsoever. Then if we can have somebody – we can talk to him about these problems, personal problems. And when I say personal problems sometimes its difficult to talk about personal problems in front of everybody – to be seen individually ... because if there are problems and they are stressing you and it's a thing that it on-going at that means you'll end up in hospital. That's what we are working with here.

This comment conveyed something of the distress the work seemed to evoke, but also highlighted the fact that the staff members had their own problems and were expected to deal with their clients when they had not had the opportunity to talk about their own difficulties. The experience of deprivation amongst the staff members may make it very difficult to provide the very services they themselves have wanted for in their own lives. As much as there may be a certain reparative pleasure in giving to others the very thing that you have lacked, this position may also evoke a degree of envy, as Landman (1996) noted from her work with another local project. The consultation relationship may seem to offer the possibility for the staff of Sinethemba to become, in phantasy, the fortunate 'clients' themselves.

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In spite of this wish for individual help, most of the staff members seemed to feel that this emotional support was effectively provided by the consultants during the group sessions. One staff member, for example, described how she had received particular help in how to deal with her daughter: 'I couldn't deal with it. I couldn't speak about it. I was hopeless. Then ever since they come to the project. I was able to talk, to reveal what was bothering me inside.'

Certainly, according to the file notes, its seemed that the staff members' personal difficulties were discussed far more frequently that those of their clients. This seemed, according to the interviews with a number of staff members, to have evoked a profound sense of gratitude about the help they had received and a warm sense of connection with the consultants.

As one staff member described it: 'They really share our difficulties.' The social worker described in her first interview how the staff had already begun to wait eagerly for their sessions with the consultant. They know, 'Wednesday is coming. We are going to get all the support. That's where each of us will take out whatever we feel and just pour it out,' as she put it. Another said: 'They are vital to our lives you know. They were really supportive. Then I think that, let me talk about this problem, maybe they will help me and really they help me. Otherwise I couldn't talk about it.'

The last two comments seem particularly to reflect the reliance of the organisation on the consultants who, it seemed, were perceived as something of an emotional lifeline for the staff. The initial interviews were being conducted during a period of intense anxiety for the organisation with its threatened closure and this is likely to have intensified this emotional neediness. Similar feelings were, however, expressed by the social worker in her focal interview with us and by staff members during the group discussion with me, which suggested a more lasting need on the part of the organisation.

In discussing the value of the emotional support the consultants had provided, the staff members talked about their responsiveness in dealing with whatever issues came up during the sessions – whether it related to the work itself or to more personal issues. This suggested a sense of the consultants' empathic responsiveness to the organisations' needs, much like that offered by the staff to their clients. However, it also seemed to suggest again that the absence of an imposed, controlling structure was fundamental in allowing the relationship to develop. The flexible structure of the consultation seemed to make it possible for the staff of the organisation to express their emotional dependency without the associated anxiety of being imposed on or abused in ways they might have feared.

The social worker spoke about how there had been many other changes in the organisation as a result of the consultants' involvement, including improvements in the relationships between staff members. The qualities of sharing, openness and unity within the organisation were particularly important for this organisation within the context of a broader environment marked by violence and mistrust. One of the staff members described how the consultants had become part of the 'family' that the organisation seemed to be trying to

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protect. 'They are so supportive ... I really don't know how I can put it. As a result I don't want to lose them. I feel as if they are also my family. I take them as my family.'

The consultants seemed be drawn into the existing 'family' of the organisation. In the face of overwhelming demands, traumatic experience and threats to their continued survival, the consultants seemed to offer Sinethemba a strength that may have been waning within the organisation itself.

It seems from the interviews with the staff members and the supervising consultant as well as from the file notes that there seemed to be considerable warmth and understanding between the staff members and the consultants. The social worker expressed her appreciation for the work of the consultants frequently through the interviews, saying, for example: 'For me personally, everything about the C.G. [Child Guidance Clinic] did was beneficial, personally and from the staff as well, because I also get feedback from the staff. We are totally satisfied with Child Guidance. You must know that if I say we are satisfied, then we are satisfied – because if I don't like it then I say that we don't like it'.

The levels of distress within the organisation seemed to create a need for an idealised leader, a role for which an external consultant is well suited. Certainly it seemed that the descriptions of the consultants, and particularly the supervising consultant, reflected something beyond realistic gratitude. 'It was perfect, there was nothing they could take or minus,' said the social worker who later added that the supervising consultant herself was 'a perfect woman'. While this idealisation may have helped to contain some of the organisations anxieties about its ability to manage its emotional burdens, it may also have encouraged the kind of splitting that was needed to sustain the idealised object (Halton, 1994). As previously noted, the funders were the recipients of many of the organisation's negative feelings, but towards the period of consultation I describe here, the host institute was also being increasingly criticised. According to the file notes, it seemed that, while the consultants were continually presented as the providers of support, the host institute began to be described as being harsh, critical and judgmental of the staff members, a split which could clearly have problematic consequences for the organisation's position in relation to its host.

The maintenance of the idealised representation of the consultants seemed to have been allowed by their perceived sensitivity in relation to the organisation's needs. However, it seemed that it also had to be sustained through the disavowal of some more threatening areas of difference and potential conflict in the relationship. The social worker stressed how important it was to have consultants who didn't think they were different to the people who worked in the organisation or who lived in the local community. She said they could not work with someone 'who wouldn't understand problems – meaning now the life in [the township]. They won't respond appropriately.' She described her own relatively privileged position in relation to the other staff members, saying: 'Maybe I [am] living up but – okay I'm not living in a shack.' But she went on to say that regardless of this, it was important to understand what it felt like to be living in a shack, with no food and services and how that could affect the staff members' lives and their work. She added that the psychologist needed to understand what this was like if they wanted to work with the organisation and not come with a 'patronising' attitude. In these comments she seemed to be expressing some anxieties about her own relative privilege as well as pointing out how the differences between the two

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groups could get in the way of the consultants' work. This idea came up in several interviews, suggesting that a person who set themselves above others would not be acceptable to the organisation's conscious and unconscious investment in a more egalitarian order.

One of the staff members, for example, spoke about how grateful she was for the help she had received, adding that what was important for her was that the consultants 'just didn't go there for professional reasons'. Another elaborated on this idea:

> I think it's their openness. When they came they were just totally open to us. They came as people who supported us. I think their openness ... I don't know what to say. You know sometimes it's the way a person carries him- or herself that will make another person come near or remain distant to that person, you see. Because if you come in with books and you know you're a professional, people will stand back, but if you come with jeans, ordinary free ... people are free to open up to you. I think that's what they are.

While once again this seems to reflect a genuinely felt emotional appreciation of the consultants, it also denied an important aspect of their identity. As much as their work in the organisation might have been motivated by 'good-heartedness', they were also clearly only there because they have particular professional skills, many of which have in fact been learnt out of books. It seems that this particular aspect of their work had to be de-emphasised in order to avoid evoking more difficult feelings around the real issues of inequality in status and resources between the two groups. As South African community psychologists have suggested, it may be potentially problematic to gloss over the power differences in relationships between professionals and communities (M. Seedat et al., 1988). This kind of analysis, however, often does not take account of the complex emotional investments there may be in these arrangements.

Although a very positive view of the consultation relationship seemed to be conveyed in all the interviews, the focal interview seemed particularly to express an idealisation of the consultant at the expense of almost all other discussion. It emerged towards the end of this interview that the consultant had recently questioned the organisation on whether they wished to maintain the consultation relationship the following year as she was concerned that the fall-off in attendance shortly before this reflected a shift in their needs. The social worker was clearly very concerned that the Clinic should be aware of their need for on-going consultation support and criticised her fellow staff members for their poor attendance.

> The last session [the supervising consultant] was sort of feeling that we didn't sort of need them anymore. It was a feeling from her side, I think it was the lack of continual attendance from our part that made her, anyone, feel that we ... If you see that one time – every time – someone's missing then you as a facilitator will feel ... there must be something wrong with me. Why is the people never coming together? Why aren't we going forward. And yet it's not anything to do with what they did wrong. It's that we didn't organise our time to suit the time specially selected for them. It's not that people aren't gaining anything, didn't gain anything, it was just bad planning on our side.

In taking full responsibility for these difficulties, the social worker seemed very eager to appease the consultant in a way that suggested some anxiety about making demands on this relationship. In this context, it is likely that this anxiety reflects something about the possibility of losing the involvement of the

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consultant, which in turn may have connected with other anxieties and uncertainties within the organisation. These might have included fears about the long-term survival of the organisation as well as the pervasive sense of loss that seemed to be so much a part of the lives of clients and staff members. This possibility seems also to have been evoked by the usual breaks in the consultation precipitated by the students' academic calendar. Thus the social worker said at the end of 1999: 'Yes, like now they've left for this year. They start with new people next year. I think that's [the supervising consultant] who keeps it going. If there was another supervisor then there would be problems. But now we know that there is a link. We know that [the supervising consultant] will be there and things will be fine.'

In this comment, she seemed to use the sense of connection with the supervising consultant to help her to maintain the threatened sense of connection with the consultants. The file notes, however, suggested that this process was not as simple as might appear. As previously noted, when the consultant allowed the students to conduct several sessions on their own in order to develop their own training capacity, the staff of the organisation responded very badly to this. The high rates of absenteeism suggested a response to the lack of containment. In this period, it appeared very hard for the group to hold onto the consultation relationship and they responded by withdrawing from the process.

Although in this case the staff members apparently acted out their distress around the disruption to the consultation, in general they seemed well aware of their emotional dependence on the consultation, as was suggested in this staff member's account: 'When they leave we sort of feel there is something missing, because the Wednesday that they were supposed to be here ... if they were here we would be talking about this now, be getting support, you see and suddenly that's missing, that's going. It's always a difficult time when you have to break, always emotional ...'

In spite of the obvious need for emotional support within the organisation, there also seemed to be some reluctance to assert these needs strongly or to make demands on the consultant. Only one staff member had, according to the social worker, expressed a concern that the Clinic did not take a more proactive role in protecting the organisation. This staff member had expected us to represent the organisation more actively with their host institute. The majority of the staff, however, seemed to convey a sense that they should be grateful for what help they did receive and they appeared to be careful about seeming too demanding. For example, while it was clear that they were concerned when the consultants were unable to keep their appointments, but they seemed to accept their absence with degree of resignation. As one staff member said: 'On Mondays we think, "Anyway, they are coming Wednesday!" If they phone and apologise – oh – then we say "Oh shame!" And now when are they next coming Wednesday. That happened even last week.'

In talking about problems in finding a time for the consultation sessions that suited the staff members, the social worker seemed very careful not to show any intolerance for the consultants' lack of flexibility on this, saying: 'We should have set our time because Child Guidance, that's their time. Everyone knows it's their time ... It's up to us how we structure our time to fit into the C.G. [Child Guidance Clinic] times.'

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Later she went on to describe how their own timetable at Sinethemba was so full on this particular day that it was impossible to fit the consultation time in. Rather wistfully she added how nice it would be if they were able to spend more time together, also noting that others had also told her that 'the time the C.G. had with us wasn't enough'. The sense of deprivation seems to come through in this longing for more from the consultants. At the same time, however, the tone of these comments was not insistent but rather suggested that the organisation should be grateful for what little it received.

The organisation's apparent emotional dependence on the consultation relationship left little room for more difficult feelings around mistrust and suspicion, which might have been anticipated in the violent context in which it was located. Instead, while the staff members were in general anxious about these kinds of issues, in their interviews they seemed concerned to indicate that the consultants were very different from other less trustworthy visitors to the organisation. As one staff member put it: 'We found they were people they could talk to. Sometimes when you have people who come in from the outside you are wary of talking, of saying anything. You sort of talk, but keep back ... With them you didn't have to.'

It is clear from this comment that the trust the organisation has developed in the consultation relationship is not the normal response to outsiders. The social worker perhaps suggested more clearly what it was that the organisation was afraid of when she spoke about how the organisation needed to maintain its autonomy and deal with its own internal difficulties: 'If the C.G. [Child Guidance Clinic] had to be involved, they would become the "devils advocate". People would start to think you were imposing yourself on a project that you are asked to support.'

The anxieties about external imposition onto this organisation may have partly reflected their vulnerable 'secondary' position in relation to the host organisation as well as their anxieties about being used by other White professional groups who wish either to assert their political credibility or to gain access to the community through them. Given their need for emotional support, however, it may be very important for the organisation to identify the consultants as being different to these potentially exploitative groups. The social worker mentioned how important confidentiality was on a number of occasions during her interview. Although not specifically raised in relation to the research, it seemed in the context of the interview to be expressing an anxiety about the research process itself and the potential 'betrayal' of the consultation that this might represent. It is also possible that, while the relationship with the consultants appears to have developed on a solid basis of trust, its foundation was more precarious than other comments suggested. The task of dealing with new student consultants each year seemed to raise some of these trust issues more obviously to the surface. One staff member perhaps revealed something of the group's protective strategies when she described how: 'We usually don't start with sharing personal issues. We usually start with training and ... until we get to know one another.' It seemed that the group was adept in appearing compliant with strangers while still maintaining a wary distance.

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In the majority of their comments, however, the staff members not only described the consultants as trustworthy but also felt that the consultation had helped to develop greater trust within their staff group. As the social worker said:

> We didn't used to trust one another. But when the C.G. [Child Guidance Clinic] came we just felt free to talk – we didn't care whether, whatever you do with that information as long as you yourself are healed inside. You see, and it was up to each and every person to see that things dealt with within the group remained confidential, you see, because one day I will also need my things to be kept confidential just as everyone needs their stuff to be kept confidential, so that the C.G. [Child Guidance Clinic] can show us we can trust one another.

Again, as much as this comment seems to demonstrate the degree of trust developed in the organisation, it also reveals the underlying threats to this trusting relationship, which in turn echo the suspicion and division in the broader context. This is almost certainly also intended to operate as a caution to the researcher. In general, however, the consultants were perceived to have created a space for people to share their feelings and a sense of connection between the staff members that sustained them in their work. However, as the social worker seemed to recognise, sustaining this kind of unity may not always have been easy: 'People come here with different personalities, different characteristics and you have to just pick up the pieces and put them together in order to form a mosaic. So that's what we've done.'

The on-going threats to unity in the form of conflict, divisions, differences and the disconnecting experience of trauma may all persist as a threat below the surface of the organisation. Some of the disintegrative effects of these experiences seemed also to have played a role in the staff members' absenteeism from the group at the end of 1999. Here it seemed that the staff's direct exposure to a number of traumatic incidents in the absence of the containing presence of the supervising consultant resulted in fragmentation both within the organisation and the consultation relationship itself. The presence of the consultant seemed to have been important in supporting the unity within the staff group.

It seemed clear that the primary role for the consultant was envisaged to be the provision of emotional support. The bolstering presence of the consultants seemed to be essential to staff members being able to manage their attempts to take on the emotional burdens of their clients. The consultants were also seen as providing an important source of support for the staff members' own problems, perhaps allowing them the experience of being helped like their clients were. This may have assisted in diluting any envious feelings they had. In order to fulfil these functions and to assist in the maintenance of unity within the staff group, it seemed that the consultants had to be idealised. More difficult feelings may have been split off onto others including the funders and later, perhaps, were also directed towards the host institute. Fears of losing the consultancy relationship may have also made it very difficult for staff members to express demanding or difficult feelings towards the consultant. This was perhaps aggravated by the pervasive sense of deprivation that forced the organisation into the position of the grateful recipient of charity. The 'goodness' of the relationship with the consultant may have been maintained not only by this compliant behaviour but also by a disavowal of more difficult aspects of the relationship, including the differences between their own status

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and that of the consultants. However, this consultation relationship also seemed to sustain the much need sense of a coherent and supportive staff group.

7.7 The Consultants'/Researcher's Emotional Experience

In the initial file notes in 1998, the students expressed their anxiety about whether they were imposing their training needs onto the organisation. This issue was also extensively discussed during seminars and case discussion, in which it appeared that the students had responded to the organisations anxieties about being exploited with their own fears about being exploitative. Students are often concerned that communities are having to provide them with training when they do not yet feel sufficiently skilled to be able to provide effectively in return (Amien, 2002; P. Petersen, 2001). Fears about imposing on the organisation were also triggered by the initial difficulties in starting the consultation and the realisation that the arrangement had not been negotiated properly, if at all, with the staff members themselves. Their anxieties seemed to remain with them in spite of apparent changes in the nature of the relationship, and the file notes point to the students' continued anxiety about imposing their views on the organisation. This seemed to be reflected in the style of note-keeping for this period, which provided little in the way of analysis and instead adopted an apparently neutral tone that emphasised the opinions voiced apparently by the organisation at the expense of commentary or analysis from the students. Some of these anxieties seemed to abate somewhat in the second year when the students allowed themselves a separate section in their file notes to analyse the group process and seemed less anxious about potential abuses of the organisation. It is doubtful, however, that this concern entirely disappeared. In my own process of writing, I felt intensely concerned about the possibility that I might in some way be imposing myself on the organisation and 'using' its experiences unfairly to serve my own research interests. I felt particularly anxious about confidentiality and whether my writing would betray a trust, precariously given to my own organisation. In spite of the apparent warmth and trust in the consultation relations, the possibility of exploitation between a White professional and a 'second class' Black organisation may remain as a constant phantasy below the surface of the organisation's and the consultants' experiences of their partnership.

The consultants on this project seemed to have found themselves moving between a recognition of the disparities between their own privileged position and those of the staff and Sinethemba, and a view which emphasised their closeness and sense of connection to the organisation. Discussions about racial and cultural differences and disparities in economic status were mentioned briefly in the file notes at various stages in the consultation process. Sometimes a sense of the 'unfairness' of the relationship was thrown into relief by the consultant's anxieties about going out into the township during some particularly violent periods (largely created by a war between rival factions in the transport industry, which resulted in shooting in the streets). The staff at Sinethemba on some occasions advised the consultants that it would be unsafe for them to come, but still they experienced a guilty awareness about their relatively luxurious position outside of the conflict. The actual and phantasised fears of Whites entering the previously forbidden Black areas in South Africa remains a constant in much of this kind of community work (Gibson et al., 2001). The resource disparities between our own double-storied, brick Clinic (which also served children and families), with its library and

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play rooms for children, also drew uncomfortable attention towards the disparities between Sinethemba's resources and our own. It is important to acknowledge that, while these feelings may been evoked in the course of the consultation, they would almost certainly be a part of the consultant's own broader context of experience where there may in any event be guilt and anxiety around these kinds of issue. While they were mentioned from time to time in the file notes, it seemed that the consultants also tried to minimise some of the areas of difference between themselves and the organisation. What seemed to have come through in many discussions about this project was the need for authenticity in the consultants. Clearly responding to the organisation's anxieties about the inequalities entailed in a professional relationship, the consultants often seemed to have spoken informally about their need to be just 'human' in this particular project. While this may appear an admirable sentiment, it also may convey an anxiety about differences in status and resources resonant with the organisation's own. It also seems to prioritise a similar empathic connection that seems evident in the staff members' own relationship with their clients. As the supervising consultant confirmed in her interview, she understood her role as being simply to share the staff's pain and distress.

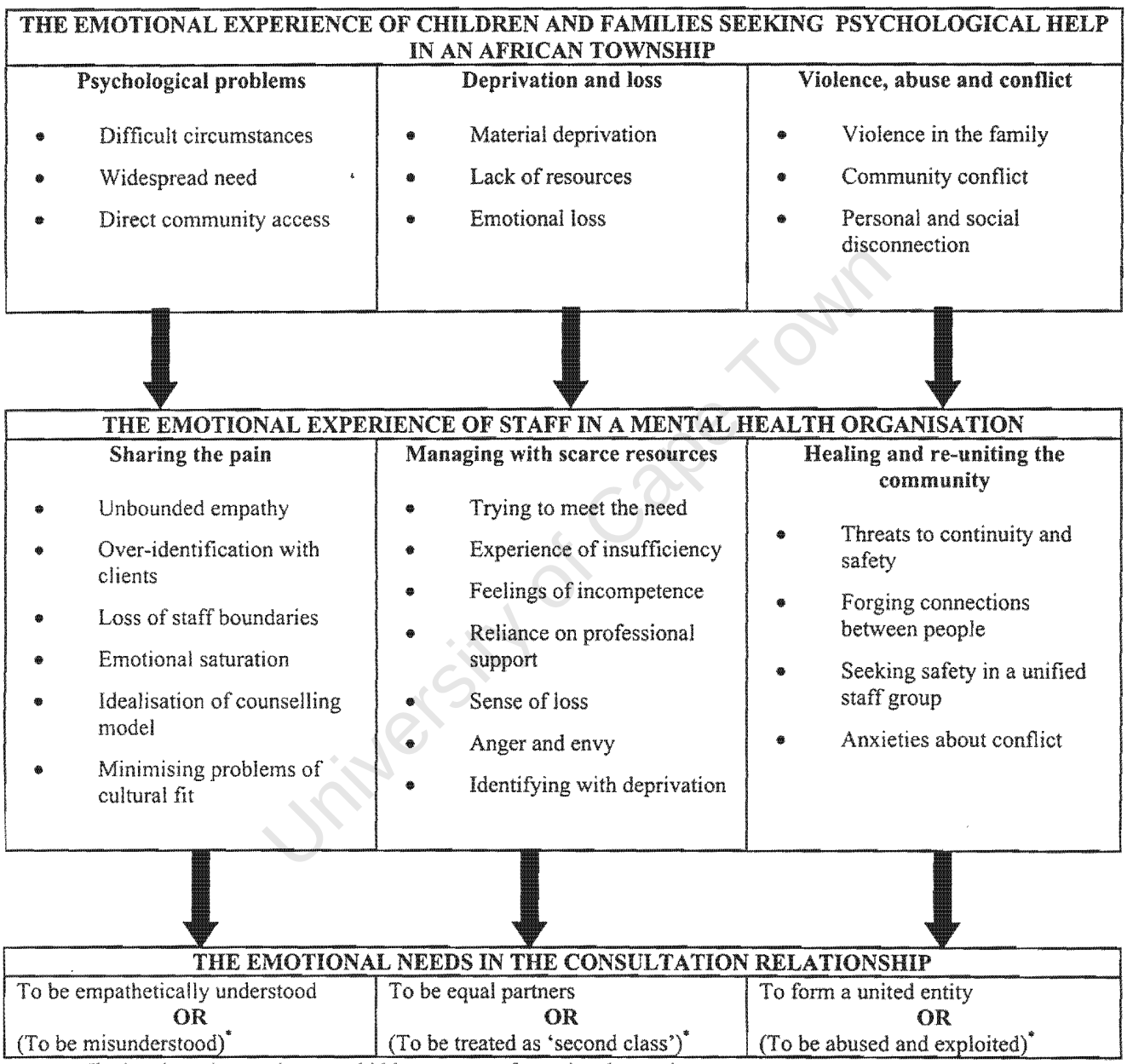
The predominant feeling described by the supervising consultant and in the file notes is a kind of idealisation, which seemed to complete a cycle of mutual idealisation between the consultants and the organisation. The students frequently expressed awe about the staff members and their capacity to manage under such difficult circumstances. The supervising consultant spoke also about how she felt the staff were 'amazing'. I certainly had a similar sense both in the writing up of this research and in my meetings with them. This was of course in some way a realistic reflection of the admiration this group could and should elicit. There was, however, a thread of fragility that ran through this image of the organisation and I sensed my own anxiety about noticing any imperfections, as though it might damage them or the consultation in some way. The source of this may be in the idealised image the organisation needs to hold of itself and the consultation relationship in order to bolster it against the immensity of trauma to which it is subjected. I also sensed in myself a desire to romanticise the strength and capacity of this organisation. This perhaps stems from my own reluctance to comprehend the full extent of the emotional pain and difficulty that they carried.

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7.8 Summary and Conclusion

Again, it is difficult to present all of the complex links that have been created through this analysis, but I have tried to highlight some of the central transformations that seemed to occur through the different levels of emotional experience that made up this particular consultation relationship.

Figure 7.1



* The brackets denote the more hidden aspects of emotional experience.

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At Sinethemba, it seemed that the community's perceived experiences of psychological difficulty, deprivation and trauma created a heavy emotional burden for the organisation. In response to the familiarity and extent of psychological need within the community, the organisation responded empathetically to their clients' distress and their demand for accessibility. In response, they forged a partly protective over-identification with their clients and repeated this closeness in their relationships within the organisation. In

the absence of protective boundaries, the staff experienced emotional saturation. They attempted to bolster their own flagging strength through an idealisation of the value of their model of counselling and reliance on professional support, perhaps minimising the difficulty of translating these ideas into their own cultural context. The staff's experience of deprivation within the organisation resonated with that of the broader community. Staff experienced their lack partly as a personal sense of insufficiency, which generated feelings of incompetence and connected to other experiences of loss in their lives. They occasionally experienced muted anger and envy, but their dependency might have made it difficult to express these feelings. Attempts to ward off potential envy from their community may have reinforced their identification with the experience of deprivation. This internalised sense of deprivation, in turn, fostered their dependent position in relation to the wealth and resources of their benefactors. The high levels of violence and conflict in the community affected the staff of Sinethemba directly through their own exposure to violence, indirectly through projections of their clients' experiences, and through the threats to the survival of the organisation. Staff responded to the consequent experience of disconnection and loss of safety by seeking comfort in the phantasy of a unified staff group that could not easily tolerate conflict or dissent.

These feelings entered the consultation relationship in a variety of ways. The staff's emotional saturation led them to turn to the consultation relationship as a source of much needed support. In it they hoped for the kind of empathic understanding they gave to their clients. The maintenance of this phantasy, however, required a degree of compromise and they may have been forced to minimise areas where their understanding and that of the consultants did not coincide. Anxieties about deprivation seemed to result in a particular investment in the equality of the consultation relationship, in which potential areas of inequality had to be disavowed. Ironically, this prevented power issues from being more substantially addressed through the consultation and in some way repeated the dependency the organisation experienced in relation to its host and funders. The disconnecting experience of trauma also encouraged a dependency on the consultants, who were drawn into bolstering the strength and unity within the staff grouping. The strength of the anxieties beneath this was revealed in the organisation's underlying concerns about the abuse of their trust and potential exploitation.

In some respects, this case study represents a model of good community psychology. The organisation seemed to be an excellent source of local knowledge and seemed capable of considerable strength in the face of adversity. The staff spontaneously bonded together to create a strong unit in the face of difficult circumstances and clearly felt a genuine appreciation for the flexible and responsive support given by the consultant. The politics of deprivation and exploitation remained, however, as an insidious reminder of the difficulties of transcending the structure of post-apartheid society. The conditions in this African township are a reminder that, in spite of the broad political changes, little has altered in the lives of many Black South Africans. These experiences were a part of the lives of both the clients and the staff of Sinethemba. Although the project was set up as part of a genuine attempt to redress resource inequities in the mental health field, it ironically ended up reproducing some of its most unhealthy power relations. Sinethemba is not only subject to real deprivation, but carries an internal sense of its insufficiency in relation to White

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organisations. This, in turn, fosters a dependency on the power and knowledge of the White professional organisations, including the Clinic. Sinethemba's potential strength was continuously undermined by the lack of safety in its environment and threats to its funding. All of these increased the organisation's dependency on the knowledge, skills and resources of the consultants. More promisingly, there was a sense of this organisation resisting its subjugation in subtle ways through the consultation process while utilising what strength can be gained from the consultation relationship. While some aspects of the relationship with the consultant are defensively fostered, there was also perhaps a more helpful reparative process at work here which allowed the staff of this organisation to form an empathic human connection with a White organisation, in spite of their history of exploitation and mistrust. The funding for this organisation remains precarious as I am writing up this case study and it is unclear whether they would be able to continue their work.

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CHAPTER EIGHT

CASE STUDY THREE: A SCHOOL FOR DEAF CHILDREN[1]

8.1 Introduction

Richmond House[2] is a school for deaf children situated in a rural area approximately 50 kilometres from Cape Town. Although the area in which it is located iss not itself a particularly poor one, the school accommodates children from much less wealthy communities. As one of very few institutions which historically catered to the needs of Black deaf children, it inevitably served a broad catchment area, well beyond the bounds of the city and including many poorer rural areas in the surrounding countryside and sometimes even from other regions of South Africa.

The approximately 300 pupils who attended the school at the time of our consultation were either African or Coloured. Although this school only had the capacity to accommodate 50 children in residence, because so many were from outside of the local area there were usually over 100 pupils boarding at the school at any time. The children ranged in age with the youngest being three or four years old and the oldest about 18 years. There were approximately 70 staff members at the school. Over half of these were 'non-teaching staff', many of whom had little formal education. These included care workers who looked after the children in the hostel and performed other domestic chores. This group of staff were all Black – either Coloured or African. The staff who taught in the pre-school, the primary and the high school were largely qualified teachers, although there were a few less qualified teaching assistants who helped out in the classrooms. This group was primarily White although there were a small minority of Coloured teachers amongst them. The school had a 'psychology department' in which two teachers, with some training in psychology, were employed. The school referred to these staff as 'psychologists' although they did not have the formal qualifications for professional registration. There were also two audiologists at the school. There had been a social worker at the school too, until her post had been terminated due to lack of funds. The school had initially been the private venture of a charitable organisation, but later received a subsidy through the State Education Department.

As Donald (1994) has noted, apartheid policies had a particularly devastating effect on the education available for disabled children. Although there were nearly 240 000 deaf African and Coloured children living in South Africa in 1985, only 2,3 % of these had access to State-provided special education during that year (Donald, 1994). In 1997, 66 % of deaf people remained functionally illiterate and on average, the adult deaf person's knowledge was equal to that of an eight year old, suggesting the long-term impact of the absence of educational resources for this group (The Deaf Federation of South Africa, DEAFSA, 1997). DEAFSA also estimated a 70 % unemployment rate for deaf people in South Africa, pointing perhaps to

[1] Some of this material was used in a previous publication: Gibson & L. Swartz (2001).
[2] This is not the real name of the school.

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problems in their quality of education as well as in the receptiveness of society to integrating disabled people. In spite of the transition to democracy in 1994, the organisation of deaf education still suffers from the effects of the fragmentation and unequal resource distribution under apartheid (The Centre for Deaf Studies, 2001). The double discrimination experienced by Black disabled people in South Africa has left the greatest burden of suffering on Black deaf children, who continue to experience a variety of social and political burdens in addition to their disability.

This consultation relationship began in 1993 and continued in various forms for over seven years.

8.2 Sources of Data

Focal interviews were conducted with three senior staff at the school. All three staff members had had significant dealings with the Child Guidance Clinic over the years of the consultation. Although they were all teachers, all were in a sufficiently senior position to oversee the various interventions we provided at the school and were thought to be able to access some sense of the needs of the school beyond their own specific areas of involvement. An initial interview was conducted with one of these staff members during 1998 and interviews with two further staff members were conducted in the second half of 1999.

Although the Clinic had originally been approached in 1993 to provide teachers with help around the needs of particular children, this was undertaken by a Clinic staff member and no file notes were available during these early years. The consultation became a student project in 1995 and there were extensive notes from this year onwards. The sheer size of the organisation relative to others I have documented in this thesis seemed to reflect itself in the number of Clinic staff who were involved in the project. Between two and four students were involved in the project in each year, as well as the senior consultant who directed the project. There were also a number of Clinic staff members who participated in shorter interventions with different groupings within the school, as the need arose. As was typical, the file notes reflected only the student work, which was the most significant proportion of our involvement. This work alone resulted in extensive documentation – with many of the yearly files running to some 150 type-written pages each as the students' work with various groupings of staff was documented. There were also several reports and letters describing the overall intervention, which had been prepared to facilitate feedback to the school on developments through the consultation process. Other Clinic staff with relatively minor roles in the intervention were interviewed briefly, usually to check specific details and to gain their overall impressions of their work at the school.

I interviewed the consultant who supervised the students' work on the project in more detail as she had held the major responsibility for the consultation. During this interview, I explored her opinion on my developing research understanding and to solicit her advice on how to present my research findings to the school. My own role in this consultation relationship had been more active than in others. Not only had I been drawn in to attending fairly frequent discussions, which centred on trying to liase and co-ordinate the different efforts of different staff members on the project, but I had also been asked at one point to provide supervision to one of the senior staff at the school. I provided this supervision on a monthly basis for two years and during this

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period obviously developed a different kind of connection to this consultation than to others described through this thesis. Nonetheless, for reasons that will become clear as I describe the consultation in more detail, my involvement tended to be rather separate from other aspects of the work and I remained to some extent an 'outsider' in relation to the major thrusts of the consultation work.

When I approached the school to give them feedback on my research and discuss my ideas further with them, their principal said it would be difficult to fit a general meeting into their busy schedule. As an alternative, I provided the school with written feedback on my research and a request for individual groups within the school to let me know if they were prepared to meet with me. A small group of six teachers responded to this request and I used this meeting to explore my understanding with them.

8.3 A History of the Consultation

This consultation project began with a request to the Child Guidance Clinic in 1993 for assistance with a young child who had reportedly been sexually abused. One of the full-time staff members at the Child Guidance Clinic began to discuss these kinds of problem with senior staff at the school. This in turn led to the establishment of a staff discussion group, which included a small number of teachers who worked with a particularly vulnerable group of pupils. This group originally took the form of a case conference discussion focusing on specific children the teachers were struggling to manage in the classroom.

The following year, however, the Clinic responded to a request from the principal of the school to direct our work towards the non-teaching staff whom, she said, she was very concerned about. The principal felt that this group of staff lacked confidence in their abilities and felt that they were not sufficiently valued by the school. The principal also appeared worried that this group had become split off from the teaching staff at the school. She hoped that we might help by providing them with much needed support as well as training. Although we were involved in a range of other interventions at the school, throughout the remaining period of the consultation our on-going involvement with the care workers constituted the largest part of our involvement.

What the school called 'in service training' sessions were held with the care workers throughout the five years between 1995 and 1999. Because of the size of this section of the school, it was decided to break them up into four smaller groups that each met regularly with a student consultant. During the academic year, there were usually somewhere between 10 and 13 training sessions with each group, often interspersed with feedback meetings to the senior teachers who represented the 'management' of the care workers. There were obviously variations in the kinds of material discussed by different groups and differences in the way the group process seemed to develop in each. Nonetheless, there seemed to be some themes that persisted across the different group experiences.

The initial arrival of the students was greeted with what appeared to be quite overt hostility in most of the groups. The care workers experienced these groups as an imposition on them from the school's management and felt angry that they were being forced to use their time undergoing a training that they had not wanted.

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Apparently in response to this, some members absented themselves from the groups altogether. Those who remained, however, soon began to use the group to voice their concerns with their management and problems they perceived in their work conditions. In the first year that the groups were run, the students with their supervisor and in consultation with the care workers developed a training programme designed to look at a range of issues thought to be relevant to their work. These included such issues as the experience of working with deaf children, communication skills, parenting skills and discipline. By the end of the first year, it seemed that the issue of discipline had taken priority above all else. While this problem remained the focus of the discussion, it was clear that the workers were less interested in developing their skills in disciplining the children and more concerned with what they saw as a lack of support from their management in their attempts to discipline the children. Workers expressed some frustration that their discussion remained at the level of talking and that there was little change in their circumstances. In response to this, the consultants began to assist the care workers in attempting to address their grievances. The consultants tried to mediate between the care workers and the management of the school, providing feedback to the management on behalf of the care workers and helping them to structure a representative structure that could facilitate communication between the various staff groupings. This culminated, at the end of 1995, in a general discussion on discipline and the problems that seemed to be evoked by this issue, held jointly between the care workers and senior teachers. In the following year, however, it was reported by the care workers, that this attempt to get management to 'listen' to them had not produced the results they had wanted.

These concerns seemed to set the pattern and tone of this work for the following two years. In both 1996 and 1997, the groups began by expressing anger at being forced to attend the training sessions. Most particularly they expressed their frustration that 'nothing changed' in spite of their attempts to address problems. Nonetheless, the care workers apparently began to use their training sessions to vent their frustration, which, as ever, seemed to coalesce around the subject of their inability to discipline the children effectively due to perceived interference from their management. In each of these years, the care workers felt frustrated with 'only talking' and initiated some attempt to communicate their wishes more strongly into the organisation. In 1996 the care workers again attempted to take up their concerns about discipline at the school by initiating, with the help of the consultants, joint discussion with their management around these issues. At the beginning of 1997, however, it appeared that this had not produced the desired effect and that the care workers remained frustrated by their lack of status and influence in the school. The school was at this time facing the real possibility of retrenchments and other financial cutbacks and the mood of the groups was intensely anxious and angry. The care workers spoke about their difficulty in handling very aggressive and difficult children without, as they perceived it, the support of their management. A new system of dealing with communication and management of the care workers became the primary target of the staff's anger. They felt they were being placed under surveillance, criticised and judged under the new system. They approached their trade union with their complaints and increasingly took their concerns out of their group discussions and into the school itself. Through their union's intervention they were able to produce some shifts in the management structure.

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From the file notes for this year it seemed that the students were more actively conceptualising the function of the groups as being directed towards the 'empowerment' of the care workers in addressing their grievances with their management. Although the union, rather than the consultants, were responsible for the care workers having gained some kind of victory in relation to their position, it seemed clear that consultants were supportive of these developments. There were some attempts to provide feedback to management and to provide support to some of the senior teachers, but on the whole it seemed the concerns of the care workers took precedence over this work and the consultants were clearly identified with their interests. Following their 'victory', the care workers seemed to experience a decrease in anxiety and the tone of the groups, according to the file notes, became a gentler one with more concern being expressed towards the children. Their concerns for the children's well-being seemed to take the form of a preoccupation with those who they believed might have been sexually abused. This resulted in increasing education around this aspect, with the consultants helping to set up a workshop on this subject, given by a specialist organisation in the area.

In 1998 the tone of the file notes seemed to change markedly. Although the group sessions began again with some initial concerns over their purpose and complaints about being 'forced' to attend yet again, this seemed to quickly give way to more varied and open discussion from the staff. The supervising consultant described her sense that the groups in this stage had seemed to reach some kind of 'working phase' for the first time. The care workers continued to complain about their management, but it appeared that these complaints were more specific and that the care workers were, according to the consultants, more able to articulate their feelings around these experiences. The care workers, it seemed, also provided more detailed accounts of their distress over experiences with the children. They seemed to be able to distinguish between those who were troublesome – particularly bullying or abusing others – and those who seemed more overtly distressed. The care workers were reported to be developing a concern about the children themselves, rather than about their own situation in relation to them. In their discussion, they also began to link up some of their responses with the children to their own personal experiences of loss and distress. Only one of the four groups remained 'difficult' through this year as the students struggled to gain their trust and overcome their reluctance to engage with the consultant. For the first time, the yearly changeover in students seemed to provoke some difficulty for the groups, suggesting perhaps a new level of connection with the consultants.

During 1998 the Clinic also made attempts to establish a better working relationship with the psychology department at the school. Our initial efforts to set up communication with the staff who worked there was met with resentment about the fact that our involvement at the school had not been negotiated with them. They clearly saw our work as undermining their role in the school. It was during this year that the first of the focal interviews was conducted with one of the senior teachers at the school.

In 1999 the care workers groups began with new student consultants. The four training groups run in this year seemed to have quite different characters and it was more difficult to elicit coherent themes from the file material. This may have been because some space had been opened up for issues that were not dominated exclusively by the phantasies of the organisation or it may have reflected some other differences in the style

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of the facilitators or in the composition of each group. In spite of these differences, it seemed that all the groups were responding to quite similar issues. One of the most pressing concerns during this year was the resurgence of possible retrenchments amongst the care workers. This seemed to provoke a return to some of the paranoid feelings that had dissipated over the previous years. The staff continued to talk a great deal about their worry that the children were sexually abusing one another. These comments seemed to be infused with anger about the perceived inability of the school to deal with these issues rather than with the sense of concern that had predominated in the previous year. At the end of this year the groups seemed to vary in the extent to which they expressed gratitude towards their facilitators or denigrated what they felt was a waste of time. It was after this year's 'training' sessions were over that the two further focal interviews were conducted.

In addition to the training with the care workers, a small group of teachers continued to meet in a discussion group with a consultant. Initially conceptualised as a kind of case conference, it was run somewhat erratically by several different psychologists at the Clinic between 1994 and 1998. In the latter two years, it had begun to take on the character of a staff support group, in response to a set of conflicts and divisions that emerged between the teachers involved. There were no file notes on these activities but the three different consultants involved here reported quite different experiences. It was also out of this process that one of our staff began to see one of the senior staff in this group for individual consultation when it was felt that her needs could not be fully met within the more general discussions of the group. I, in turn, took over this 'supervision' relationship when her first supervisor went away on sabbatical.

Another, quite different aspect of the consultation relationship emerged, in response to a specific request from a teacher for assistance in developing a programme for parents to assist them in caring for their children. Parent volunteers were trained by one of the teachers working together with two consultants from the Child Guidance Clinic. The object of this training was to improve their ability to communicate and deal sensitively with their deaf children as well as to develop their capacity to work with other similarly disabled children in a crèche. This was thought to have the potential to address their need to generate income and also had the advantage of establishing some services in their often poorly resourced local communities. This project was started in 1997 and was on-going at the time of the focal interviews.

Each of these projects seemed to evolve quite naturally out of specific requests from those with whom we worked. Each also continued quite independently of the other, with different Clinic staff usually involved in each. While there were some attempts to have broad discussions with all the various consultants involved in the school's activities, this occurred relatively infrequently and often only in response to particular problems. All the consultants described a similar sense of working alone with their own connection to the school. This was also my own experience of the supervision I provided.

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8.4 Level One: The Emotional Experience of Deaf Children in a Deaf School

This school catered to the needs of Black children who were deaf and in some cases also had a range of other physical handicaps. Like many other historically Black schools in post-apartheid South Africa, the school remained almost exclusively Black for many years after the transition. The school was initially begun as a charitable venture undertaken by an independent local welfare organisation that had been particularly concerned with absence of resources for Black deaf children. The school, in keeping with its charitable philosophy, was particularly concerned to make its facilities available to the poorest of children who might otherwise have no education. While school fees were waived in many cases in order to allow children to attend, their families often continued to live in poverty and the pupils' return to their homes often meant a confrontation with a range of social and other problems linked to poverty. Many children at the school were boarders as their families lived too far away to allow them to commute. They were often brought to the school at a very early age in order to assist with the development of basic communication skills. Often their parents' poverty and other problems resulted in there being infrequent contact between these children and their parents and the school effectively acted as the guardian for many of these children through most of their childhood. The situation of these children as poor black South Africans seemed to be compounded by their physical disability which located them in a group recognised to be one of the most oppressed and least visible in our country (Nkeli, 1998). As one of the teachers once put it during a discussion with me: 'To be Black in this country is terrible, but to be Black and deaf is the lowest of the low.'

Against this background, the focal interviews suggested several themes that dominated the teachers' understanding of the deaf children in their care. The first of these related to the most obvious disability attached to deafness, its impact on communication. Secondly, I use the word 'damage' to refer to some of the emotional experiences that teachers perceived to be linked to the experience of deafness and, thirdly, I explore the teachers' concerns with the children's difference and disadvantage as a group.

8.4.1 Communication problems

Although the children who attended the school varied in the extent to which they could hear or verbalise themselves, the teachers we interviewed all spoke extensively about the impact of the children's deafness on their capacity to communicate and to learn through communication. According to the file notes, many of the children arrived at the school without having had any effective communication with their families. 'I think that is where the terrible, terrible isolation sets in,' one teacher explained. The barriers to communication with their families often continued even after the children had acquired basic communication skills. A teacher provided a graphic account of a teenaged boy whose parents could not sign. In the context of a discussion about what he most wanted, he replied that he wanted his parents to be able to sign. As the teacher described: 'So it shows that for 14 years unfortunately they never really communicated with him. They haven't really – they think they have been communicating with each other, but they haven't. Enormous problems …'

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Another teacher pointed out more obvious consequences of children's communication problems for the education process. She noted that this was a 'special school', adding: 'Our children being deaf ... they learn slower, they take longer.' This seemed indeed to be the case as many of the children first had to be taught the language they needed to communicate before moving on to the conventional subject matter of school learning. The consequence of this, as this same teacher noted, was that they struggled even to cover the requirements of the 'Standard Grade' curriculum. This is a reference to a lower stream of education available in the conventional schooling system. It is often adopted for children who are seen to have more limited educational potential and suggests a ceiling to their expected scholastic achievement. With course passes at Standard Grade, students would not, for example, be eligible for university education. It was in fact only relatively recently that this school even extended its classes up to the matriculation level (the final year of secondary schooling). All of this suggests a sense not only of the children's struggle to gain an education, but also the likelihood that they might not, in the long term, be expected to achieve to the same level as others. This kind of phenomenon reflects a reality deaf children experience in relation to education. Michael Watermeyer, head of the Disability Unit at the University of Cape Town, pointed out that although statistics were not available, he was aware that extremely few deaf people ever made it into any form of tertiary education because of the difficulty of overcoming their early experience of language deprivation (Personal Communication, 2002). Black deaf people may, with relatively less access to professional resources and educational aids, be particularly disadvantaged and it is possible that the teacher quoted above is in fact understating the extent of the problem. In the light of these issues, it is perhaps noteworthy that while several of the teachers mentioned that the children struggled to learn, only this teacher alluded, indirectly, to the restrictions on deaf children's educational progress, suggesting a possible reluctance to acknowledge the realistic limitations on the children's success.

Furthermore, while their communication difficulties may influence deaf children's scholastic success and the subsequent career choices open to them, the experience of struggling with education in itself may increase the likelihood of educational failure. Sinason (1992) describes how frustration in learning can sometimes be so painful that children abandon the task altogether or develop an aggressive or omnipotent attitude in relation to it. She also describes how children may develop a 'secondary handicap'. This is an exaggerated form of their disability, which ironically protects the child from the emotional pain of the original handicap by fostering an illusion that they have control over its extent.

As the teachers noted in their interviews, children attending Richmond House School were also regularly fitted with hearing aids to give them access to sound where this is possible. For many, these kinds of external aid would seem to represent a solution to the deaf child's handicap. However, in discussion with us, teachers more often described their difficulty in getting the children to accept and tolerate these devices. The experience of wearing these aids may be uncomfortable and disturbing, particularly for younger children. In addition, as B. Watermeyer (2000) notes, the experience of using an 'aid' for disability may reinforce a sense of the disabled person's incompleteness and may, for these children, reinforce their own feeling of inadequacy.

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The children's difficulties were perhaps also a product of a broader uncertainty about how deaf children should be taught to communicate. Debates about whether deaf children should be encouraged to communicate verbally or whether they should be integrated into Deaf Culture through sign language are as prevalent in South Africa as they are elsewhere. These kinds of issue were particularly complicated in this country because of its linguistic diversity and the artificial divisions engineered by apartheid. As Penn & Reagan (1995) note, it is more appropriate to talk of 'deaf cultures' in South Africa than of a single Deaf Culture. Most obviously, this school was divided between Afrikaans, the most frequently spoken language amongst Coloured people, and English, which was the language of instruction at the school and which was also the first language of most of the White staff working there. These language differences may have added to the anxieties around communication at the school and made it even more difficult to develop effective communication levels amongst the children.

In the interviews material as well as in the file notes, there were a number of references to debates around oral communication and sign language. One of the teachers said she felt the children needed to learn to communicate in whatever way they could. 'We teach them to speak and sign and use gestures and anything that goes into helping the child to understand.'

Another teacher seemed more concerned about the potential for isolating the deaf child from the hearing world.

> A physical isolation because it's really, it's caused by a physical handicap that is brought upon the child. The isolation, the child didn't choose that. But then it becomes a psychological isolation as well you see. It's a perfect wrong situation.... I think the deaf people feel they don't belong. They don't choose deaf society. And it's small islands of, mmm, but the world is not there. If the world is not ... If they really know deaf rights and deaf needs, but basically they are missing something ... What they can't say is that we really need the hearing people.

Vestiges of a similar debate seemed present in some of the care workers' account of their concerns about the children's needs. According to file notes, the care workers expressed a concern about the isolation of the children from the outside world. They pointed towards the concrete limits on their ability to leave the school and its grounds on weekends and holidays, but they seemed perhaps also to be referring to a more general anxiety about the children somehow not being equipped to manage in the 'real world'. Although not mentioned in the focal interviews, this idea may connect up with concerns about whether deaf children can, in spite of their education, effectively access the world of work, where the need for communication as an integral part of almost any job would put themat a relative disadvantage in relation to other potential applicants.

This analysis suggests that the staff at the school were concerned about the effects of the children's deafness on their access to communication and potential isolation. Further, these difficulties were thought to impact both directly and emotionally on the children's capacity to learn. Difficulties in communication may have been compounded by the broader context of uncertainty around the appropriate forms of communication for deaf children. Linked to this dilemma are related concerns about fostering the children's isolation or equipping them to engage with a hearing world.

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8.4.2 Physical and emotional damage

The teachers interviewed seemed to be aware of the emotional impact deafness might have on the children's lives, and all expressed a particular concern about the children's distress: '... And don't talk about the emotional side because that's the problem with most of our children,' said one teacher conveying her sense of the scope of these difficulties.

For some of the teachers, the source of the children's emotional difficulties was the response of their families to their disability. Sinason (1992) vividly describes the way that every child, belonging even to a despised minority group, has the possibility that it may be wanted, if only by their own family or community. She notes that it is highly unlikely that any parents would confront the imminent birth of their child with the hope that it is handicapped. In this sense, she says, disability inevitably involves the parents' disappointment. Stronger feelings around disability may also be apparent, as imperfection or 'abnormality' evokes quite powerful unconscious phantasies about our own inappropriate feelings and internal damage, leading sometimes even to a child's rejection (Sinason, 1992). While some disabilities are immediately evident at birth and this creates its own set of difficulties, the realisation of a child's deafness may take some time to emerge, especially for families who have limited access to professional resources (DEAFSA, Personal Communication). During the period in which the parents begin to recognise that something is wrong with their child, there may be a range of emotional responses including disbelief, anger and frustration as well as sadness (Fletcher, 1991; Robinson, 1991).

One of the teachers described how, for some parents, this diagnosis was difficult to come to terms with emotionally. By way of example she recounted a recent discussion she had had with a mother of one of the older children who had been at the school since the age of three. The family followed the Islamic tradition of arranged marriages. The teacher described how the mother began to cry as she recognised her anxiety that no bride could be found who would accept her son. The teacher felt that this mother had never fully accepted that she had a deaf son and each revelation of its consequences seemed to strike her anew. In her understanding, this was to some extent an inevitable feature of the experience of having a deaf child: 'Because it takes so much time just to get them used to the idea that "I have a deaf child" and that it is okay. But what does it mean, it is okay? It's never okay!'

In this comment the teacher seems to capture the difficulty of coming to terms with a child's damage, which may perhaps be compounded by the relative invisibility of deafness in spite of its profound consequences for social adjustment. This same teacher went on to discuss the distress that families seemed to experience in relation to their deaf children: 'I've seen the pain of all that, all the tears and that I've seen. And then families split up, the family breaks up. Sometimes with the father can't get the mother to see the way he wants to.'

For the child who is the subject of their parents' distress, there may of course be significant emotional burden to bear. While many deaf children are so from birth and do not have to suffer an adjustment to their experience of the world, they may carry through their parents' disappointment a sense of their own

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inadequacy similar to that which Sinason (1992) describes in relation to mental handicap. Where their parents are unable to accept the disability, they may feel themselves unconsciously to be the bearer of a source of shame or dangerous secret. One of the teachers felt that what the children mostly needed was to feel that they were not 'rejected any longer, [to know] that they feel loved'.

Another major source of the children's distress was recognised to arise out of the children's enforced separation from their families. All of the teachers interviewed made reference to 'transport' problems as being a common reason for children's unhappiness. This apparently pragmatic concern alluded to a broader set of emotional circumstances affecting many of the children. The file notes as well as my particular experience of consultation within the school had drawn particular attention to the way in which children were brought to the school, often at a very young age. Their inability to communicate with their parents made it essential for them to access the resources of the school as soon as possible so as not to delay their language development. This meant that children often as young as three years old were brought to the school where they were left, in most cases, without the rudimentary communication skills to enable them to understand the purpose of their stay or their parents' intentions in leaving them. This situation is apparently not unusual amongst deaf children (Monery & Janes, 1991). In this particular school, these problems were compounded by the parents' inability to visit their child regularly. For the teachers, this was an inevitable and understandable difficulty: 'Many of [the parents] are poor, many of them are on the farms, many of them are far away. They can't even get their children here. Sometimes we must go and fetch the children to school.'

In their group sessions, the care workers seemed familiar with this situation. They seemed to carry more anger in relation to what they experienced as 'neglectful' parents who often said they were coming and did not arrive or who apparently missed their children's birthdays and other important occasions. They spoke angrily in sessions about parents who 'had enough money to buy drink' but not enough to visit their children.

Another area identified as a source of concern in relation to the children was sexual abuse. All three of the teachers mentioned this as a source of potential harm for the children at the school. Although the possibility of the children's abuse was presented without further elaboration within these interviews, I and other consultants involved in working with the school were aware of many suspected cases of abuse where children were identified, often through their precocious sexual behaviour. In most of these cases, staff seemed to be unsure of whether the abuse had happened during the holidays or weekends while the child was with his or her parents, or at the school itself. There were, during the period of our consultation, several instances in which older children were thought to have been guilty of interfering with younger children. This particular circumstance seemed to be facilitated by the fact that the dormitories were over-full and did not allow any separation between the older and younger children.

The school's concern with abuse and particularly sexual abuse with disabled children may not be an unrealistic one. As Sinason (1992) notes, disabled children are particularly vulnerable to abuse, given their relatively powerless position in society. Further, in the case of deaf children, who are not always able to

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effectively communicate their fears and anxieties, the likelihood of discovery, from the point of view of the perpetrator, may be thought to be less. Further, as one of the teachers told me during a discussion, deaf children were often particularly vulnerable insofar as they were familiar with invasions of their bodily space. Because communication often happens initially through gestures, nudging and other non-verbal communication, it may be more difficult for the deaf child to recognise an unwanted touch from another person. Marks (1999) has argued, perhaps similarly, that disabled people are, in general, vulnerable to abuse because of their familiarity with intrusive medical interventions.

While the teachers seemed aware of the considerable distress the children might be feeling, there were relatively few detailed examples given of their experiences. With the exception of one teacher who limited her comments and vivid examples to the way that she understood the experience of deafness itself, the teachers tended on the whole to describe the children's difficulties through the more neutral phrases provided by the language of professional psychology. While labels like 'emotional and behavioural problems' are a recognised part of professional communication around mental health issues, they may also provide a way of describing these difficulties, but without evoking the threatening emotions that might be attached to them (Fineman, 1993). This may be especially so when it seems to be used in place of, rather than with, any accompanying explanation of a child's' experience as it seemed to be in these interviews. It may also be that this kind of pathologising language, ironically, creates a veneer of normality in the descriptions of children. In this context it draws attention, not to the children's difference from other children, but to their similarity with other standardised descriptions of distressed children. Occasionally a less guarded description of the children's emotional state slipped out. One teacher spoke about how the children's behavioural problems 'could drive you mad.' Later she joked, calling them: 'Monsters! Monsters!' These comments seemed to reveal some of the less 'professional' feelings the teachers might have about working with the children's emotional needs as well as reflecting some more sinister feelings that may be elicited by their 'otherness' (Marks, 1999).

In contrast to this slightly sanitised view of the children's emotional difficulties, the file notes record less neutral accounts of the children's emotional state provided by the care workers. They do not appear to use the same professional descriptions as the teachers and instead relied on more vivid, emotionally descriptive words. Their accounts seemed tinged with irritation, as they apparently struggled with the children's problematic behaviour. The care workers, who described the children as uncontrollable and immune to discipline, represented what seemed to be regarded as a psychological problem by the teachers, as 'bad behaviour'. This difference in the two groups may be accounted by reference to the differences in their levels of education and their associated familiarity with the jargon of professional mental health discourse. On the other hand, the particular work of the care workers, which places them in close proximity to the children's behaviour and emotional states outside of the confines of the classroom, may have alerted them to the children's emotional state in a different kind of way to that of their more distanced professional colleagues. One of the teachers seemed to capture something of these different roles in this account:

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> I was sitting here the other evening and wishing I was somewhere else and a [care worker] knocked on the door. She arrived in and I thought: 'Oh no – not another problem!' She had a little girl with her. The little girl had developed a scalp problem and I said to the staff member did you use gloves and she said no. She said could she cut this child's hair because the mother could make a fuss about it. I said – you've got to. You can't treat them without … Then she went out. I was sitting there and thinking here I am feeling a bit sorry for myself and this staff member has to deal with this kind of thing. I actually felt quite ill just looking at it, never mind dealing with it.

This teacher seems to insightfully capture the difference between her own position and that of the care workers member who, as concretised through this example, deals far more directly and immediately with the needs of the children – however difficult. It may be easier for teachers to sidestep the full emotional impact of the children's distress through their more formal role in relation to them.

Through their interviews, the teachers seemed to convey that the damage the children had to their physical selves converted into various forms of emotional damage. They felt that the children's difficulties might have started with the inability of their families to accept that they had a disabled child. In addition, they recognised that the children's separation from their parents and vulnerability to abuse were particular sources of difficulty for many of the children. In spite of this, most of the teacher's descriptions seemed to be dominated by neutral professional terminology, which may have helped to maintain a sense of distance from the difficulties they described and normalised their problems. This seemed to contrast with the experiences and perceptions of the care workers in their group discussions, who seemed to illustrate the children's emotional distress and problem behaviour in more graphic, but often less kind, terms.

8.4.3 Difference and disadvantage

Disabled people frequently have to deal with not only their own experience of handicap, but also the way in which their society perceives and responds to them (Marks, 1999). The teachers seemed to be concerned in their interviews about the ways in which the children's deafness might disadvantage them and set them apart from the hearing world. One teacher, for example, expressed her concern that teaching children only to sign would increase their sense of difference from others. For her the idea of a Deaf Culture underlined the potential isolation of deaf people from society:

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> There's a big gap between the talkers and signers, but yet they have to live in a world where people talk. I'm not saying that they should not be proud ... but it's as if a child suddenly belongs to the deaf culture. I'm taken away from my parents and I belong to this deaf culture. My parents belong to a different culture. It doesn't work like that, but if – this is the point I'm trying to make – that they just feel because they can't mix with the others, they need everything of their own you see? But the world is unfortunately not like that unless they find a little planet for deaf people.

A second teacher, however, spoke about the 'power' that the children, particularly the more senior pupils, got from being able to assert themselves as deaf: 'They say it's my right to sign. So if I sign to you, you must be able to sign back. If you can't sign they look down on you.'

These divergent comments seem to reflect a debate between a position that recognises the right of deaf people to be different and one that acknowledges the disadvantages this may carry in world dominated by a hearing culture. Both of these positions seem to avoid the presentation of deafness as a fundamental lack and instead reflect the more politically correct understanding of 'disability' as that which arises out of the relation of the person to the dominant ideologies and structures of social world (Marks, 1999). Disability has become a highly charged political issue in South Africa, as much as elsewhere. Although issues around racial oppression understandably took priority under apartheid, the constitution, which was drawn up to mark the new South Africa, has drawn attention to a variety of human rights issues. This added impetus to the development of awareness of disability rights. In regard to deaf people, political questions have tended to centre around sign versus oral communication. It has become increasingly accepted, largely through the efforts of deaf people themselves, that the demand to engage in oral communication is experienced as a form of oppression (Harris, 1995). The school's own rather flexible position on this issue and their apparent continued reliance on the development of spoken communication may be experienced by students and proponents of Deaf Culture outside of the school as being itself a form of oppression.

In spite of a brief acknowledgement of these kinds of issue, in many of their comments the teachers seemed concerned to provide an account of the children that emphasised their normality rather than their difference. One, for example, joked about how she had had to learn the signing for swearwords before anything else. The underlying message within this seemed to be that these children were just the same as normal teenagers anywhere. Another emphasised how the discipline problems staff experienced with the children were the same as you might find anywhere in any school: 'I think the staff were starting to think we are the only school that has these problems, but these problems are a part of our society,' she said. This view might have reflected their familiarity with the children and their condition to the point where it no longer stands out as unusual, but may equally represent some emotionally motivated reluctance to explore whether and how deaf children might be seen as or experience themselves as different.

The emphasis on the 'normality' of the children at the school appeared not to be shared by the care workers. According to the file notes, there were many references to the care workers' struggles to manage the arduous demands of looking after large numbers of deaf children on an on-going basis. They felt that the work was particularly difficult because of the unique problems created by the children's deafness. In what appeared to be a moment of heated discussion, one staff member was even recorded in the file notes as saying: 'Deaf

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children are no longer the same as other people. You should not work with them because they are not normal!'

The children seemed often to be described as unusually disrespectful. The care workers referred to incidents that portrayed the children as being out of control in terms of their lack of obedience to authority and fairly extreme in terms of anti-social and sexual behaviour. In much of their discussion, it appeared that there was a concern that these children lacked some basic capacity for normal socialisation. These difficulties perhaps reflected the absence of early communication and therefore discipline in the children's lives. This view also seemed to call up conclusions similar to those presented by Marks (1999, p. 161), who has argued that disabled people may be seen as 'uncivilised, unpredictable and dangerous'.

In summary, the descriptions of the position of deaf children relative to others in society seemed to reflect greater divergence than convergence of opinion. Against the background of an increasing politicisation of disability issues in South Africa, some of the teachers' comments seemed to reflect an awareness of the political implications of this group's positioning in broader society. In other comments, however, they seemed more concerned to stress the 'normality' of the school and its pupils. All these perspectives seemed to differ from those of the care workers who emphasised the children's negative 'differences', which ironically did not include problems associated directly with their disability: Rather it seemed to refer to a more global sense of their deficiency in socialised behaviour.

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8.5 Level Two: The Emotional Experience of Working in a School for Deaf Children

Some of the hardest work for those in the human services may be in the area of disability. According to Zissis (1999), this kind of work is often very demanding insofar as it requires an adaptation to the needs of the handicapped and for the worker to put aside frustration about the slow pace of achievement and its limitations within the client group. Furthermore, these difficulties may be generally compounded by the low status accorded this work in society more generally (Marks, 1999). The teachers interviewed in this organisation highlighted their own areas of difficulty which, viewed in combination with knowledge about other aspects of the organisation, gave rise to a number of inter-linked themes. The first focused on the need to establish communication with the children and, through this, to be able to educate them. The second theme reflects what appeared to be the staff's concern to provide for the children's emotional needs by providing both care and discipline. The third theme seemed to highlight the need to develop the children's rights and assert their equal role in society more generally.

8.5.1 Establishing communication

Not surprisingly, given the nature of the children's disability, the teachers interviewed all emphasised their primary task as establishing communication with the children as a prerequisite for any further activity that they undertook. One of the staff's major concerns was to get the children to express themselves and to try and understand what they were saying. As one teacher put it, their job was 'to overcome the barriers of the deaf child'.

Although the role of the teachers interviewed for this research was partly administrative, each was also involved with teaching classes as different grade levels. One specialised in the pre-school area dealing with children up to about the age of six or seven. The other two teachers worked with the older children. As one teacher explained, they were like other schools running from pre-school to the final year of schooling but added that 'we being a special school – that makes us a little bit different.' Generally the class sizes were limited to about ten, which is considerably smaller than the size of a class in a mainstream state school in this country. This number, however, was all that could be accommodated, with teachers having to rely on each child's visual attention to give any general instructions to the class. In my own supervision discussions with one of the teachers as well as from the comments of my colleagues who also worked with some of these teachers, the demands of this kind of teaching cannot be underestimated. It was often the case that children need to be engaged with individually, especially where the task concerned the development of their language ability. The absence of verbal communication also makes quite ordinary classroom tasks very much more cumbersome. Disobedient children, for example, cannot be silenced with a single reprimand. Instead, the teacher would have to leave her current task and physically approach the child, call them to attention and talk directly to them using signs or gestures where necessary, often leaving other children unattended in the process. One teacher expressed something of the demanding nature of the work: 'If you think you are working with deaf children – they come in at ten to eight and they leave here at twenty to three. They have been here the whole day and they come with all the problems. Do you know how exhausted the teachers feel in the end of the day?'

The problems of establishing basic communication were compounded by the frustration that the children also seemed to experience in the classroom. According to some of the teachers, this emerged as general reluctance to learn and disobedience, particularly amongst the older pupils. One teacher used her interview to discuss a particular child she had provided extra tuition for. His inability to concentrate and apparent reluctance to learn left her very frustrated. She offered this as a small example of what she believed that other teachers felt in their classrooms, particularly those who spent more time teaching than she herself did. It seemed, however, as though there was considerable pressure on the teachers to try to hold their frustration at bay in the classroom and continue to encourage the children through positive support. Through my supervision relationship with one of the teachers, I was familiar with the value she accorded to providing the children with positive feedback on their efforts. This often had to be conveyed visually through a delighted expression, clapping and other such gestures. It is likely that this demand left teachers little room to express their own frustration in the classroom. This may also have been reinforced by the unrealistic anxiety that disabled people must be treated especially gently (Marks, 1999).

One of the teachers pointed out in her interview that it was not only the children who had to learn to communicate, but the staff as well. She talked about how hard it was for staff to keep up with the demands of learning new signs.

> And of course the other thing is being a deaf school we have to skill them in sign language and that is a big big problem. Very big problem. I'm here for [a number of] years and I'm learning new signs every day. Because the signs always change. I don't know – we are going for

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> American these days because we are mixing up signs from South Africa. It's good to know all that, for one word for example you've got three or four signs. Now you know the difficulty, when you are a hearing person to remember there are four signs for that ... it's very difficult.'

This is not unrealistic in a context where there are a wide variety of signing systems currently in use (Penn & Reagan, 1995). Another of the teachers elaborated insightfully on the consequences that this had for their own emotional experience. She pointed out that the inability of hearing people to communicate with the deaf often left them feeling unable to understand. This, she added, was why 'hearing people are scared of the deaf people. They just turn away.' Addressing herself directly to the interviewer she added: 'If a deaf person comes in here, I can put my head on a block, you will be dumb, dumb, dumb!'

It was not clear from the context of this comment whether she referred to the inability to speak or to stupidity or perhaps to both. Nonetheless, in this there is a sense of the emotional strain the teachers might experience in trying to establish communication with deaf children and their own sense of inadequacy in the face of it. This interesting inversion of the usual teacher–pupil relationship around signing may reflect something of the realistic demands of the situation but may also indicate a process of emotional contagion, within which the staff are unconsciously positioned to feel the children's own frustration with establishing basic communication (Salzberger-Wittenberg et al., 1993).

In addition to the difficulties that the absence of easy communication created for learning, the teachers were also concerned that the children would be unable to communicate their emotional experience to staff. One teacher described how she tried to encourage children to identify and name their feelings, saying: 'Look at your feelings ... "Where are you feeling it?" "Are you feeling it here?" "Are you feeling it here?" "Feeling it here?" I ask that and they will pinpoint whether they are feeling here and I say: "Are you missing Mommy, you missing Daddy?" "Are you angry, are you afraid?"'

She acknowledged that this was a difficult and slow process and that talking about feelings was often hard, even for those who did not experience the obvious communication problems of the deaf.

The value accorded to communication extended from the relationship between teachers and staff and into the staff's relationships with one another. All of those interviewed stressed the importance of communication in their working environment. One teacher explained how she had run workshops to try and encourage people to talk openly with one another. But by her admission this was not always easy to achieve:

> I think it's one of the things that as a country we haven't allowed to develop. We expect children to say how they feel. But adults don't – they are so scared. It's just how you say: 'How are you?' And you say ,'fine,' and yet you might be feeling quite haggard. I had an extra early start and 20 parents coming in and I'm just feeling lousy. We're not used to saying those things.

Her comment seemed to link the difficulty with establishing good communication in the school with the broader silences under apartheid (Ndebele, 1998). This may indeed have made communication difficult in all sorts of ways through restrictions on free speech, limited contact between different groups and the atmosphere of secrecy and subterfuge. The problems the teacher described here seemed to be part of a much

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more general experience of being unable to be heard or listened to within the school. The file notes suggested that the care workers, for example, complained that their attempts to communicate with the children seemed to be compounded by insufficient communication about their background and home circumstances. Our experience was also that the teachers were concerned that the care workers did not communicate effectively with them about the children's experiences in the hostel. These problems with communication in various ways across the school seemed to reflect a heightened awareness of the importance of communication. It seemed also to repeat the children's own experience of frustrated communication.

The problems of communication may have expressed another anxiety within the organisation. As much as communication was apparently valued as an ideal, there may have been some anxiety for the staff in listening to the experiences of children, who could justifiably be angry at the school for having taken them from their homes and for forcing the world of hearing and education on them. One teacher pointed out that better communication through the school might not necessarily be the solution to all their problems. If people were to talk, she said, 'we may not like what we hear!' While the human services in general rest on communicative skills, many of defences employed within these institutions are specifically designed to minimise communication and the emotional intimacy that may arise out of it (Hinshelwood & Skogstad, 2000c).

The communication problems seemed to generate further anxieties for the school. In the absence of freely available knowledge, it seemed that staff built up potent fears and phantasies about the kinds of resentment and anger different groupings and staff might be feeling and there was little opportunity to ascertain the realistic basis of these perceptions. This in turn gave rise to many apparently un-bridgeable divisions within the school, which became both the source and product of the poor communication. All of the teachers interviewed acknowledged 'splits' and divisions between different groups of staff to be a problem within the school. The starkest division appeared to be between the academic and the care workers, a division which seemed to be fed by their mutually held negative perceptions of one another. The care workers felt that they were not sufficiently acknowledged or consulted by the teachers about the children. The teachers seemed to have little contact with the care workers except in relation to problems with their behaviour.

In addition to this major division, the teachers interviewed referred to a variety of other divisions amongst the school staff. There was reference to a 'major split' within a group of teachers and one within the body of care workers. We had become aware from the various consultation interventions of these conflicts as well as others. Care workers and teachers spoke about racial divisions in the school although the teachers seldom mentioned these in group contexts. In private consultations, however, some teachers acknowledged historically problematic relationships between White and Black teachers. The psychologists at the school were also regarded by some of the staff as being cut off from them and operating in a way that provided the general staff with little direct assistance. Managing these divisions had seemed to become one of the school's tasks in itself, where it seemed sometimes to distract the staff from their primary tasks. Two teachers in fact recognised that these conflicts were enacted at the expense of the interests of the children.

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Unconsciously, however, its function may have been precisely to distract the staff from some of the frustration and pain involved in trying to communicate with the children and to deflect it into the staff group where it both expressed and disguised the original source of anxiety.

One of the teachers offered an additional insight into the origins of the divisions within the school. She felt that stress of the work made its way into relationships between staff: 'So it eventually works its way through to your relationships with your colleagues,' she added. Obholzer (1994a) discusses similar staff splits in a school for handicapped children. He argues that this arrangement is not uncommon in these kinds of setting and he attributes it to the need to divide up the pain of disability so that it does not need to be carried in its entirety by any one person or group. A similar process might be at work here in which the care workers carry the burden of children's bad behaviour, the academic staff their difficulties in learning, the psychologists and senior teachers their social problems and so on. However, as much as these divisions may help to divide up the burden of care, they create a whole new set of problems for the organisation in which the primary task around the overcoming of the communication barrier becomes an unattainable ideal. The inability to attend to this genuinely felt need may have increased the staff's frustration and added to their burden of anxiety. All the teachers spoke about their difficulty of working co-operatively under these circumstances. One described her frustration that the school was in fact quite 'well-resourced' but that divisions across the school created and fed irresolvable communication problems: '... it is so difficult to link things, you see. Because I'm scared that you are saying something that I will not want so I rather keep you in your own corner.'

In addition to these divisions within the school, there seemed to be some difficulty managing the boundary between the school and the outside world. The teachers spoke generally about the problems of balancing the interests of the deaf children with those of the 'outside world'. There seemed to be a concern with the potential isolation of the children. Two teachers expressed quite specific concerns about the children being 'stuck' in the school and the responsibility of the staff to somehow try to get them out more. One spoke about how she felt a lot of the children's problems would be resolved if they had someone who could take them out: '[The children] are on the premises the whole day from Monday to Sunday. They have their occasional outing but it's not as if it is a routine thing, that on Wednesday you go to the library, at least you get away from school, or on Saturday you can go and watch a movie.'

There had also been throughout the consultation relationship considerable discussion both with teachers and care workers about the difficulty of establishing communication with parents. These problems created yet another 'communication problem' for the school and reinforced the sense of isolation within the school itself.

The impermeable boundaries between the school and the outside community seemed to isolate not only the pupils, but also the staff. In their descriptions of their own position in the school, there were several references by teachers to a sense of being trapped within the school, perhaps similar to that described in relation to the children: 'I used to work in an ordinary school and then I came to this school. Somehow I got

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stuck here,' as one of them put it. Another teacher described how she had ended up in her senior position simply because she had been around so long, an idea that seemed to convey not so much choice as inevitability. 'Maybe everybody just said: Okay you are there now and you'd better take over.' It seemed that many of the staff had remained at the school for very lengthy periods – 'twenty or thirty years' – and there seemed to be a feeling amongst some staff that entry into the school might mean a life sentence, both for the individual and for the school. One of the teachers, for example, mentioned her excitement about a potential retirement, which might allow some fresh blood into the school. According to their file notes, some of the staff in the hostel spoke about their longing to 'escape' from the school, but their feeling that they had been there too long and were not equipped for work elsewhere. One of the teachers noted how important it was for her to leave the school grounds at the end of the day. She acknowledged that the situation was much more difficult for the care workers who remained on the premises: 'If you are living in a hostel, then you have the house, sleeping, working ... Whether that adds to the perceptions that that is all ... just the same old story. Because they live with it. They see it all day long. But if you leave the premises, you have other, you are exposed to other things and maybe you have a different view of that.'

This staff member offered a sense of what it might feel like to not be able to move across the boundary of the school into the outside world. This kind of feeling seemed to contain something of the original experience of isolation that might be felt by deaf children who are unable to communicate, even within their own families. It also ironically suggests the impermeability of the boundary between the Deaf Culture and the hearing world.

One of the teachers seemed to recognise very insightfully the way in which the school carried the potential to trap its members into a form of isolation from society. She noted: 'Because we're Richmond House, a school for the deaf, we're inevitably going to be hard of hearing. But because we watch the media, we watch the news – we keep ourselves involved then inevitably one becomes involved. It's important that we do become involved, that we don't build a shell around ourselves.'

The frustrations involved in establishing communication with deaf children appeared to have left the staff of Richmond House with anxieties about their own ability to communicate. These anxieties were re-enacted between different groupings within the school and led to splits and divisions between the staff. A concern with these communication problems amongst the staff may have provided the organisation with an opportunity to act out its concern with communication while at the same time protecting the staff from greater emotional intimacy with their pupils. The divisions that arose as a result of these communication problems were perhaps further reinforced by an unconscious need to divide up the tasks of caring for the children. But while the staff may have found some temporary emotional protection in these structures, they resulted in secondary anxieties including a continued frustration about the inability of the parts of the school to work together with one another and a sense of isolation from the outside community.

8.5.2 Care and control

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The teachers interviewed spoke about the demand on them not simply to educate the children but also to care for and protect them. 'Father, mother, brother, sister, nurse, doctor, psychologist, friend …' said one teacher describing the many roles that were expected of her. Given their particular seniority in the school, these teachers spoke about how they carried this responsibility not only in relation to the children but also for the other staff groupings in the school. 'The underlying thing for me is to be responsible for other peoples' actions … It's a tough job,' she understandably added.

According to one of the teachers, the school had a long tradition of caring. 'There's a lot of goodwill around,' she added. The initial objectives of the school had originally placed a strong emphasis on the capacity to care for the needy and to turn no one away who needed help. In spite of this, the teachers all seemed to express concerns about how effectively they were managing to do this.

As in many schools, the staff at Richmond House were expected to act in loco parentis in relation to the children in their care. In this school this may have carried a particularly onerous responsibility, especially with many of the pupils being boarders. The children's adjustment to school life, compounded by the effects of separation from their families and on-going communication difficulties with their carers, would have almost certainly created difficulties for the staff of the school. According to their accounts, for the teachers the problems were mainly about being tired from the demands of their work. As one described:

> I give guidance. I work with outside organisations. I arrange for people to come in, speak with teachers. I also sort out social problems with the children, children who need to be referred, parents who need help, parents that have problems and they need help to resolve the problems. I always try to find places for them to go. Many parents are traumatised. So all those things land on my lap. So I have to sort that out, but apart from that, an ordinary day to day around the school, the teaching, the admin and that type of things. And I am also asked about anything else: fix the heater or more … It's basically that is what I'm doing … It's quite a … [interviewer: Yeah, it must be quite a workload].

Most of the teachers interviewed seemed to feel that at least some of their job included, in the words of one, 'being a social worker'. Although there were two psychologists at the school, one was about to retire, leaving only one. In addition, the general impression conveyed by the teachers was that the psychology department dealt mainly with scholastic assessment and offered little in the way of therapeutic intervention. Furthermore, as one teacher said: 'But now if you think there are about 320 children in this school, two psychologists can hardly serve 320.'

There had been a social worker at the school but, as one teacher put it: 'We had a social worker once and then the country became a democracy [laughs] and the social worker was taken away.'

She went on to suggest that the financial pressures on education in the post-apartheid period seemed to have created this somewhat ironic situation that left a Black school less well resourced than it had been under apartheid. With little in the way of therapeutic assistance for the children and with so many needing help, it was understandable that the teachers felt that they had to take on this role in addition to their teaching responsibilities. The teachers we interviewed clearly envisaged their role to include following up and dealing with the social and emotional problems of the children. They spoke about being involved in

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identifying children with emotional problems and making referrals. While their accounts seemed to convey a sense of the high workload involved in this aspect of their work, they also suggested that the teachers felt reasonably competent and confident within this role.

In contrast to this picture of the teaching staff, which suggested their attentive and professional concern with the children's well-being, the interviewees all expressed concerns about the ability of the care workers to attend effectively to the care of the children. This was clearly an important issue for the school as the bulk of child care was performed in the hostels, where boarders spent most of their time outside of the classroom. As one of the teachers pointed out: 'Hostel you know goes on for 24 hours.' One of the teachers spoke about how important it was to get good people to work in the hostels with the children and some of the difficulties associated with this. 'We always hope to employ people who understand the deaf. They need experience with the deaf because it's frustrating to come, you are brand new and you don't know how to sign. You don't know how to communicate with the child. So that's our problem. Always to get efficient people and capable people.'

These would clearly be important issues in trying to manage the demands of caring for large numbers of children in a residential facility. It seemed from the later comments of this teacher and others that the concerns about the care workers' abilities to take care of the children extended well beyond their familiarity with deafness and capacity to communicate in sign. One teacher spoke at length about her perception that the care workers were under-prepared for their care-taking role:

> I mean they are from out country and we don't know their family background, we just know what's on their CVs, the little that they've got there. So that's it. And I mean so many of them are not married, so they've got to deal with children and I always have a problem with that. If I'm a mother myself, if we have children we understand better. If you never had children – you are young people also – I don't know if you'll agree with me that you've got to learn first to know about the child and then know how to handle it.

Implicit in the concerns she raised here also seemed to be an anxiety about who the care workers were, including more personal aspects of their background that could create problems in their capacity to care for the children. While some of these issues may have had some basis in reality, the stark contrast between the image of the tired but caring teachers and the more negative image of the care workers suggests other processes might have been at work. It is possible that some of the anxieties the teaching staff had felt in relation to their ability to provide for the children's needs may well have been split off and projected into the care workers, who seemed generally to carry some of the more difficult feelings within the organisation. The teaching staff were then able to hold onto their perhaps more wishful sense that they were able to attend to the children's emotional needs through appropriate identification and referral.

In spite of their own investment in their capacity to manage the situation, it did seem, however, as if the teachers interviewed retained some sense that the care workers were being hampered in their efforts to care for the children by the difficulty of their particular job and the sometimes negative expectations others in the school had of them. One teacher spoke about how hard it was to retain one's self-esteem when it felt like nothing one did was right. Another teacher described a situation in which she needed to reassure one of the

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care workers that her intuitive sense of how to look after a child was correct: 'The child needed caring and she took care of it. And she just needed permission to take care of it.' While there was empathy in these kinds of comment, they seemed still to reflect a sense of the care workers' difficulties in taking care of the children.

In general, across the interviews, it seemed that it was less the children's mental health than their good behaviour which was of particular concern to the staff. This was reinforced strongly through the file material, which noted discipline as a significant issue of concern almost throughout the period of our consultation. This is not an unlikely priority given the nature of educational institutions, which often centralise discipline as an activity. It is also likely that discipline is a concern in a situation where there are many children of all ages who may, for various reasons, be reluctant to be at school and may feel resentful of their teachers. Enforcing discipline may also be particularly difficult in a situation where effective communication, and especially group communication, is not always easily achieved. These issues may have taken on particular emotional significance in a situation where there are underlying anxieties about the need to 'socialise' the behaviour of a group of children who may be consciously or unconsciously identified with 'abnormality'. Marks (1999) notes, for example, how various strategies are used to 'normalise' disabled people, including various kinds of welfare policing and other forms of surveillance. It may be that these reflect a deeper anxiety about the need to control the 'abnormality, which is, in turn, displaced into a concern for aberrant behaviour.

One of the teachers pointed out that discipline had been a problem at the school since she first started there more than 20 years previously. Staff were apparently always asking: 'Can't we do something about the discipline?' Her opinion was that the children needed to be disciplined with firm, but not harsh limits. She seemed to delight in describing her own successful attempt to discipline a child by a clear statement of what kinds of behaviour she would tolerate if she were going to help him with his work. She acknowledged that other staff seemed to continue to struggle with these kinds of issue and that discipline remained a problem at the school.

Another teacher felt that discipline at the school had deteriorated and had in recent years become a more serious problem. Her account of this provided some suggestions about what she regarded as the underlying problems:

> This is part of what I think, in school, there is a big problem with authority. Understanding what healthy authority is. There is a big problem because of the change in the country that we have become democratic. That we are all democrats, but you know I always just say one thing, you must beware of the day that democracy becomes anarchy! The flip side of democracy is anarchy and I think that is the fine line we are working with. Everyone is just scared to say: 'This is so and so.' 'You haven't picked up the paper, it's your job to pick up the paper'. No that's being authoritarian!

Her comment seemed to reflect some of the broader infiltration of democratic process into institutional life in this country. More specifically the school may, like others, have experienced some of these changes very directly through the shifts in policy affecting education. One of the most significant of these was a change in

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the laws pertaining to children's discipline. Up until the 1990s, corporal punishment was sanctioned and widely used within schools to enforce discipline. Although there would have been few teachers who would acknowledge in an interview that they missed the opportunity to use this, our experience as consultants to a variety of schools has brought up a concern that in the absence of corporal punishment teachers often felt unsure about how discipline might be enforced. This policy change coincides with a broader social discourse around children's rights, which may itself be experienced ambivalently by teachers who are struggling to retain their authority. One of the teachers seemed to acknowledge this kind of concern, referring to: 'This whole idea of the rights of the child ... that the children have a right to complain if they are not treated properly.'

These sorts of issues may have taken on particular salience in the context of the politicisation of deafness discussed earlier. If staff carry some anxieties about the potential for the school to be viewed as oppressive, there may be even more caution and anxiety about how and whether to exercise authority and discipline. These kinds of concern might also have resonated with other anxieties about disabled children's vulnerability to abuse and the perceived need to treat them more gently than other children.

The file notes and interviews with consultants seemed to suggest that this anxiety about the exercise of authority had echoes within the staff body itself. The leadership of the school was often seen as too soft or alternatively as inconsistent. According to the file notes, care workers particularly felt that when they tried to discipline the children, their authority would be undermined by a more permissive approach from the teachers. They complained that their decisions were frequently countermanded by the lenience of the teaching staff and that they lost authority in the eyes of the children as a result. They expressed a strong anxiety about being unable to control children whose behaviour they saw as not only disobedient but also sometimes even 'dangerous'. One care worker, for example, described in a group session, how she had had to remove a weapon from one of the older boys while another spoke about how a 'gang' had harassed one of the girls, throwing her to the ground.

In addition to this, the school seemed, like many institutions in South Africa, to be reacting anxiously to the broader transformations in society. As one teacher put it: 'But its also part of the whole set-up in the country. All of a sudden the country has just turned upside-down and people don't know what was going to happen.'

Her anxieties expressed here also seemed to carry a concern about the situation in the country. The change in government and the fluidity in policies and authority structures at all levels of society may have fed into the more specific concerns about the school, which itself had experienced a change in leadership not long before this teacher's interview took place. Organisational change is well recognised to provoke anxiety, even when the changes may be beneficial. As Stokes (1994b) notes, this is partly because the change threatens to disrupt the capacity of the established organisation to carry the projections of its members in its usual way.

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But in seeking a more concrete target for her anxieties, this teacher again located the source of the school's discipline with the care workers. She felt that discipline in the school had deteriorated partly because 'the school was left with unqualified people to look after the children. And now that's contributed to the present situation.' All of the teachers spoke about how they felt the care workers used inappropriate discipline with the children. One, for example described this incident:

> And I used to work quite late in the afternoon. I have to come quite early in the morning. Eh just to start my work and just to find out what there is for me to do. And I would hear the language. I couldn't handle the language from an adult to a deaf child, who can't hear that shouting in the first place. I said: 'You have to be careful when you say things to children. If you are gentle with them in a firm way they will obey you'. All the time. If you go into shouting they will just do this to [makes a sign] and that's the deaf 'you can go to pot' ...

Perhaps more significantly, she and other teachers went on to describe how the care workers were unreliable and sometimes even abusive with the children. As one said: 'We have people who don't turn up. We have people who neglect children, people who get angry with children.' She also described how substance abuse was a particular problem amongst the care workers:

> I've already given verbal warnings to about five of them for substance abuse. You know what I'm talking about. In the day off you go with your friends. You have to be back in your work say six o' clock tonight. You come back under the weather ... and you hope you'll be okay the next day – that type of thing. But the next day you are really under the weather still and children have seen you coming and the state you come in. And that's not all! So we're still working on that little problem with a few of them. Thank God it's not everybody! I've got very good workers amongst them.

In spite of her addendum, it seemed that the teachers shared some very strongly negative perceptions of the care workers in which they were positioned as badly in need of discipline themselves. In addition to the problems already raised, the issue of 'abuse' was mentioned by all of them in connection with the care workers. There were few precise details given but rather vague allusions made to 'disciplinary procedures' and 'problems of that kind' which, together, created a sense that the care workers might be guilty of many worse crimes than shouting or drinking. There had in fact during our involvement at the school been rumours about abuse allegations, but these were not confirmed. At one point, we had become so concerned about the situation that we drew up a report on the subject. Our sense, then, was that the rumours of abuse were problematic, particularly without clear and transparent ways of ascertaining their validity and addressing the problems. The care workers spoke about how allegations of abuse seemed to float through the organisation in relation to a particular child and then simply disappear without them knowing whether anything had in fact been done about the situation. It was never clear to us whether or how these issues were being dealt with. One teacher spoke about how things could appear 'wonderful' on the surface, but when their backs were turned, 'slap, slap, slap,' she described the way the staff member might hit a child. She argued briefly that the situation of the school would be significantly improved if in general people were more able to be open about when they did something wrong. Ironically, this process of 'covering up' as she called it, might only exacerbate anxieties about something dangerous or abusive happening within the school.

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This process seemed to create a situation in which abuse remained a constant threat, which by implication often attached itself to the care workers. In general, it seemed that in much the same way as the care workers seemed to become scapegoats for anxieties the school carried about their ability to care for their children, they also carried the anxieties about discipline being used inappropriately and perhaps abusively. Ironically, in these descriptions, they were also positioned within this as being very like the out of control children themselves. In this way they seemed to attract the frustration and anger that difficulties controlling the children might evoke for the teachers. 'Why can't they change!' said one teacher seeming to reflect her own frustration with what she saw as an irresolvable problem with the care workers. The concern with the care workers, however, perhaps carried and contained some of the more general anxieties the staff felt about their capacity to care for and control the children in their charge.

In relation to these kinds of problem, the teachers we interviewed seemed to see themselves as responsible not simply for disciplining and controlling the children's behaviour but also that of the care workers. One staff member spoke about how difficult this was as the 'unions' prevented the teachers from exercising their authority. This seemed to represent a parallel with some of the anxieties brought by the children's rights movement as well as other discourses of empowerment beginning to be used in the school. Nonetheless, another teacher felt her role was clear: 'I have to be in charge of all that and see and be responsible for everybody else's actions ... you know. I've got to watch the children as well as the staff.'

Certainly this sense of the watchful authority seemed to permeate the organisation. During our group sessions with the care workers, there were frequent fears expressed about the possibility that someone might listen in to the conversation through the intercom. Furthermore, the restrictions on space in the boarding school often prevented the care workers from having their own room and they frequently complained that their 'privacy' was invaded by the senior teachers at the school. Teachers also spoke about their fear of being observed and caught out doing something wrong, according to consultants who worked with them.

It seemed in general that the teachers were able to protect themselves against these feelings more adequately than their care workers colleagues, who provided them with a convenient receptacle for anxieties about these kinds of experience. The care workers' racial identity, their relatively poor education and the class difference between them and the teachers may all have helped to situate them as effective scapegoats for the school's broader anxieties (Obholzer, 1994b). This seemed to allow the teachers to hold onto a more integrated sense of themselves as both firm and caring, and to disown perhaps more troubling aspects of their experience. It may have left the care workers carrying some of the more difficult feelings of inadequacy and aggression and powerlessness for the organisation.

The difficult emotional experiences brought to the school by its pupils created a considerable demand on the staff of Richmond House. While the teachers emphasised their competence in managing these problems, they seemed to project the experience of incompetent caring onto the more junior care workers at the school. Although a strong concern with discipline might be expected in a school, anxieties about it seem to have been exacerbated in this case by the phantasised need to control disability, by broader anxieties brought

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about by political freedom and the institutional changes that accompanied this, and by ever present anxieties about the children's vulnerability to abuse. Unconscious anxieties around these areas within the organisation seemed to express themselves through a more general ambivalence towards authority and leadership. There also seemed to be an attempt to split off some of the strongest anxieties around discipline and abuse and locate these within the group of care givers, rather than managing them insofar as they affected the school more generally.

8.5.3 Meeting educational standards

Given the salience of teaching and learning in this organisational environment, it is hardly surprising the teachers emphasised their role in educating the children. All the teachers interviewed seemed to acknowledge the importance of trying to educate the children to the fullest extent that they were able. The sense of the consultants who worked with different groups within the school was that there was considerable attention paid to the learning needs of the children and a great deal of attention given to the best ways of teaching them. The teachers seemed to invest their energies in a belief that careful attention to the process of education would somehow assist their pupils in overcoming their disability. While there is obvious merit in this view, it also seemed that through it the teachers evaded the painful acknowledgement of the very poor success rate of deaf education in South Africa and the serious likelihood that many of their pupils would not be able to find employment. While this did not emerge in the interviews, the teachers who attended the group discussion with me, acknowledged that they not only felt these demands in relation to the aspirations of their pupils, but also through the expectations that the families seemed to have of them. As one of them said: 'They think we are miracle workers.' She and others described how the parents' own frustration and disappointment in their deaf children seemed to result in an unrealistic expectation that the school could provide the children with everything that their families were unable to. 'It's like they bring a blind child and say you must be able to make them see!' one of the teachers said, expressing her sense of frustration. This, they said often left them feeling like somehow they had failed at the job they were supposed to be doing.
In response to these feelings perhaps, the school appeared to assign an idealised value to learning, not just for the children but also for the staff. It seemed clear from the interviews that the teachers placed considerable emphasis on their own as well as other staff's educational needs. All three teachers provided considerable detail on their own educational backgrounds. In two cases this was unsolicited and in the third in response to a question by the interviewers about the teachers backgrounds in the area of deaf education. They provided an impressive list of qualifications beyond their basic teachers training. In addition, all three spoke extensively about the need for staff training across the school. One teacher seemed to express the more general value accorded learning in the following way: 'We need to have as many skills as possible being taught to us so we can do what we are supposed to do.'

While this may reflect some of the broader concern with skills development in South African schools (de Jong, 2000), there may be additional emotional pressures that fed into the pressure the school felt about meeting its educational goals. The teaching staff's feelings of inadequacy, evoked by the experience of

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teaching in a deaf classroom, may encourage the use of a manic defence that emphasises both the value of learning as well as success within its established paths (Roberts, 1994a).

It seemed that, while the teachers interviewed expressed a general concern for further training across the school, the focus of much of the discussion on this subject was in relation to the needs of the care workers. As one teacher introduced this subject: 'Now in the past educators were the people who got training – but now we have to cater for everybody.'

This need to pay attention to the development of the care workers, as her statement suggests, seems to be linked to broader changes in the country as a whole, which are only obliquely hinted at here. It would seem that many institutions feel a greater pressure to democratise their practices in a range of ways including the provision of in-service training. There had been a particular awareness of the importance of attending to the needs of this group of Black staff in the light of transformations linked to the post-apartheid period. The teachers seemed also to feel that this training was essential in order to have the care workers attend more effectively to the needs of the children. All three teachers returned to this subject again and again in their interviews, emphasising the need to educate this group as well as the fact that 'this was a very difficult group of people' to teach. The difficulty apparently was because 'their education is also at a very low level'. Few had completed even a basic school education. The education of Black people to perform manual only labour was originally one of the explicit aims of 'Bantu Education' (Kallaway, 1984). The effects of the poor quality of education many Black people received can still be strongly felt in post-apartheid South Africa and often perpetuates the confinement of this group to menial roles in any organisation.

Another teacher picked up on the same issue, providing a further explanation for what she also perceived as the difficulties involved in working with this group. As this teacher, who herself was Coloured, empathetically explained it, it was very hard for this group to 'own' knowledge because they felt themselves to be inferior within the school. 'At present their status is not recognised. They are seen as labourers,' she added, noting that it was very hard for them to value any knowledge they had from their own experience when they were in an environment in which other staff were comparatively so well qualified. Her own position as one of the few Coloured teachers in the school seemed to allow her to access these feelings of inferiority in others more easily. Her comment drew attention to the potentially painful experience of being under-educated in an institution in which education is so highly valued. These kinds of comment seemed to situate the care workers as a particular problem in relation to the educational ethos of the school and through the comments of the teachers there seemed to be a sense that the problems were to some extent irresolvable. As one teacher explained: 'You know people are adults, many of them are in their thirties, late twenties, thirties, forties and not very receptive to new skills and change. That's our problem.'

The sense in this kind of comment was that it was too late to make up for the educational deficit of these staff. This kind of concern seems to resonate with the more general concerns in South African society about what is sometimes called the 'lost generation', those adults whose childhood education was lost through the inferiority of their education together with the disruptions of the anti-apartheid struggle (for example Time

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Magazine, February 18, 1991). While this issue may on its own generate painful feelings of loss, it is also likely that that in this context, they connect up to some of experience of loss and frustration at the inability to transcend the limits of the children's disability through learning. As Zissis (1999) noted, care workers involved with those who struggle with learning (in his case mentally handicapped people) seemed to feel that they should somehow be able to undo the original damage through their interventions.

From our contact with the care workers, it seems that they did not share the teacher's sense of the value of education and rather positioned themselves as reluctant learners. They did not readily acknowledge any distress around their educational status within the school but instead seemed to feel angry that learning was being forced upon them. They often expressed their frustration that they were seen as ignorant by the teachers and under-valued because of this. They frequently spoke, for example, about the way their opinions were not solicited in relation to the children and they were treated as though they were 'servants'. It seems that the care workers may have had to carry not only the feelings of the frustrated and unwilling learner but also the sense of inferiority that accompanies this. In this way the care workers seemed to end up holding many of the frustrations and inadequacies that were phantasised to belong to the deaf children.

These divisions were reinforced through the different conditions and status of the two groups of staff within the school, a problem that was felt more acutely in an atmosphere of dwindling financial resources:

> The staff have been reduced. There are problems, financial problems. People are not happy with their salaries, people are not happy with their status and all. All those, they are actually political issues that have been carried over from the previous government, into these new situations and must be sorted out. But people actually feel that they have to sort out those things rather than seeing to the child.

In this case, the context made it clear that the teacher was referring to care workers and their anger about their relative lack of status within the school. In accounting for this, she acknowledges some of the more overtly political concerns around these issues. 'They would like to feel that now the country has changed, that they are getting a better deal. But they are not getting a better deal financially. But they are still stuck with the children.'

Interestingly, nowhere in any of these interviews was it explicitly mentioned that the care members were Black, in spite of the fact that the interviewers were foreign and would not necessarily have had access to this information. This may have reflected some anxiety about the impact of racial divisions on this school and a difficulty in acknowledging the historical inequalities, that were perhaps still a part of the school. As one teacher pointed out: 'I think that is the whole issue with less money. Well I don't know if it is less money - but there are more people needing money now. Do you understand? And so, everybody's feelings have been challenged, with all of this stress and that kind of thing – but those are all political issues.'

Her comments and those of other teachers seemed to reflect a similar understanding. There seemed to be a sense that the care workers were angry about their position in the school and in society more generally and were becoming increasingly militant in their refusal to accept these conditions. As one teacher said: 'They are definitely more aware of their rights.' It seemed from her perspective that these issues had escalated into

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a conflictual situation that dominated a great deal of the emotional life of the school and distracted the staff from caring for the children.

The hierarchical positioning of the teachers and the care workers seemed to mimic the inevitable division between the staff and the children. The relations of inferiority and superiority between the academic and care workers seem also to echo the status of deaf people in society more generally. However, the power and status of the teaching staff at the school may in fact itself be illusory. As Marks (1999) notes, professionals who work with disabled people are often infected by their status, both in perception and in reality through low remuneration and poor conditions of service. Where power is a scarce commodity, as it might well be within the field of disability, the small amounts of power available may be strongly contested. My feedback discussion with the teachers seemed to confirm this impression as they spoke not only about the acute sensitivity to inequalities within the school but also about how the staff often seemed preoccupied with claiming their share. Importantly, it seems that in both of the 'inferior' status groups, the deaf children and the care workers, there are signs of protest and of a refusal to accept their place. This shift may be part of the transformation towards democracy more generally within society as a whole and may carry both the hopefulness of this process and the anxieties attached to it.

In response to the children's difficulties in learning, the school seems to have compensated with an over-investment in learning and its value. Remaining anxieties about the limited usefulness of deaf education seem to have been split off from the teachers and located with the less powerful group of care workers. While the teachers occasionally felt their stupidity in relation to the demands of signing, it seemed that the care workers carried the primary identification with the person who is lost to education. Their position as an entirely Black and less educated group perhaps created them as the ideal receptacles for these kinds of feelings. Although they attempted to resist this identification, it was clear that this was the source of much of their distress in their jobs. While the distribution of this ambivalence through the different groupings of staff in the school may have some direct benefits for the teachers, it may also have represented an unconscious attempt by them to protect the students from their own frustration at their slowness in learning. This situation is perhaps similar to the one that Menzies Lyth (1960/1990) describes where ambivalent attitudes are acted out amongst nursing staff rather than in relation to their patients. While learning seems to represent a means of escape from disadvantage, the differential ability to benefit from it ironically helps to reproduce the hierarchical arrangements of the school. An acute awareness of inequality and power differences throughout the school seems to emerge as a product of this.

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8.6 Level Three: Needs and Experiences in the Consultation Relationship

Within this organisation, with all its separate sub-groupings, it was more difficult to extract clear sets of themes that seemed to dominate the consultation relationship. Instead, it seemed that the defining feature of this analysis must be the 'different' needs of the different groups. While my focus is inevitably skewed towards the teachers whose views provided the core of this case study, I have tried also to give some sense of the different perspectives as they emerged from other groups through the intervention itself. To facilitate a comparative reading across the different case studies, I have employed the same three categories, direct intervention with children, training and support to structure this analysis, but need to note that not all groups at the school had an equal investment in these different areas.

8.6.1. To provide direct psychological services to children

Our earliest involvement at the school had been through the case of a child suspected of having been sexually abused who was referred to the Child Guidance Clinic. As part of this intervention, one of our psychologists had discussed 'problem cases' during a loosely styled case conference held with a group of concerned teachers at the school. It seemed, perhaps from these roots, that in spite of the fact that our intervention had focussed on training and support, we were still strongly associated with the potential to provide some direct intervention with the children.

In the context of a discussion of our work, one of the teachers spoke at length about the need for psychologists to work therapeutically with deaf children. She differentiated between the kind of psychological work that had to do with 'the IQ testing and that sort of thing' and what she described as being 'therapeutic'. She pointed out that the psychologists who worked at the school were chiefly engaged with admitting and testing children and some attempts to 'change the children's behaviour'. She felt, however, that this work was '... only filling a gap. It only lasts for a short while, then its back to the ordinary behaviour and I think this is where we really need help,' she added. She recalled with some gratitude the original consultant from the Clinic who had provided advice on how to work with some of the children. '[The consultant] was the first person who used to work with us. She was really warm – she worked well and she had wonderful ideas.' She noted that what most teachers wanted was a psychologist who could work directly with the children and was present in the school on a continuous basis. Jokingly, she added: 'We need a dozen and a half.' Her comment seemed to reflect her perception of the scope of emotional problems experienced by children within the school and the need for a psychologist to work with these issues.

She, along with the other teachers, spoke about the need to access psychological resources in order to refer children appropriately for professional help. In her comments and those of others, there was a sense of our organisation being one of several mental health resources the school could rely on to help them deal with the children's emotional problems. In some of these accounts, the psychologist seemed to be portrayed as an 'expert' who could be called in to deal efficiently with a range of clearly defined problems. One of the staff members even described her need of our clinic, staffed only by psychologists without medical training, in the following way: 'There's a medical history to each child here we can only get help from the Clinic.' In terms

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of the model she and other staff presented, the teacher could refer the child to a psychologist who would deal with the problem and make further referrals through the mental health system as appropriate. Although this view might have seemed to be a realistic response to the schools need, this representation of their functioning around these issues was in contrast to our knowledge of the scarcity of resources from which they could realistically draw and, indeed, our awareness of the very few occasions on which they have been able to use mental health resources outside of the school

One of the teachers drew attention to the mythical nature of this kind of easy referral to a mental health service. Although she had earlier spoken about the importance of referral agencies available to the school, when she discussed things further it became apparent that the referrals seldom happened in the way they seemed to be presented. The basic problem, it seemed, was that there were no mental health agencies outside of the school with skill in communicating with a deaf child. One teacher said overtly that she felt she would probably be able to do a better job than most psychologists would. Although perhaps she and her colleagues were realistically more qualified than many mental health professionals to address the needs of deaf children, this situation may also have left the teachers feeling isolated and alone with the problems of the children. In phantasy they may have conjured up a referral network, but in reality the resources available did not have the specialised knowledge required to work with deaf children. This same teacher said wistfully at one point in her interview: 'I wish that somebody would say: "I'd like to be a psychologist for deaf children." You would feel that somebody would take up that challenge. That would be a wonderful thing. That deaf children can go to someone and can just find a space there where they can relate to somebody that can talk to them and understand.'

Her comments seemed to reflect the realistic frustration of scarce mental health resources for deaf children as well as perhaps carrying the more profound sense of isolation that perhaps surrounds the school and the experience of deafness itself.

The idea that the school can deal with the children's difficulties through a simple process of identification and referral seems to be something of a wishful phantasy. By invoking what Roberts (1994a, p. 113) refers to as the 'as-if task' it may be that the staff are provided with a sense that these potentially threatening issues can be managed. It may help to decrease the sense of isolation they have in coping alone, however efficiently, with the difficulties of the pupils. This may also help to create the temporary omnipotent illusion that the school, in making use of the psychologist and other professionals, could deal with their pupil's pain through a standardised procedure. The sense of 'normality' entailed in this structure may also carry additional investments to do with the anxiety of perceiving the deaf child's abnormality. This view denies the areas of difference and the gaps between their position and the White, middle class child, without handicap, who is the most usual beneficiary of the mental health system in our country (Dawes et al., 1997).

One teacher described her 'desperation' when she couldn't find anyone to help her deal with a sexually abused child. She described being comforted by the presence of a psychologist from the Child Guidance Clinic, but also realised that teachers like herself would still have to mediate between them and the child

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because of her experience in communicating with the deaf. She proudly described this arrangement as a 'partnership': 'It is a partnership. They get something from us and we get something from them. Which makes it a healthy partnership. It's not just referring, referring, referring. It's a give and take. I think that is what is so good.'

This view contrasted with other comments this same teacher made about how she wished she could refer children for professional help. It seems that in response to the frustration she experienced with this, she turned hopefully towards a compromise position in which a psychologist could at least be available to talk to about the children's problems. In this she clearly retained her own authority and recognised her experience in mediating between the children and the consultant, and perhaps also in educating the consultant about the needs of the deaf. It appeared that her emotional need to have someone who would be able to take care of the children's psychological difficulties for her still remained. This, she suggested had been why she had approached the Clinic in the first place: 'You know my first thought is: what a sense of relief. I just thought, you know ... all this worrying and then ... Good, at least I can hand some over.'

Her original hope of having the Clinic perform this function seemed to remain alongside her awareness that this was not practically feasible as the following comment suggests: 'And these are the problems that one sees all the time and do not know where to turn to. And then I pick up the phone and say [consultant's name] or [consultant's name]) or [consultant's name] and I know they can't really help solve all these problems – but I always try. Maybe they can get somebody so that I can refer because there are so many problems.'

In spite of this understandable ambivalence about our role, this teacher seemed to be able to draw extensively on the services provided by the Clinic and used the consultants to get specific therapeutic advice for particular children. Her and other's use of the Clinic's psychologists in this way however seemed to create some tension around the role of the school psychologists. As one teacher put it: 'So to me it was just a good opportunity to get more psychologists in the school. But it brought a rift between [one section of the school] and the rest of the school.'

In an organisation as divided as this one, it seems that even when an aspect of the consultation is experienced as helpful to one grouping, it may represent a threat to others. These feelings may be the inevitable product of a divided system, but perhaps also serve to reproduce relationships between those who are regarded as privileged and those who are inferior. In this case, the part of the school that receives help may become the object of envious attacks from other parts of the school or indeed may flaunt their superiority in a way that reproduces the inequities through the system. Another of the teachers seemed to reflect this consequence in her suggestions that the consultation had indeed seemed to leave some parts of the school feeling depleted: 'Some members of the staff feel threatened by it. I didn't think what it would have been like for our own psychologists. They felt I should have ... that I was overlooking them, that they weren't good enough.'

From the interviews with the consultants, it seemed that this position had arisen because we had not initially been aware that the school had its own psychologists. When we responded to the first requests from the

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school, we had assumed that they were made in the absence of other school resources to address the problem. While this may suggest a considerable oversight on our side, it also seems diagnostic of the divisions within the school and the way in which it might be possible to be drawn into working with only one part of the organisation, while colluding in a maintenance of the split. It seemed that our intervention may not only have added to some of the divisions within the school but may have unwittingly also fed into the sense of inferiority that seemed to by carried by different groups in the school at different times.

In summary, it seemed that the teachers maintained a somewhat idealised sense of the way in which the children could access mental health services, in spite of the reality that there were few mental health professionals who could be of assistance with deaf children. Perhaps this phantasy helped to reduce the feeling of isolation the teachers might feel at being alone with the children's problems. It also may have helped to sustain an illusion of the 'normality' of the children's difficulties and to hold at bay anxieties about their 'difference'. While recognising that it was possible to work in 'partnership' with the consultants as an alternative to having psychologists intervene directly with the children, there remained a longing for someone to take the emotional burden from the staff. The utilisation of the Clinic's skills in thinking about the psychological needs of particular children also unwittingly fed into the divisions of the school, and perhaps undermined the position of the psychological service that operated within its bounds. It seemed that the divisions between different groupings at the school may have made it difficult for the consultants' work to be perceived as benefiting the whole organisation, rather than just a part of it.

8.6.2 To develop knowledge

The defensive emotional investment in education within the school seemed to situate our training role as particularly significant for this organisation. All the teachers interviewed spoke extensively about this aspect of our work. The Clinic was regarded as one of several different organisations that might be called in by the school to assist with staff training. As one teacher put it: 'So continually one gets these people in and I don't tire of doing it. If I can hear about anybody who can come and teach us skills, I call them in.'

Some of the teachers' comments seemed to reflect their sense that they should be 'self-sufficient' and be able to train their own staff. All of the teachers had in fact been involved in staff training in various ways within the school at various times. Clearly, as educators they felt a certain ownership of these kinds of skills, which might produce an understandable ambivalence about having outsiders perform this kind of task. Yet, it seemed that in spite of their own investments in these sorts of activities, they all expressed a strong need for external training input.

It seemed that there were various reasons why outside trainers might be seen as important to the school. The first reason, as one teacher suggested, was that the staff were simply overloaded with other tasks. One described how she had enjoyed providing staff training at one point but simply found herself carrying too many responsibilities. 'I've got limited time,' she said. From her comments however it also appeared that it was not only time that was an issue for her but also the sense of responsibility she carried for all areas of the school's functioning. 'I say at least there's someone caring for that side of things. It's a relief not to have

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sole responsibility,' she added. This kind of delegation of responsibility may not only be an efficient solution to organisational leadership, but may take on particular emotional meaning where the tasks at hand carry a high emotional load. Where educators metaphorically hand their 'skills' over to an outsider, this may have the unintended consequence of them feeling less adequate about their own abilities. One teacher, for example, spoke about how although she taught older children very well, she doubted her abilities to work with adults: 'So to work with adults – ja is very difficult'. Ironically, while she firmly acknowledged that the consultants had the capacity to do this kind of work, they may in reality have been less well qualified to take on this kind of role than she was, with her background and experience. Similarly, another teacher mentioned how she relied on the consultants to help train staff around emotional issues, noting that this area was not often well covered in teachers training. While this may represent a realistic perspective on teacher training which is often dominated by cognitive psychology in South Africa, there may also be some denial of her own skill in understanding emotion. This was suggested by the account offered of some workshops she had run with the other teachers. From her description of these, she had seemed to deal very sensitively with a range of emotional issues. In an attempt to divest themselves of the emotional burdens attached to the subject matter of mental health training, teachers may disown some of their own skills. Ironically, this may have left the teachers with a sense of inferiority that further fuelled the belief that further training was essential to their survival as an organisation.

At the same time, it seemed that there were other motivations that might have contributed to this dependence on our training capacity. One teacher spoke extensively about how valuable it was to have the input of someone from outside the school as: '... an independent source that can add another perspective – which is more objective to the organisation. It brings the richness from outside that we couldn't.'

This comment seemed to add at least two possible interpretations of the significance of the training role. Firstly it appeared that the training may have provided an important sense of connection with the outside world. With the schools potential for isolation, the consultants may well have represented some healthy desire for the freshness of an external presence within the boundaries of the school. A second interpretation is suggested by later references by this teacher to her own difficulty in establishing her credibility with her staff: 'Because I'm working in the organisation it doesn't have the same impact ... so that's the thing, bringing the person from outside.'

This teacher went on to describe how having a consultant present, seemed to give the process of training greater formality: 'It's at a particular time and you have to be there. Its not left to when I need, I'll go to the psychologists. We actually have to sit down and we're forced to. It puts pressure on people, but it also puts responsibility on people. There are some things we have to do whether we like it or not.'

With knowledge of the ambivalence around the exercise of authority within the school, the consultants may have been thought to be able to provide some form of external discipline. Through this process, the consultants may have also inadvertently become identified with the less benign meanings of discipline within

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the school. The effect of this seemed to be seen clearly in the sessions with care workers who often, at the start of the year, expressed their anger at being forced to attend the training sessions with us.

Although some of our work was with other groups of staff, it seemed that in the minds of the teachers interviewed, our primary function had been to 'train' the care workers who were regarded as the source of many of the difficulties in the school. In exploring the need for our involvement in this particular aspect of the school, the teachers repeated many of their concerns about the 'difficulty' of this group and the urgent need for them to learn the skills to be able to deal with the children. Describing how we were first approached to help specifically with this group of staff one of the teachers said: 'And then we had the hostel side of it. You see, because things weren't going well in the hostel – in that so many children and people are under stress – and are quite ill.' Help in this particular group was also seen as important because many of the workers had not previously had this kind of training either prior to their work at the school or during their time there: 'Because they were not exposed to many workshops. And where you come from is also a problem, so if you come from, you know a lower income bracket and you are only just used to that and you haven't had that further education. You've got to learn as well sometimes.'

Once again, this comment conveyed a sense of the perceived inadequacies of this particular group. In this comment, the problems of the care workers seemed to be phrased particularly around class and the sense that this group has lacked the necessary background for learning. As well as re-establishing their inadequacy, this comment also seemed to reflect a hope that something lacking could be returned to this group. One teacher tried to convey her recognition that the problems of the care workers were located in the history of apartheid and her wish that it was somehow possible to undo this, saying: 'I can't change the past – but I can try.' Part of her way of 'trying' was clearly to make training available to the care workers. The training offered by the Clinic's consultants seemed, in the light of this, to be viewed as an opportunity to counteract the damage of apartheid education. At a deeper level this may also have harnessed a deeper wish to restore the deaf children to some undamaged state, and thus eradicate the source of some of the painful inequalities within the school.

The file notes provide considerable detail on the topics discussed during the training sessions with care workers. Amongst the most prominent, not surprisingly, were discipline and sexual abuse. Both of these foci were suggested by the care workers, but also seemed to reflect the school's more general concern with these issues. The students provided a number of workshops on discipline and tried to help establish a policy around discipline within the school. With the participation of the care workers during training they helped to draw up a document that reflected the need for respectful discipline of the children. More importantly for the care workers, the document emphasised the need for all staff to recognise each others' rights to discipline and not to undermine each other in front of the children. In spite of these concrete attempts to develop these kinds of policy, it appeared that by the end our consultation, discipline remained a concern within the school and the care workers felt themselves to be undermined in their attempts to assert themselves with the children.

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Similarly, in the area of sexual abuse, there were numerous discussions on how to identify and handle suspected cases. There were also attempts to explore the policy around the handling of sexual abuse cases more broadly in the school and once again it seemed that the attempts to shift the concern with these issues into the broader arena of the school were not successful. The supervising consultant who worked on this aspect of the project felt that the care workers had taken in, and developed, a much better understanding of the children's behaviour as an expression of distress and had learnt also to recognise and work with children who were suspected of having been abused. Nonetheless, she remained frustrated about her inability to work with these issues in the school more broadly. It appeared that the divisions within the school limited the impact of this training to the single grouping at home it was originally aimed. There appeared to be an organisational phantasy that problems resided with the care workers and they needed to be addressed there. However, it may have been that this unconsciously also served the purpose of protecting the other staff from having to concern themselves with these issues in the school more generally. As Bolton and Roberts (1994) suggest, the creation of staff groups to talk about important issues can sometimes paradoxically close off the possibility for addressing these issues more broadly within the institution. Instead these groups create the illusion that problems are being adequately dealt with through the targeted intervention alone.

Although little of our training seemed to permeate out of the care workers' groups and into the school more generally, the teachers seemed to appreciate our attempts at training the non-teaching staff. There was some general sense that these training groups 'had made a difference'. In the words of one teacher:

> The fact that we've had input from the outside – new ideas, personalities, that helped. The staff would have been less confident. You've given the staff – they need to be acknowledged as persons who have skills, who can do things, who are important in the organisation. We wouldn't have been able to get the in-service going – because we haven't got the time. The certificate made a big difference to staff.

In this comment, she referred to a certificate, which was provided to the staff, at their request after a year of training. The care workers had specifically requested these certificates in the hope perhaps of increasing the recognition for their efforts within the school. However, at various points they also seemed to doubt the value of the certificate, questioning whether indeed it could provide them with any concrete advantages like promotion. In this sense it seemed to echo the problems with the children's education, which could not guarantee them jobs or status. For the teachers, this certificate seems to have provided a concrete reassurance of success of the educational venture. However, beneath the veneer of this apparently successful system of training for care workers, the teachers remained concerned about the ultimate ability of the care workers to benefit from their education. As one of the interviewees suggested: 'But you have to remember that it is not readily absorbed by a mind that has not standard ground work – so it takes longer for the penny to drop.'

Another teacher seemed to acknowledge that the staff had in fact learnt from their training but felt that this, in the end made little difference to their behaviour: 'In the hostel – that's a difficult one. They have had input for a long time and you can hear when they talk now, they are more knowledgeable. But it is so difficult to transfer the knowledge into action.'

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Later this same teacher expressed more overt disappointment with the process that she had hoped would produce much more change in the care workers' behaviour: 'And it has been like that for an number of years, but somehow. Maybe what I envisaged didn't happen or maybe I was too ... I wouldn't say impatient. Maybe I would have loved to have seen results soon. Maybe I didn't realise it would take so long to see results.'

This negative view of the impact of our training seemed to compete with her understanding of the difficulties the care workers faced in their jobs and that the slowness of change was because of this and not simply their incapacity to learn: 'You get a little bit once a week and then you spend a whole week and your self esteem goes *wah*! You work with the children, you work at it and you just feel there it goes again. So it is a little bit coming up and its one step forwards and ten backwards. Eventually it will, I think. But it's a long-term thing. I don't know. Maybe I'm just pessimistic about it.'

On the surface, it appeared that the training offered by the consultants was taking care of the difficult aspects of the school, which had been firmly lodged with in the care workers. It seemed, however, that anxiety seeped passed this defensive structure and re-emerged in the sense of this group's irreversible inferiority and their inability to benefit from education. This seemed to repeat the painful experience of providing education to the deaf children in the face of doubts about its effectiveness in providing for the children's futures.

The fundamental problems of splitting within the school also affected the way in which the benefits of training were perceived. Not only did the consultants feel frustrated by their inability to extend their educational insights outside of the care workers group, it also appeared that the teachers felt themselves to have been excluded from participating in the learning and teaching process. One teacher described how she had felt frustrated that she did not know more about what was being taught as she felt she would have been able to participate in this, to produce better effects. As she described: 'Then they can say: "This is what we've been discussing. We've been talking about it three year olds, what to expect on a physical level, what to expect socially, what ..." Then I will know and I'll then watch how they interact with the child and I'll be able to say: "Good, that's wonderful, that's awful, shouldn't we try this way or shouldn't try that way."'

She went on to add that the consultants had seemed very closed to the suggestion that the teachers be more involved in this process: 'I got the feeling she thought I was prying into her. But that that was her private little thing that she is doing and I shouldn't pry into that.' While our consultants had no awareness of giving this impression, it seemed that our involvement here, as elsewhere, seemed to contribute towards a reproduction of the divisions across the school. Although our training intervention had been initiated at the request of senior teachers at the school, our involvement there perhaps evoked some feelings of envy and also contributed to the experience of disrupted communication within the school.

In summary, it seemed as though the teachers had a strong investment in our potential to offer training at the school, which might have been fuelled by the defensive idealisation of education within the organisation. In emphasising the consultants' capacity to manage areas that they felt to be emotionally taxing they may, however, have inadvertently robbed themselves of their own skills in these areas. They hoped for our

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training particularly to make an impact on the care workers who seem to carry some of the school's anxieties about irreversible damage and uncontrollable behaviour. They seemed to be disappointed in our inability to produce the required change, and this may have echoed their own feelings about their work with the children. Along with these issues, it seemed that our training process also inevitably reproduced some of the divisions within the school.

8.6.3 To provide emotional support

While the consultation work was mostly defined around training and supervision, our model of work inevitably filtered support into these processes. Thus in our understanding, the 'training' with the care workers was also an opportunity to discuss their feelings more generally and to encourage their self-development in various ways. Supervision and even the development of our parent project often also simply involved the provision of a listening ear and a generally supportive attitude. One teacher seemed to recognise this saying: 'It is also a more human sort of relationship. It's not one of professions. We know each other personally – it's not cold and clinical.'

It was this sense of a human presence, rather than our 'expertise' that was most important for her. Only in one instance was a group set up for the specific purpose of providing support and exploring relationships. Ironically, this was felt by one of the teachers to have been her least supportive experience through the various aspects of the consultation relationship.

From the teachers' comments it seemed as though for most, in spite of specific difficulties our general involvement with the school had been experienced as a significant source of support. It seemed that the idea of sharing responsibility was a motivating force behind this. Where the work is demanding and its emotional burden heavy, it may be helpful just to know that others are involved in the activity. It also seems to offer the reassurance of doing the 'right thing'. As one of the teachers said: 'I thought that's marvellous. We were also instructed by our department ... to keep contact with all these experts to help us in our institutions.'

Beyond the general sense of support they seemed to derive from our involvement, it seemed that one of the most important functions the Clinic had played for the school connected up with their concern to improve communication through the school. As one teacher said: '[The consultation] bought a sense of freedom – and I think it's because there is an objective person out there – for people to start saying how they feel.'

She and others felt that the consultants brought with them a particular way of encouraging people to speak their minds more openly, that they had not felt able to do before within the school. 'I think as a country we haven't been used to people saying what they think.' Her comment here seemed again to reflect some of the broader context of communication difficulties in South Africa under apartheid. She and others, however, felt that the consultants had had particular skills: '... to give space and to that person and to say it in whatever way they want. Now as I observed the different things coming out – the listening skills. That nothing was like shoved to the side. It was actually taken up. The group dynamic skills that definitely came out.'

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Another teacher said we had a 'fantastic way of working with adults', adding that although used to working with children, said she found it much harder to work with adults. Another teacher acknowledged that that some of the difficulties in speaking were that she was management and this created a 'certain amount of inhibition. One doesn't want it there but nevertheless it is there. I think it's brought a lot of that ... People are talking more freely than they were in the past.' Another teacher recognised that staff were generally much more able to participate in the running of the school. This apparent 'improvement' might have been experienced as something of a double-edged sword. While problems with communication may have seemed to be one of the most painful issues this school had to struggle with, its absence may have helped to create a protective barrier between the children's difficulties and the staff. The removal of this protective barrier seems to have signalled for the teachers a direct and difficult confrontation with difficult emotional experiences.

As much as they seemed to value better communication through the school, they also seemed to fear that, along with this, previously unspoken angers and resentments might be unleashed. This perhaps reflects the reality of the conflictual relationship between the senior teachers and the care workers. More communciation may indeed have meant that the teachers would be forced to hear more angry feelings from their staff. This fear may also have gained further impetus from phantasies about what the children would express if they were capable of communicating their real feelings. With their frustration, their experiences of abuse and their anger about their broader treatment within society, there may have been a sense of the anger of these oppressed groups having a powerful or even revolutionary capacity. Further, while the potential divisions between different groupings within the school may have developed originally as a defence against anxiety, it seemed clear that it now resulted in a range of secondary sources of anxiety (Menzies Lyth, 1960). All the teachers spoke about how our particular role had become identified with the conflicts at the school and it seemed that our presence might have helped to create a space in which this could be dealt with. They were however also afraid of the conflicts that had emerged as a result of our involvement. As one described our support group with teachers: 'You have five, six people sitting in a group and all different – all bringing their little burden to this room you know. Fireworks! But if you go into a situation – going in with all your emotions, you make them lay down – its fireworks.'

This teacher felt that it wasn't always helpful 'going into depth' with things and seemed to suggest that what was needed was a more problem solving, rational approach to the school's difficulties: 'Because I do think that this business of going into depth – it is quite dangerous – because you can be stuck in that hole forever.'

Once again, the care workers seemed to be, by implication, at the root of the worst conflicts in the school. It seemed that as the care workers had been 'empowered' through the course of the consultation, they were experienced as being more strident in their presentation of their needs. As one teacher put it: 'People are very outspoken. They don't care what they say in a group. Whereas if I compare that to the educators, we'd know how to word that, and say: "Alright – but you know the other day you did that ..." [But if they feel] I don't like you – I'll just say it in the most ugly way I like regardless.'

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She went on to say how she felt the care workers needed to be trained in the way that she had, in order to be able to express their feelings in a nicer way. Her comment suggested some anxiety about the raw emotional quality of the care workers' communication, which was presented here as being less palatable than those of the teaching staff. Another teacher who had also seemed convinced by the importance of better communication between the staff expressed similar misgivings. She felt that sometimes staff prioritised their own personal needs above those of the children: 'I think in the end of the workshop you know, it is sad, but you are here to work, not here to be pals with someone. You should just do your work. You must get on with people. For the sake of the child.'

It seemed that, for her, what was required was for the adults to put aside their differences in the interests of the children. Yet another teacher seemed to pick up on a more problem solving approach to the issue of conflict as she described a comment that had apparently been repeated to her: 'The other thing I've heard staff saying – the students said in the bigger group. Don't give me a problem if you don't also have a little bit of a solution. For the staff this was something very very positive. I could have said the same thing. But they wouldn't have heard it.'

This may well have been what the student consultants had said, but certainly it also seemed to have reflected this teacher's wish for the conflicts uncovered by improved communication, to be quickly and painlessly resolved.

While the teachers seemed on the one hand to appreciate the consultant's facilitation of communication through the school, they also seemed to fear the effects of this in the form of more overt conflict. Certainly, in terms of the historical developments within the consultation in which the care workers groups had seemed to facilitate union action against management, this was probably a realistic concern. However, in a context where there is a heightened awareness of the potential inequalities, there may be added reason to fear the uncontrolled expression of emotion from those who have been oppressed. Anxieties around this may also have fed into the broader concerns with discipline and control within the school.

In addition to an anxiety about our capacity to highlight conflict within the school, the teachers also seemed to experience some concerns about our capacity to increase the divisions and inequalities within the school. Just as we were perceived to undermine the psychology department at the school, we were perhaps also seen to be 'taking sides' with other groups within the school and adding to its divisive nature. This seemed implicit in some of the teachers' discussions about our role with the care workers, which suggested we might have been perceived as being on their side. One teacher described her own experience of feeling that the consultant took sides against her in favour of another group of teachers. In her account she emphasised the racial difference between her as a Coloured woman and the White consultant. As she put it: I think if you have a mixed group and your facilitator belongs to the privileged group before …' Later she added:

> 'This is very difficult you know. Apartheid has come to an end now but it's very difficult to say to people who belong to the previous privileged group – to say, just to talk about it – to say this

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> is what I experience … You can't say that to a South African. You know they don't like to hear that.'

Although this was the only direct reference to race throughout the interviews, for this teacher it seemed clear that the consultant exacerbated the racial divisions that that she felt ran through school more generally. Another teacher indirectly revealed her ambivalence about managing the process of sharing and withholding information linked to the consultation:

> What's been really helpful is those reports at the end of the year. I still think the staff feel the secrecy – they mustn't divulge anything. We do have group rules – the whole idea of confidentiality of the group its not a strong point in staff generally. They need a place where they can express some things. I feel freer because I know I 'm going to get some feedback – I think before there was no sounding board.

We in fact often did struggle with trying to balance the needs of different groups and their rights to confidentiality with the need to improve the free flow of communication through the school. Another teacher seemed to feel that we were not successful in this. She described how she had wanted to be more involved with the groups for the care workers, but felt excluded from these. She then realised, as she said, that they were doing some kind of 'self analysis' and expressed her wish that the consultant had been more transparent about this before: 'If she had said to me this is what she's doing – something like self analysis in a sense – if she had said that's what she's doing and its not relevant to the school, then it would have been fine. I can't then ask the person how are you doing know, what have you discovered this far, how is your ego doing now … But she didn't say it that way …'

Her comment seemed in tone to reflect her own sense that the consultants were being unclear about their activities and perhaps even deliberately misleading. This sort of feeling might reflect the broader issues with secrecy and division within the school more generally. While it seemed that the teachers valued our ability to facilitate communication between the different parts of the school, it seemed we were equally thought capable of reproducing some of the divisions in the school and exacerbating the underlying conflicts.

In summary, it seemed that although the staff at the school found our presence generally supportive, they experienced considerable ambivalence about our phantasised capacity open up communication through the school. On the one hand, carrying their own wish to establish better communication with the children and with one another, the staff hoped that we would enable them to talk more easily with one another. The long standing problems with communication at the school, combined with the sense of underlying resentment about its inequalities seemed however to imbue improved communication also with some more threatening qualities. Better communication might improve the functioning of the school but could equally disrupt its fragile order. Staff also seemed to experience our involvement as operating to the benefit of one group above another, rather than operating for the good of all. We were perceived to be supportive to some parts of the school, and we were seen to be withholding in relation to others. In this sense, we were sometimes regarded not as bringing the different parts of the school together but rather as adding to its divisions and inequalities.

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8.6.4 The consultants'/researcher's emotional experience

In discussion with the consultants and through my own personal experience, there seemed to be three primary concerns that dominated our thinking through the consultation process. The first had to do with the proliferation of the involvement that we had at the school. The second related to our sense of taking sides and splitting in our own work and in our relationships with one another. The final issues were each consultant's concern for the powerlessness and even oppression of their client group in relation to the rest of the school.

The various involvements we established at the school seemed to develop organically and somewhat unconsciously out of the work. It seemed that, while many of the consultants, including myself, were engrossed in our small area of involvement, we would every now and again experience a concern about a group or sector of the school which we had seemed to have excluded. This was then identified as a further need of the school and another project was developed to address its needs. Towards the end of 1997 and the beginning of 1998, in case discussions, we seemed to become more conscious of the way in which the consultation was developing in an 'add-on' fashion, which increased its size and the number of consultants involved but did not seem to produce better results. We began, through these discussions, to register the way in which we had followed the school in dividing up our consultation to match the divisions in the school and seemed unable to hold onto the organisation in its entirety. This difficulty was almost certainly exacerbated by our own organisational structures, which often split off the student work from other work at the Clinic and did not always allow sufficient group planning and discussion of developments in the consultation.

In discussions with consultants, both during the course of the consultation and afterwards in writing up this case study, I became aware of the way in which each of us found ourselves identified with and supportive of the group or individual with whom we worked. Each of us experienced an alliance, which was seen to be required in order to facilitate the interests of our group, as though in phantasy they were in an antagonistic relationship with some other part of the school or even the school as a whole. These alliances in each case seemed to be fostered by a sense that our part of the school had, in some way, been subjected to particular unfairness or oppression within the organisation. This resulted in each of the consultants feeling that they needed to 'fight' on behalf of their group or staff member. This sometimes emerged in a degree of tension when the consultants did have the opportunity to discuss their work with one another. Acknowledging these tensions may also help to explain why joint meetings of the various consultants did not happen as often as they ought to have.

In writing up the research, I was aware of my own tendency to 'take sides' with various groups as I considered the issues through their eyes. I struggled to hold onto a sense of the school as a whole and often found myself focussing in on only one aspect of it. These difficulties seemed to have been highlighted when I approached to school to give feedback on the research. I was initially anxious that whatever I would say would invariably seem supportive of one group and critical of another. When the school was unable to accommodate a discussion to its full staff body, I found myself feeling immensely relieved, but recognised

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that this was a product of the very divisions and splits I was trying to describe. I was surprised when, during the feedback session I held with the school, the group I spoked to showed considerable insight into some of the issues I had been anxious about raising with them. It may have been that the consultation process over the years had helped to create greater awareness and understanding of the dynamics of the school than perhaps I had imagined.

8.7 Summary and Conclusion

Once again, I will offer a graphic summary of the main themes that seemed to influence this organisation in its experience of the consultation services we provided to it.

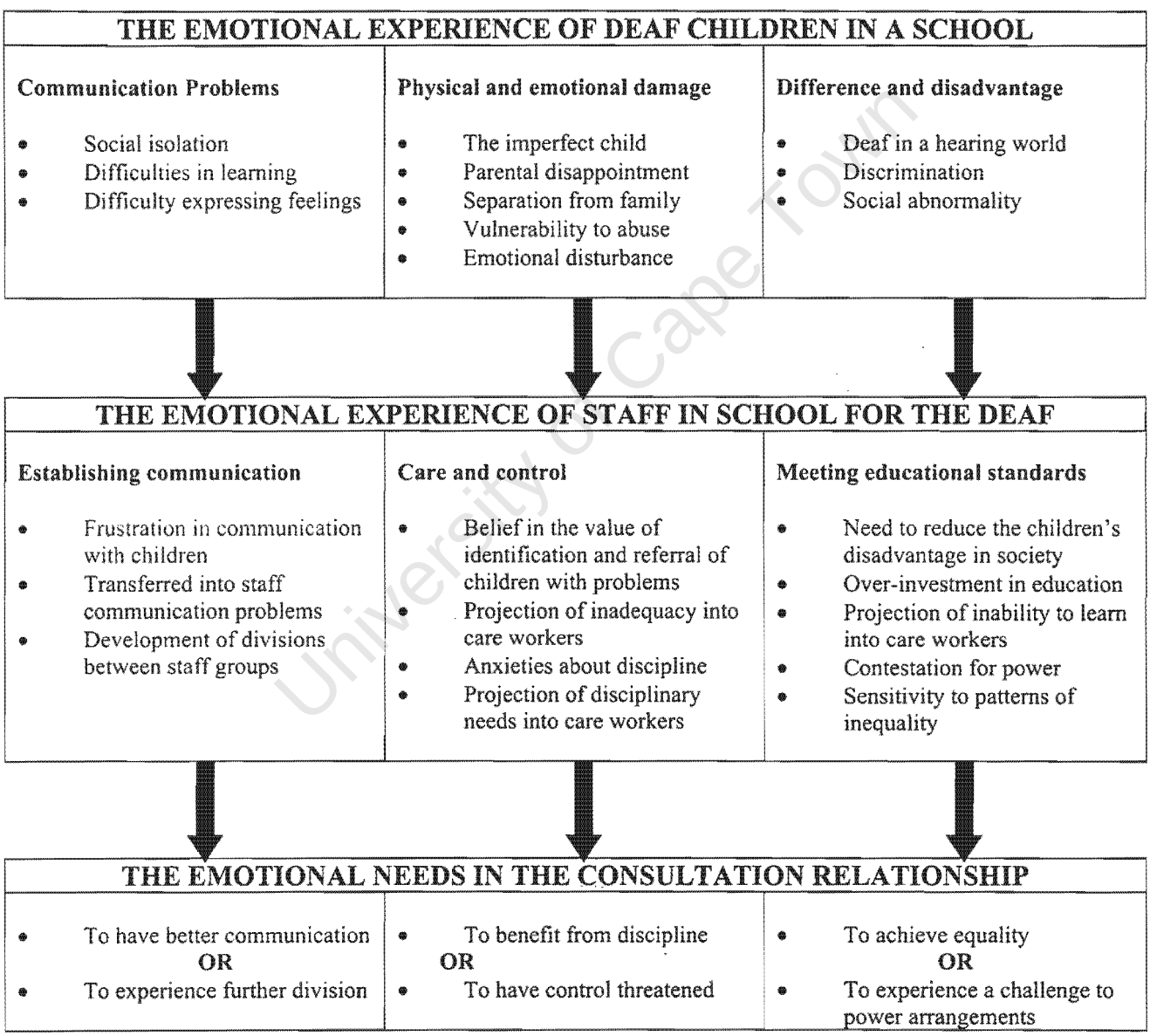


Figure 8.1

This school's primary task was defined by the needs brought into it by the deaf children who were its pupils. These children were understood to be struggling with communication difficulties arising out of their deafness and to have been exposed to a range of other emotional difficulties, associated partly with their physical

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disability. The staff of the school were also aware that deaf people occupied a particularly disadvantaged position in society and that the education they received at the school was unlikely to impact on their ultimate status in society. These problems placed a considerable burden on the staff who worked at Richmond House. In attempting to meet the children's needs, the staff prioritised the need to establish communication with the children. They seemed to internalise the frustrations and anxieties attached to communication and these were enacted through the staff grouping. This resulted in splits and divisions between different groups in the school, which ironically increased both frustrations about the absence of communications as well as fears of open communication. This dynamic seemed to enter into the consultation relationship, where it produced a desire for the consultants to be involved in improving communication through the school as well as anxieties about what resentments might be opened up within this. There also seemed to be a related fear that the consultants would contribute to further divisions within the school, and seemed that, on occasion, we did just this.

The physical deafness of the children seemed to translate itself into a sense of their emotionally damaged state. Their parents' difficulty in accepting their disability and their subsequent separation from them at an early age added to the sense of their emotional vulnerability. They were also seen to be particularly susceptible to abuse. This resulted, on the one hand, in a strong concern for their well-being, but on the other a set of fears related apparently to their being in some way disturbed or abnormal. The staff at the school saw themselves as being responsible for both their care and their discipline. In both these areas, it seemed that anxieties about incompetence were split off from the main teaching body and projected into the care workers who were described as being both uncaring and undisciplined. The school seemed to hope that our consultation involvement would provide the care workers with the skills to care more effectively for the children as well as with a structure of discipline that would force them into better behaviour. Ironically, our involvement was perceived, perhaps correctly, to be doing the exact opposite of this as the care workers received encouragement in challenging the established authorities of the school.

Driven perhaps by concerns about the children's disadvantage, staff seemed to minimise the doubts about the capacity of education to impact on the children's lives and instead idealised its capacity to assist both the children and the care workers. Once again, anxieties about the inability to benefit from education were split off from the teaching staff and projected into the care workers. Our consultation was specifically intended to develop this group, perhaps as a form of manic reparation designed to undo both their and the children's historical losses within the educational system and in society more broadly. In this there seemed to be a hope that we would help to establish a new equality through the school, but there was also perhaps an associated anxiety that we would assist in undermining the existing hierarchies of the school.

The influence of political experience through this consultation is felt in a number of ways. The position of the deaf children as a potentially oppressed group seemed to highlight experiences of difference, inequality and oppression throughout the school. These seemed to be constituted around superiority and inferiority. These kinds of social relationship seemed to be carried over both from the increasing politicisation within the area of disability as well as from the broader political inequalities in this school, dominated by racial and

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class division. Of course these phantasies are also well channelled within the accepted hierarchies of education. Within this structure, the less powerful groups in the school seem to carry projections of the more difficult aspects of the client groups and the staff's feelings about them. They carry the sense of 'otherness' and the feeling of despair and hopeless the school has to deal with in relation to the future of their disabled children in a discriminatory social environment. Education and training, on the other hand, may have represented a hopeful phantasy that disability can be overcome and the equality can be asserted. However, there may be anxieties that in restoring equality, the fragile authority of the school might be challenged.

Against this kind of background, the consultation process seemed to have been welcomed as an opportunity to restore equality between different groups in the school. It was also perhaps hoped that the consultants might restore the lost communication and provide skills to control some of underlying anger and resistance. This wish may have also been tinged with ambivalence insofar as it became increasingly clear that we might alter the sensitive power dynamics by encouraging the oppressed groups to assert themselves. While this 'empowerment' might be viewed as a valuable development, it takes on a more ambiguous emotional meaning within the context of this particular school.

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CHAPTER NINE

CONCLUSION AND DISCUSSION

9.1 Introduction

This final chapter of the thesis has several functions. Firstly, it aims to provide a brief summary of each case study in order to synthesise some of the themes of the previous chapters. Secondly, it will attempt to clarify the psychoanalytic contribution to an understanding of the dynamics of each organisational consultation. In this, I will detail the way in which the three case studies developed an understanding of the relationship between the emotional impact of clients on the organisation, their organisational tasks and the staff's needs and experience in the consultation relationship. Thirdly, I will apply some of the ideas gained from the psychoanalytic account to extend and explore their implications for the practice of community consultation and for the ability to meet the needs of children's organisations. Finally, I will consider some of the advantages and limitations of my theoretical understanding in facilitating the kind of work I describe in this thesis.

9.2 The Case Studies

The three case studies presented in this thesis offer an account of the consultation relationship, its needs and expectations, within three very different contexts. All three of the organisations described are involved in human service work and to some extent share the common context – and set of problems – relating to child mental health in South Africa. Within each case study, the organisation's primary task brings it into contact with different kinds of emotional experience and, in consequence, they have somewhat different needs and expectations of the consultation relationship. In this section, I will try to provide a brief synopsis of each of the case studies in order to highlight some of this variation and specificity.

9.2.1 The children's home

The consultation with the Mary Martin Children's home was one of the longer-term projects of the Child Guidance Clinic, beginning in 1992 and ending only seven years later. This organisation's work involved the provision of institutional care to very young children in anticipation of their transfer into foster care or other institutions, as they grew older. The consultants provided an on-going training and support group for the child-care staff who worked there.

The focal interviews with staff in this organisation suggested that their concerns were with the neglect and deprivation of the children as well as the possible abuse they might have been subjected to. The staff were also concerned about the abandonment and loss the children might have experienced in the course of their journey into institutional care. It seemed that, while they were worried about the way in which the children had been treated prior to their institutionalisation, they were also concerned about the structure of the

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children's home, which did not make it easy to meet these young children's needs. In particular, the system of moving the children on repeated their earlier experiences of separation in a potentially destructive way.

In response to these concerns about the children in their care, it seemed that staff experienced a very strong need to provide good compensatory care that would, in phantasy, undo the damage they may have previously been subjected to (Roberts, 1994a). Perhaps defensively, this impulse towards reparation was channelled into an excessive concern for the practical needs of the children. Nonetheless, the staff remained concerned about and aware of their inability to meet the emotional needs of the children effectively, which left them feeling guilty and inadequate. This experience was reinforced by their involvement in a system that contributed to the children's distress by refusing their continued stay in a place they might well think of as 'home'. Furthermore, an awareness of the abuse to which the children had, or could be, subjected left the staff with anxieties about their own potential for abuse. In response to this, they seemed to displace their own feelings of guilt into blame and anger at others whom they saw as being responsible for the children's plight. These feelings seemed to combine with their sense of powerlessness in relation to the immutability of their own organisational structure and their relative lack of autonomy within it.

There was little overt acknowledgement of the political loading of experiences in this organisation. This is perhaps explicable in terms of the domain in which it functions. The area of child-care is seldom politicised in people's minds although of course it may reflect a variety of political involvements, from race and class to gender (Burman, 1994; Wiley & Rappaport, 2000). The emotional constellations of this organisation however seemed to resonate with and connect up to issues, which may well have carried unspoken political meaning for the organisation. The young children admitted to the home were, like many children, subject to the power of the adult world and in this case, also to its abuses. They were not only subject to this as children, but also as Coloured children, born into a community which occupied an ambivalent and uncertain political space under apartheid (Erasmus, 2001). These issues may well have resonated with the staff's own experience of their Coloured identity and the social position they occupied because of this. This may have in turn repeated itself in the powerlessness of staff in relation to their partly White management structure. Ironically, the relative lack of awareness of these broader contextual factors within the organisation seemed to increase the sense of guilty responsibility amongst the staff. Like a mother who is unable to care for her baby because she is poor and unemployed, the organisation seemed to feel that the responsibility and blame for the situation was theirs alone.

Against the background of emotional and political experience, the consultants seemed to harness quite ambivalent feelings – those of the good and the bad authority. On the one hand, they were invested with an idealised capacity to provide for the children what the staff were unable to give: to provide therapy to the children, to have the answers to the problems the children faced and to provide practical support to the staff. On an emotional level, this phantasy seemed to carry expectations that the consultants could take the emotional burden away from the staff. But when they were felt to fail the organisation, they were experienced as neglectful, critical and abandoning. With powerlessness being a central preoccupation of the organisation, the consultation relationship seemed also to be viewed in terms of its capacity to abuse its

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power. While it had seemed that through our consultation we had been concerned to encourage the empowerment of the staff in relation to their management, the staff also experienced anxieties about our potential to undermine their power. They were concerned that we stood in judgement of their competence and flaunted our professional knowledge against their more practical expertise in the lower status work of 'child care'. This experience was reflected in the counter-transference, where we did sometimes feel critical of the organisation and its policies. It seemed that the continuity in the consultation relationship helped the organisation to maintain the consultant as a good object but that disruptions exacerbated some of the more negative feelings about the relationship and increased the likelihood that we would be seen as the 'bad parents'.

The consultants brought their own feelings of incompetence into the organisation and were sensitive to accusations of our inability to meet the organisations needs. These anxieties seemed to connect with the children's home's own experience of incompetence. The combination of these feelings fuelled our attempts to be the 'perfect parents', a task at which we were inevitably to fail. Through the consultation, we felt ourselves alternating between an idealised view of ourselves as the perfect supportive parents and a view which registered our frustration that we were not able to provide what the organisation needed. While racial issues were seldom articulated overtly during the consultation, our position as a largely White organisation may well have fed our own sense of guilt at our inability to provide, indirectly mirroring the staff's response to the children. As in the organisation itself, these overtly political issues were however obscured by our stronger need to situate ourselves as the good parental authority for the organisation.

9.2.2 The children's mental health project

Although this consultation relationship was on-going at the end of 2002, the interviews for this case study were collected fairly early on in the consultation process. The organisation was a relatively small mental health project catering to the needs of children and families in a large impoverished community. Staffed by non-professionals, the organisation was linked to and supported by the professional resources of a mental health research institute. In response to a request by their host institution, we began to provide training sessions, which soon mutated into a regular 'staff support group'.

Interviews with the staff of this organisation suggested that they were concerned with the emotional distress of the children and families they worked with. This distress occurred against a background of material deprivation and the emotional experience of loss that seemed to flow from this. The other central concern of the staff of the project was the pervasive nature of experiences of violence and abuse amongst the families they worked with and the legacy of conflict and mistrust in the broader community.

Working in this kind of atmosphere, the staff seemed to share their clients' emotional pain, using empathic identification as a way to manage their clients' distress and to counter-act their doubts about their competence. Exacerbated by their location inside the community and their own experience of belonging to it, they seemed to struggle to differentiate their own feelings of distress from those of their clients. Instead, the interviews seemed to convey a sense of a unity established not only between the staff of the organisation

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and their clients, but also amongst the staff themselves, who relied strongly on one another for support. The idealised container created by this phantasised union protected the staff against carrying the emotional burdens of their work alone. It may, however, have created problems with the regulation of emotion and the management of negative emotions in the group. The staff also seemed to carry an anxiety and awareness of the limited resources they had to offer their clients, both in terms of material facilities and their own training. They tried to compensate for this by providing beyond their own capacity, which left them feeling depleted. This contributed towards their sense of inadequacy and reinforced a dependent relationship on their host institution. The resentment and envy this generated was projected onto the funding relationship, perhaps initially to protect the organisation's relationship with its host.

Within the broader atmosphere of conflict in the township, the staff had to find a way to manage their repeated exposure to violence and its traumatic effects. Anxieties about safety and the disorganising effects of trauma appeared to be counteracted again by the idealisation of the supportive capacity of the staff group and the reparative impulse towards the restitution of the community. While these may have been helpful defences under very threatening circumstances, they also placed an unusual pressure on the organisation, adding to the emotional demands the staff already experienced in their work.

The political dynamics of this organisation seem much more overt. In this organisation, the destructive effects of apartheid on Black people were highly visible in the poverty of the environment and the levels of social dislocation and conflict, which are its legacy. More insidiously, the inequities of apartheid are also clearly present in the mental health system of which this organisation is a part. Although conceived of as making up for the deficiencies of the old system, this organisation in some way ends up repeating them. The inadequacy of the resources Sinethemba has in relation to the enormity of its task contrasts with those available in historically White areas. Furthermore, the dynamics of dependence acted out between the organisation and its hosts seem to carry some uncomfortable reminders of colonial power relations (Fanon, 1970).

Although initially the staff's expectations of the consultation relationship seemed to reflect their anxieties about being used and exploited, the organisation seemed quickly to idealise their relationship with the Clinic. While their funders, and later their host organisation, harnessed the more negative experience of dependency, the Clinic seemed to carry its more idealised aspect. It seemed that staff wished and needed to see us as supportive. They wanted to set up a close identification with us that situated us as an additional source of strength within the 'family' rather than a potentially, exploitative 'other' outside of it. While our presence added an extra protective layer to the organisation, it seemed that it made it difficult to deal with areas of difference and disagreement in the relationship or indeed for the staff to make stronger demands from the consultation relationship itself. This idealisation of our role also increased the likelihood of splitting between our perceived supportive role and their anxieties about being exploited by others.

The consultants brought their own anxieties about exploitation to this consultation relationship. They were aware of the potential to abuse their powerful position in relation to the organisation and reluctant to impose

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themselves. Although the anxieties about this ran like a thread below the surface of our interactions, on the surface we resorted to a comforting identification with their concerns that may have limited the extent to which we could actually impact on their work. The consultants' identification with the organisation may have prevented a more fruitful collaboration of minds and debate around different conceptions of psychology. The inadvertent encouragement of the organisation's dependency on the consultancy may also have impacted negatively on the development of the organisation's sense of its own capacity and perpetuated its relative powerlessness within the mental health sector.

9.2.3 The school for deaf children

The consultation at Richmond House was both one of the longest running consultation relationships the Clinic had and the project that involved the largest number of consultants in the many facets of the intervention. The major thrust of the consultation relationship was on an 'in-service training' programme for the care workers, who were engaged in looking after the needs of children who were boarding at the school. In addition to this, different consultants, also at various times, provided individual supervision to teachers, a support and discussion group for teachers and contributed to a project aimed at supporting and providing skills to parents of children at the school.

Although it was relatively harder to distil central preoccupations of all the different staff groupings in the relation to their work, the focal interviews suggested some significant areas of concern. The organisation seemed to be preoccupied with the children's difficulties in communicating. The staff were also concerned about the emotional damage thought to accompany their physical disability, including the separation occasioned by their schooling as well as the experiences of abuse to which they may have been especially vulnerable. In addition, staff may also have carried concerns about the disadvantage that the children experienced through their disability, especially in a context where educational and occupational success was unlikely.

The school seemed to carry anxieties about the capacity to establish communication between the deaf pupils and their hearing staff. This resulted in a generalised concern with communication and miscommunication. Ironically, in spite of the way in which good communication was established as an ideal within the school, the original anxieties seemed to be acted out in the form of poor communication across the different groupings within the school. This in turn resulted in divisions and splits, which exacerbated the concern with communication and its establishment as an unattainable ideal. In this form, the preoccupation with communication through the school served both to express the original anxiety as well as to distract the staff away from their anxiety that they not be able to establish effective communication with their pupils

With the considerable responsibility the staff faced in managing the emotional needs of the children in their care, teaching staff seemed to rely on a phantasy of their own competence around mental health issues. Anxieties about not being able to manage the children's needs effectively were projected rather onto the care workers. The children's disability perhaps also evoked more diffuse anxieties around 'normality' and called

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up related phantasies that disabled children might be more difficult to control. In response to this, as well as more general anxieties within the school and in the broader society, the staff seemed to place a high priority on discipline. They seemed to carry both hopes about the capacity for discipline to restore order in the school as well as fears about the potential abuse of its power. Both these phantasies seemed again to attach themselves to the care workers who carried the concerns about abusing the children as well as being situated as in need of discipline themselves.

It would be usual for a school to be concerned with the tasks of learning and teaching. But in this school, perhaps in response to the anxieties evoked by the children's disability, the teachers seemed to elevate the significance of education to exceptionally high levels. Perhaps in denial of the way in which deaf people may be limited in their progress through education and later in getting employment, the staff seemed to foster a manic phantasy in which learning carried all the hopes of restitution and equality. The split off anxieties about the frustration and perhaps even futility of education for deaf children seemed to be projected into the care workers who were perhaps left feeling like the handicapped children themselves.

Many of these phantasies were overlaid by quite powerful political agendas that expressed themselves both overtly and covertly. In particular, the defensively generated splits in the school seemed to intersect with, and express themselves through, a variety of political divisions: the division between the deaf child and the hearing adult; the division between Deaf Culture and the hearing world; the divisions between Black and White; between educated and less educated and so on. Anxieties about the potential for the abuse of relatively powerless groups by more powerful groups were clearly evident in this, as was the equally strong anxiety that existing power relationships might be subverted and challenged. These concerns within the school seemed to resonate with the broader changes in South African society and some of the anxieties accompanying the shifting power relations within it.

In response to all of these complex feelings, the staff had hoped for the consultants to perform a variety of different and sometimes contradictory functions. They seemed to hope that the consultants would address the educational disparities between different groups in the school and restore some kind of equality. They also perhaps hoped for the consultants to introduce some external authority that could bolster the school in the face of its own ambivalence about authority and power. At the same time, it seemed that the consultants were perceived to be capable of subverting the power structure of the school and opening up frustrations and angers that lay below the surface. While the consultants harnessed the hope of improved communication they were also seen to contribute to the divisions within the school and may sometimes have even heightened the conflict between different groups in the school.

Critical reflection on our role at the school suggests that we did in fact contribute to the splits and divisions in the school through the 'add-on' approach that we to took to the consultation, which proliferated our activity without creating the coherence that was needed. This may have unconsciously also protected the consultants from the full emotional burden the staff carried, reproducing the attempt to 'split up' the heavy emotional burden of disability (Obholzer, 1994a). In addition, it may have been that this particular strategy

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allowed the consultants a more comfortable alliance with the different groups within the school without having to engage the uncomfortable inequalities between groups. Thus each consultant (or group of consultants) could hold their relationship with their group of staff intact and avoid the experience of being compromised by too much contact with their perceived oppressor.

9.3 Looking for Patterns

While the case studies were deliberately intended to provide an indication of the specificity of developments in each consultation relationship, it is also important to look for general conceptual patterns that emerged through this case material. The starting point for this is provided through a brief review of the fundamental theoretical ideas of the psychoanalytic view I used to structure my analysis and some reflections on their value in this process.

In the way that I constructed each of these case studies, I attempted to suggest the flow of emotional experience from perceptions about the clients and their needs, to the staff's perceptions of their own work and then into the consultation relationship. While each of these case studies illustrates a very different set of dynamics, there is some commonality in the way in which the organisation's experience of their clients is understood to impact on their own construction of their work and its emotional significance. This in turn seems to contribute to the way the consultation is perceived, what needs are felt in relation to it and the experiences within it. In the children's home, the analysis demonstrates the way in which the concerns with abuse, neglect and separation manifest in the staff's wish to be perfect parents and in their ambivalence about our ability to assist them in this process. At the children's mental health project, the awareness of distress, deprivation and violence foster a reliance on group cohesion, a process in which we were also required to participate. In the school for the deaf, the anxieties about disability and disadvantage created a particularly divided organisational structure which we inadvertently found ourselves participating in, and helping to maintain. In each case, the underlying anxieties are seen to arise in the perception of the clients' emotional needs. These phantasies about the clients' needs help to structure the organisation's perception of its task, which was constituted both to minister to the clients' phantasised needs and often to defend against their full impact. Inevitably, it seemed that an organisation's needs in relation to the consultation relationship are filtered through this. The organisation's needs and expectations seem to require us to bolster the organisations defences in various ways as well as to deal with the secondary anxieties, which arise out of each organisation's protective strategies. In this arrangement, the feelings of the consultant are also harnessed, where they carry not only the projections from the organisation but also filter these through their own emotional investment in the consultation process.

This kind of analysis seems to provide a useful way of thinking about the conscious and unconscious emotional aspects of community consultation work and how these may be tied to the feelings brought into each organisation by their clients and by their primary task. While at one level it is possible to think about these issues as products of individual pain and organisational defence, it was also useful to recognise the political meaning these kinds of experiences carry into the consultation relationship. Through the

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experiences of the clients – which are in themselves loaded with political significance – political experience seemed to be brought directly into the different organisations. In any organisation, the political experience of clients resonates with the political experience of the staff of the organisation and the political position occupied by the organisation. All of these meanings interacted with political ideas and structures in the broader society, which highlighted particular aspects of the organisational experience and also provided the vocabulary through which it could be expressed. In this sense the political was not 'out there', something separate from emotional experience. Instead it seemed to be inseparable from it and expressed along with it. Thus, for example, the struggles around deaf empowerment in the school for the deaf were deeply felt responses to the disadvantaged position of this group, in this school, at that time, as well as conforming to a recognisable political position available within the broader society. These ideas may have defended against the painful feelings of shame and isolation forced onto deaf children, but also represented a valid and meaningful response to oppression.

In addition to the capacity of this approach to address the relationship between politics and emotion, there are a number of other reasons why it seemed to be valuable in accounting for the dynamics of community consultation. With its emphasis on the whole relational matrix, it was practically useful in helping me to hold together the different parts of the organisation and the consultation in my mind during the analysis. On a theoretical level, its recognition of a link between clients' experiences, those of staff and of the consultation relationship, provided an understanding which was fundamentally social and seemed to avoid the tendency to reduce the social to a collection of individuals (Hinshelwood & Chiesa, 2002a). At the same time, the kind of social explanation this framework offered also seems capable of holding onto the significance of meaning and subjectivity, which may be easily lost in more social accounts (Smail, 2001). In addition, this approach also seems to have offered an account which is capable of acknowledging ambiguity, complexity and contradiction, rather than offering a smooth romanticised narrative which might have glossed over some of the more difficult or even embarrassing aspects of this work (Rustin, 1991). This view also counteracted the tendency to view the success or failure of a consultation relationship in relation to a superficial set of criteria without understanding the possibility of deeper layers of meaning behind these. Instead, it suggests the way in which all the participants and their emotional and political connections to one another contribute to the way in which this partnership is given meaning and experienced by them

In an attempt to develop and explore the conceptual patterns that have emerged through my case analyses, I will explore some of the commonalities and differences that emerged through the different levels I employed to structure my analysis.

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9.3.1 Level One: Phantasies of the clients' emotional needs

In the analysis I have provided, the organisations' phantasies about their clients emotional needs represent a helpful starting point. Following the tendency of much of the psychoanalytic literature on human service organisations, this is recognised as a powerful source of anxiety for an organisation (Halton, 1994). It is important to explore this idea a little more carefully.

Each case seemed to highlight a different constellation of problems amongst their clients. In each instance, the particular problems described seemed to arise from the particular nature of the client group as well as the focus of the organisation. Thus for example the children's home, which had to provide parenting to the children, seemed particularly aware of the deficiencies in the parenting the children had received. On the other hand the mental health service was particularly alert to those features of the environment that seemed to cause emotional distress to children. In each organisation the main problems were defined in terms of the particular view of the organisation. In this sense it can be said that the problems of the clients are 'constructed' by the organisation. At the same time, it seemed that their particular view was not entirely arbitrary, but connected to recognised problems amongst the children with whom they worked. While from a hermeneutic position it may seem irrelevant to assert the 'realness' of these problems, it is difficult from an ethical position to ignore the fact that many children are being abused, that families are living below the breadline or that people have suffered, and continue to suffer through discrimination, violence and oppression in this country. Inasmuch as there are considerable differences in the problems identified as significant to their clients by the different organisations, these kinds of contextual factors affecting children in South Africa were alluded to again and again suggesting them as part of a general context with which human service workers in South Africa may have to contend. Together these case studies paint a picture of considerable emotional distress, particularly in groups of very vulnerable children. These issues are of course well recognised by local researchers who suggest that the incidence of these phenomena are considerably higher here than elsewhere (Dawes & Donald, 1994; Dawes, Donald & Louw, 2000). The statistics, however, do not always capture the levels of emotional distress felt by children in difficult circumstances and individual case studies struggle to reflect the scope of the problems.

At the same time, it needs to be acknowledged that there is a fluidity in perception not present in reality, in which some issues may be illuminated in particular ways above others. The kind of problems the staff in these organisations report are unlikely to be an unfiltered reflection of their incidence in the community. Rather, they may reflect the organisation's particular approach to the problem and the way in which this forces some issues into the foreground and others into the background. Their perceptions of their clients' problems might also be expected to represent those experiences that have been most distressing occurred most recently or have received considerable publicity. L. Swartz (1998), for example, describes other research showing that health workers significantly over estimated the number of clients with mental health problems that they saw. The interpretation was that this reflected their experience of the emotional burden of this task rather than its practical reality. Society also throws certain kinds of problems into relief more forcefully at different times and for different reasons. The attention devoted to child sexual abuse in recent

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decades is a good example of the social highlighting of a particular kind of emotional experience (Levett, 1988)

The variety in the meanings assigned to the apparently common problems of clients also suggests a need to focus on emotional rather than practical reality alone. While there were differences in the kinds of problem identified as significant for the different organisations, there were some issues, like abuse, which came across strongly in all three case studies. What is notable though, is that the idea of abuse was slightly differently constellated in each of the different accounts. It seemed to carry some general anxieties about powerlessness and images of perpetration and victimhood, which perhaps arose out of some common understanding. In general, these issues seemed to acquire slightly different meanings that linked to the specific institutional culture of each organisation. Thus when abuse was considered in the children's home it seemed to be tied closely to the betrayal of parental authority. In the school for the deaf it may link more strongly to silence and shame, while in the mental health service it may connect up to the more general patterns of violence and helplessness. This raises the importance of understanding the specific meaning of a psychological problem for a specific organisation. It is all too easy for consultants to try to predict the effects of one kind of problem or another for an organisation. This research, however, suggests that this kind of prediction may hide a more specific understanding generated by the unique experience of the work in each organisation.

In addition to these considerations, it may be useful also to reflect on theoretical and methodological issues in relation to an understanding of the clients' emotional experience. In this analysis, I selected particular ideas from the interviews, which I grouped together to provide some understanding of how the staff of the organisation seemed to think of their clients needs. In this, I reflected my intention to acknowledge that what was being spoken of here was not the clients' own psychological needs but the phantasies held about them in the organisation. This position would be consistent with the theoretical position I have adopted, which would argue essentially that it is the internally constructed image of the client that may be important in this consultation relationship rather than realistic characteristics they are thought to possess. In terms of this understanding, it is important to recognise that it is not abused children, deaf children or abandoned children who are being spoken of here, but rather a conception of them which may be loaded with phantasy, which serves the interests of the observer rather than the observed. Armstrong's (1997) notion of the 'institution of the mind' (p.1) may be helpful here in thinking about these images as group products, which in some way represent the whole system in which the clients are involved. In this theoretical understanding it becomes possible to talk about these images, not as direct reflections of the real, but as products and contributors to a particular culture of thinking within the organisation as a whole.

While this idea may have considerable usefulness, it is also important to recognise some of its more problematic by-products. Particularly in thinking about the phantasies of the deaf child, I was struck by the way in which the views of deafness conveyed might well be regarded as profoundly insulting to deaf people. Drawing from Main (1975) it would be relatively easy to question the fact that pain, isolation and ostracism are a necessary part of the experience of deaf people and to allow that these may be projections of more

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vulnerable aspects of the staff's own response to their work. Importantly, as Marks (1999) notes, assumptions about the experience of disabled people may not only be unhelpful but also represent a form of oppression through the denial of the deaf person's own experience. In this example, my awareness of this disjunction may have been prompted by the increasing empowerment in this group and it may well be that images of abuse, deprivation and so on may be equally unacceptable to those who have these experiences. On one level, this would appear simply to point to the necessity to acknowledge that all these kinds of ideas are phantasies, which represent a mediated reality, both for clients and those who work with them. At the same time, it may be important to draw attention to the way in which power operates through these phantasies. In the 'institution of the mind' it may well be that the phantasies of the more powerful groups dominate the organisational culture and alternative interpretations may not easily find a foothold. Thus the views of the staff may easily predominate over those of their clients and this experience of 'othering' may have implications for internalised oppression (Marks 1999).

In a similar vein, it is also clear that the identification and description of the 'needs of the clients' was also partly structured by my awareness of common problems dealt with by each organisation and my knowledge of the areas in which they worked. Indeed, I quite often developed the understanding presented by the staff through reference to literature, which recognised this or that feature as being a common difficulty experienced by an abused or a disabled child. This again begs the question of whose experience is being represented here. At the very least it would be important to recognise that these phantasies of the clients belonged not just to the staff of the organisation but also represented my own and my profession's ideas about how these things are experienced. The chances are also that the staff's views of these things may have been mediated through their knowledge of the same kind of popular and academic literature which informs my view in the way that Rose (1990; 1996) suggests. They have also, obviously, taken on views shared through the consultation process. This introduces a further hierarchy of power into the understanding of phantasies about clients. It may be that participants in the consultation relationship are under sway of powerful images of psychological victims, which may not fully accommodate the experiences of those who have less power to assert their view of reality. This suggests that consultants may need to question the assumption that clients' experiences constitute the primary source of anxiety for a human service organisation (Halton, 1994). Instead, the process may be a much more circular one and it would be important to open up phantasies about the clients' emotional experience for critical scrutiny.

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9.3.2 Level two: The structure of the organisation and phantasies about work

In each case study, the defined task of the organisation seemed to draw the staff into a particular conceptualisation of their role in relation to their clients. Not surprisingly, staff at the children's home believe their function is to provide care to children; those working in the mental health project are involved in counselling and the school for the deaf involved in teaching. Each of these tasks put the organisation in a specific kind of relationship to their clients where they are alerted to certain kinds of experience above others. Thus the school becomes conscious of the painfulness of learning for its pupils and the children's home connects to the dependency needs of the children. In terms of this analysis, this task orientation gives

rise to particular kinds of anxieties that may not be prevalent amongst those performing a different task with the same client group.

However, while these tasks appear in someway to be the self-evident product of the nature of the organisation, they are also subject to particular interpretations that reflect the broader culture of the organisation. The literature suggests the way in which these tasks are themselves partially moulded by anxiety and defence. Thus, for Bion (1961), the primary task can be easily eroded in the face of anxiety to give rise to basic assumptions, which in a sense constitute an alternative group task. Recognising the root of anxiety in the emotional experience of the client group, the definition of the task may also represent an expression of, and defence against, this contagious emotional experience. In the cases presented in this thesis it seemed, however, that the primary task was not necessarily superseded by more irrational objectives. Rather reasonable tasks of the organisations were adjusted and extended to accommodate other concerns and anxieties. Thus, childcare remained the primary task but was interpreted as a set of practical demands within which the worker was required to provide more than exemplary care. Counselling was translated as requiring an empathic union of client and counsellor and education was idealised and used as a form of manic reparation. From the point of view of the consultation, it may be important to recognise that the tasks identified by the organisation were not in and of themselves irrational, but rather that they reflected practical needs as well as emotional interests. The scepticism people often feel in relation to psychoanalysis may partly be a product of the kind of thinking which would want to discount any more rationalist interpretation of behaviour. With task definition situated so clearly on the border between the irrational and the rational, it may be more useful to recognise additional interpretations in the style of 'as well as' rather than 'instead of'. The danger in not doing this, may not only be a mistrust of the value of psychoanalytic thinking for organisations, but also may undermine organisations own sense of their role and tasks.

The organisations' interpretations of their work appeared not only to be a product of anxieties introjected from the client group. Their view of their task seemed to be influenced by the emotional experiences of workers themselves and the histories they brought to their work situation. While an exploration of these issues was not a focus of this research, there were some indications of the staff contributing their own anxieties into the defensive structuring of their engagement with their work. Thus in the mental health service, the staff's own experiences of deprivation and their direct exposure to violence must have contributed to their investment in the idealised group which they needed to support them. Theory and research suggests that this may well be an issue of considerable significance insofar as those who work in the human services are frequently drawn into an identification with the issues with which their clients struggle (Roberts, 1994a). This contribution may be particularly strong in the organisations I have documented here, where apartheid created group identity and forced contextual similarities onto different race groups. Thus the points of identification between a Coloured child care worker and her Coloured charges may be particularly strong, as would those of a teacher who had experienced similar discrimination to that to which her pupils had been subjected.

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In addition to these factors, it would seem that the structuring of the organisation and its broader position in the social infrastructure also played a considerable part in defining how the organisational culture developed and the way the tasks of its workers were defined. In the children's home the relative powerlessness of the workers in relation to their management created the structure within which the children's powerlessness resonated strongly. The mental health project, dealing with issues of violence and oppression, operated in a structure which provoked experiences of exploitation and lack of security. The hierarchical arrangement of the school repeated the inequalities to which disabled people are subject. Clearly, these structures were not simply a product of an organisation phantasy generated by clients' emotional experiences. Nevertheless, they seemed uncannily to reproduce aspects of the emotional experience of the organisation. In understanding this, it would be a mistake to assume that the interpersonal dynamics of the organisation somehow create this structure. At the same time, their resemblance may better be attributed to the shared social structure out of which both the emotional and structural arrangements of the organisation arise. Thus the common context of oppression, racism, poverty and so on increases the likelihood that the structure of the organisation will in some ways match the more personal concerns of its members. In addition it is possible that this mirroring of inter-personal dynamics and structure created a situation, in which aspects of the structure were highlighted and thrown into relief by different kinds of organisational experience. It may be that the management of the children's home acted in ways that undermined the staff, but the structure may also have performed quite different functions as well, for example demanding a high level of bureaucratic accounting from its staff. It is the former rather than the latter which is thrown into relief by the emotional experience of the organisation. There is, however, a significant difference between this and a view that suggests that organisational structures are infinitely malleable. In a similar way the broader ideologies and structures of the social context, racism, class divisions and so on are also clearly not created by emotional experience alone (Frosh, 1989). These experiences are incorporated into the organisation, invested with meaning and reproduced within its boundaries. Recognising the inter-relationship of these processes, rather than collapsing the social into the personal, would be essential in consultation work.

Furthermore, it appears from these case studies that phantasy itself holds political meaning and is used politically in the organisation. In particular it seemed as though more powerful groups in each organisational setting had the capacity to inject less powerful groups with their own phantasies, serving their own defensive interests. Thus the teachers at the school for the deaf seemed able to project their own feelings of inferiority and incompetence onto the workers who were much less able to force their experience into the teachers. The staff on the mental health project may have carried the sense of futility for their host organisation, allowing it to engage in more productive activity and to benefit from the sense that something was being done to provide for an under-resourced community.

Additionally, the organisational tasks, as described by the staff in this study, may also have been mediated through the relationship with researcher/consultants who represent a particular position in the mental health field. The kinds of task called to mind within the context of this relationship may be those that mirror the perceived interests of the consultants. Thus emotional issues and tasks related to these may feature much more strongly in the minds of the staff, engaged as they were in dialogue with the consulting institution.

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This may have led to an unusual predominance of psychological language and apparent psychological concerns in the staff's accounts of their work. Terre Blanche (1994) suggested, contrary to current ideas about the pervasive power of the psy-disciplines and their concerns, Black communities outside Johannesburg felt much less interest in these issues than for material and practical concerns. However, it might be that our presence at, and interest in, the various organisations actually calls up some psychological concerns that might otherwise have remained relatively dormant in the minds of those who work in these organisations. Perhaps it might be important in any consultation relationship to recognise that a concern with emotional experience may not be the only one carried by organisations, and may often not be their primary concern. It would be helpful in consultation work to hold a sense of the value of psychological understanding for community organisations within a more balanced perspective that recognises that they must also have other priorities.

Even from this brief discussion it is clear that the task in human service organisations represents a complex intersection of factors. It seems to contain something of the clients' emotional experiences, or more accurately phantasies about these. These weave their way through structural and social possibilities, which both highlight and are thrown into relief by the emotional dynamics of the organisation. The construction of the task may also be influenced by perceptions about the consultants' areas of interests and the way that these have been constructed in the consultation relationship.

9.3.3 Level three: Needs and experiences in the consultation relationship

The way in which organisations defined their needs and described their expectations of the consultation relationship seemed to reflect something about the organisational culture and the phantasies that were a part of this. In some way, it also seemed that the parameters for their experience were set by our understanding of our role in relation to them. While often not consciously articulated as a goal, but perhaps as a function of our broader clinic structure, we were associated with providing direct psychological interventions to children within the different organisations. The focus on training and support was provided by our own model and my use of this in the analysis reflected this as a common understanding within the consultation relationship. In spite of some agreed territory in which the consultation was perceived to work, it seemed that all of these possible forms of intervention were injected with highly specific contents and meanings in each consultation relationship. As the case studies illustrated, the organisations seemed to invest the consultation relationship with their own phantasies, hopes and anxieties, which in turn influenced the roles we were envisaged to play in relation to the organisations' needs. Following the structure of the analysis, I will look at some of the ways in which the organisations interpreted our role as a direct service provider, as a source of knowledge and also as a source support. I will also look at some of the other roles we might have been expected to play in terms of both our and their interpretation of our role.

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The consultant as direct service provider:

All three of the organisations described in this thesis seemed clear that they would appreciate the help of a psychologists who would provide mental health services directly to the children. Given the different organisations' sense of the emotional distress in their client group, it is hardly surprising that they would want, and hope for, access to psychological services. This was particularly so in the light of the obvious lack of other resources available to each of the organisations, for either practical or other reasons. While each organisation felt this need in slightly different ways, it seemed that all felt burdened by the children's emotional needs and, in most cases, felt they had limited capacity to attend effectively to these. The children's home is perhaps the clearest example of this, where an awareness of the children's emotional needs created considerable pressure on staff who felt, on a conscious level, that they had neither the skills nor energy to cope with this additional demand on their time and resources. Quite understandably, they hoped the psychologist could take some of this burden from them. This wish also seemed to be expressed by staff at the deaf school who recognised that their hope for direct psychological intervention was less likely to be realised given the difficulty that hearing psychologists may have in communicating directly with deaf children. The mental health service, which had the greatest overlap in terms of tasks with the role of the psychologists, seemed, in consequence, to feel things rather differently. They longed for the skills to intervene themselves and the resources they imagined were available to professionals and to which they did not have access. Yet at the same time, they retained a wish for a psychologist from the local area, who might supplement their activities.

In whatever way their work was framed, it seemed that these organisations still felt the need for psychological help to be made directly to their child clients. As much as they took on, in varying degrees, a concern for the children's well being, they seemed to remain certain that a psychologist had something particular to offer beyond their own levels of expertise or willingness. Direct intervention from psychologists seemed, in all cases, to remain the ideal. This raises some interesting questions about our own reluctance to serve this kind of function for the organisations with which we worked. The thrust of the consultation model is that the psychologist should not provide direct services to the children but rather should build the capacity of those in the organisation to take on this kind of work. Through these case studies, however, it might seem that the vision of a strong, helpful, direct provider of psychological services might still be what ideally is required by these organisations. This view of the psychologist's role may be invested with quite powerful feelings of need motivated by the workers feelings of being overwhelmed and incompetent in relation to the enormous demands on them. With the kinds of stress they face in their work, the idea of taking on the 'expertise' of the psychologist may not be as appealing as community psychology would have us believe (Orford, 1992). Our aim of 'sharing' psychology is not perhaps associated, at least in the short term, with an increased sense of powerfulness and competence in the organisations. Rather it is experienced as a burdensome reminder of their own inadequacies. The idea that someone may be able to take this burden from them may be quite a strong investment and one only reluctantly given up in favour of their potential knowledge and power in these areas.

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This persistent hope for a psychologist can be viewed as a form of unhelpful idealisation that prevents the organisation from properly taking charge of its own domain, an impediment to the goal of empowerment (Rappaport, 1981). On the other hand, it may also be recognised to emerge out of a system that perhaps demands too much human service workers. The staff in the organisations described here were already dealing with a considerable load. They worked hard, under conditions in which their practical tasks were often made more difficult by their limited access to resources. Under these circumstances the attempt, through the consultation, to shift the burden of caring for the children's mental health may have been perceived as yet another unwanted demand on the time and energy of the workers. This was perhaps especially so for organisations whose primary tasks were not in the domain of mental health itself but were defined, in the one instance, as child care and in the other, as education. While both these domains may have some area of overlap with mental health they are not synonymous with it. The mental health service's request for a psychologist on-site is slightly different insofar as it may reflect a realistic desire for expertise beyond the workers own training. All of these issues perhaps take on particular significance in a situation where it is clear that accessing any psychological services is often difficult for these organisations. Although more radical community psychologists and social theorists might suggest that this may in fact represent no real loss other than the disempowering effects of expertise (Serrano-Garcia, 1984; 1994), it is unlikely that it would be perceived in this way, particularly given the disparity in services available for these organisations in comparison to the children of the wealthy middle classes. In this context, while the absence of the consultants in provision of direct service may have become a familiar part of how the consultation is structured, it may be accompanied by a feeling of deprivation, which reflects the broader deprivation of the social position these organisations occupy. This results in a somewhat ironic situation in which the organisation's wish to be helped in their work runs counter to the consultant's insistence that they must develop the capacity to help themselves.

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While some consultants at various times provided a little more in the way of direct intervention, the model of consultation we employed helped to screen off much of the burden of responsibility we might have felt in relation to our work. On the one hand this suggests coherence in our model of working and the commitment to training and support above direct intervention. More unconsciously, it is possible that this investment may have been fuelled by our own anxieties about a direct confrontation with the enormity of need that the staff had to face themselves. The slightly removed role of the consultant allowed considerable protection from the often overwhelming feelings the staff had to face and perhaps even the unsuitability of our own theories and practices to meet the needs of the children they worked with (L. Swartz, 1998). This view repeats that expressed overtly and covertly by the organisational representatives who, perhaps rightly sometimes questioned our ability to work directly with children across the barriers of language, race and class and the theory-practice divide.

The consultation model is based partly on a critique of a conventional model of psychological practice, arguing that this may perpetuate unequal and disempowering relations between expert and 'community'. At the same time, this model draws support from an argument that suggests that this 'skills sharing' might also represent a solution to the problem of scarce resources. These two positions, often linked together into a

rationale for consultation, seem to suggest quite different things. The former suggests that skills sharing represents the ideal (Orford, 1992), while the latter reflects a compromise which situates consultation as an attempt to manage a much less than ideal situation. Perhaps the ambivalence some of the organisations expressed about our role in direct intervention conveys their own awareness of these two divergent views. On the one hand consultation is a poor alternative to direct service and on the other it is felt to give appropriate respect to the knowledge and experience of those who work closest to the children and know them best. In a society where some people have more easy and direct access to psychological and other services, there may well be ambivalence about accepting this kind of consultation in the place of other services.

These kinds of concerns may facilitate the organisations' expressed discomfort with a model of practice that emphasises group work above the individual. This discomfort is further exacerbated by the familiarity both in popular images (Sekoff, 1989) and in the bias of much psychological training towards individual models of practice (Gibson et al., 2001). Combined with concerns about depriving people of access to these services, there may also be a reluctance to accept the consultation model because of its unfamiliarity and the demands it makes on the consultee organisation. These doubts about the model of consultation perhaps find resonance with the consultants who also fear that they are not doing enough to help and may find themselves acting out some of their own ambivalence about the value of their consultation.

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The consultant as knowledge provider

The consultant's role as trainer or knowledge provider was acknowledged through all three organisations. In each case, however, the feelings expressed about this part of the consultants' work seemed to be motivated by the different dynamics of each organisation. In the children's home, the investment in training seemed to be provided by the desire to improve the efficiency of the home and feed its phantasy of 'perfect parenting'. The disappointments in relation to the consultation equally seemed to centre on these kinds of issues. In the mental health project, training was firmly associated with developing the workers confidence and their belief in themselves. It was also not very clearly separated in people's minds from the support function of the consultation experience. For the school for the deaf, our role in training was appropriated as part of an attempt to deal with the inequalities in the organisation. In spite of these fairly significant differences in the way that organisations felt about our potential to provide expert knowledge, there also appeared to be some general issues of significance.

Some of those interviewed in this research seemed overtly to place considerable emphasis on the value of training. In general, it seemed that their ideas about what 'training' could do in their organisation far exceeded what was provided. Inevitably there seemed to be a degree of disappointment that the training had not been able to resolve some of the difficulties the organisations faced. This phenomenon perhaps suggests several different interpretations. On the one hand it might point to realistic shortcomings in the content of input provided or in the form in which it was given. It may also also reflect an inevitable disjunction between idealisation and reality. The role of knowledge and particularly the expert knowledge of the

psychologist may harness feelings about rescue and salvation (Salzberger-Wittenberg et al., 1983). These images may be particularly strong in a social climate, which is marked by considerable uncertainty and major transformation. Against this background, the idea that someone has the 'answer' may become an especially attractive one, especially in the potentially unwieldy domain of human emotion. Yet, the knowledge provided, however useful it may in fact be, can never quite live up to these idealised expectations. Thus organisations seemed to be left with some dissatisfaction about the inability of our knowledge to deal with the realities of their situation. It did not perhaps provide the easy answers they were hoping for. In some instances this seemed to provoke a degree of anger and in others it seemed to conjure up a phantasy that ideas and understanding were being withheld.

Some of the expressed ambivalence about the training might be attributed to this disappointment. There are, however, other possible explanations. With their ambivalence about taking on the mental health issues directly themselves, the organisations may have felt that the offer of training in this area was a double-edged sword. While the training the consultants offered seemed to provide an opportunity to learn new skills and develop new capacities, it also might have evoked their reluctance to take on the full responsibility of mental health issues in their organisation. As much as training may involve access to expertise, it may also suggest a point at which the expert is no longer required. This was certainly a part of the way in which we envisaged the consultation to evolve to the point where organisations would be more capable of seeing to these needs themselves. This may have threatened the potential comfort to be gained from the continued presence of the expert and the real and imagined capacities they provide the organisation. Without them, the full practical and emotional burden may once again be felt to rest on the staff of the organisation. In this understanding, training may be less about the transfer of knowledge and more about the maintenance of a container for the organisation's anxieties (Bion, 1962b). The phantasy that the consultant is available as a source of knowledge may provide the organisation with some relief from their anxiety and therefore help to create a space in which thinking can develop. This may be more important than the transfer of any particular kind of knowledge.

While the expert may well be able to offer organisations a degree of emotional containment, their presence is also invested with the capacity to confer or create power. Power is of course considered a central part of the way this kind of community consultation is envisaged to work (M. Seedat et al., 2001b). The notion of empowerment recognises the power of training to increase the organisation's sense of their own capacity. In this sense, the power of the expert is 'given away' to the community who are encouraged to use the training as an opportunity to develop confidence in their 'local knowledge' (van Vlaenderen, 1999). In spite of the apparent logic of this arrangement, the contradictions involved in the experts position is well recognised in theory, with Orford (1992), for example, questioning the notion that the expert possesses the power to give away. Some of these kinds of issues seemed to emerge as salient through the consultation experiences described in this thesis and when viewed through the lens of psychoanalysis, perhaps suggest some of the emotional processes that may be involved in this difficulty. The need of the organisation results in a tendency to idealise the consultant and the usefulness of their knowledge. This initial idealisation of the 'expert' situates the consultant in a phantasised as well as real relationship of power in relation to the

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organisation. Through the idealisation, they come to carry in phantasy some of the capabilities within the organisation itself. The organisation in turn finds itself depleted of its own skill in relation to the expert and experiences a sense of inferiority in relation to it. This of course operates against any real empowerment for the organisation and re-asserts instead the greater power and knowledge of the consultant. In this position, the consultant may remain idealised at the expense of the organisation's competence, or become the object of envy, which interferes with the capacity to use training in a meaningful way.

It also seemed that perceptions about the experience of training were strongly influenced by the broader emotional context in which they occurred within each of the organisations. While from time to time particular topics or content areas emerged as significant in themselves for the staff of the various organisations, it seemed that more often these experiences of training were moulded by other aspects of the consultation relationship. Thus where the relationship was felt to be warm and supportive, the material provided was felt to be particularly useful. Where the relationship was being perceived as more critical, the material presented was read as a criticism of the organisation's practice. If, as in the children's home, the consultant was perceived as neglecting or absent, it seemed hard to hold onto the training experience altogether. It is of course well known that any experience of learning is likely to be influenced by the emotional dynamics of the relationship within which it occurs (Watt, 1994). Sometimes, however, this is less well recognised in this kind of community intervention or even in other areas of adult learning thought to be based on shared rational objectives.

Finally, it also appeared that while the consultants might have been working with a relatively clear model of how they understood training to work and to be of benefit to the organisation, their organisations seemed to play a much stronger role in influencing the process that the consultants perhaps imagined. In all three consultation processes, there seemed to be clear attempts to adapt and channel the training process in a way that suited the organisation's interests. At one level, this kind of mutual negotiation of learning is envisaged to be a part of the community consultation process. Certainly it seemed that the organisations asked for particular kinds of training, helped to structure the way it was given and even claimed complete ownership of a process which, in some instances, they perceived as carrying out their instructions. However, it also seemed that the organisations channelled the work in covert, and perhaps less conscious ways. The children's home, for example, spoke on the surface about wanting more input from the consultants, yet often in sessions moved on to more personal topics, perhaps in an attempt to evade their ambivalence about our critical role in relation to their knowledge. The mental health project also seemed to sabotage the training sessions they themselves had proposed and 'training' for the non-academic staff at the school for the deaf seemed to remain so in name only, perhaps as a sop to management concerns that this should be the object of our activity. In most of these cases, the consultants and I were not conscious of making informed choices about our focus and it is really only in retrospect that it is possible to see how our activities came to be shaped by the interests of the organisation. It may be that, in spite of the perceived authority of the consultant in this relationship, the organisation subtly exercises a considerable amount of subversive power on the process, as Long (1999) also suggested. The organisations' power is in their capacity to shift our ways

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of working in subtle yet influential ways as well as to appropriate our ways of working to confirm or bolster their own phantasies, investments and defences.

The consultant as a source of emotional support

Most of what had begun as training sessions turned into more flexibly defined 'support groups' as the consultations developed. In addition to this named activity, our model placed a strong emphasis on emotional support as an important part of what was needed by the highly stressed organisations we were working with. However, while support seems like a reasonably simple attitude in which to conduct a consultation, this emerged as a far more difficult task than even the literature on community psychology acknowledges (Orford, 1992). The idea of neutral support seemed a long way from the kind of fraught intensity of relationship that helped to make up the consultation processes I described in this thesis. For the children's home it seemed that while sometimes our presence was a valuable reminder of external competence, we were perhaps also seen by some as a critical and even threatening presence. At the school for the deaf it seemed important to people that we remained involved with the school but the different groups experienced, at various times, a sense that we were an imposition on them, that we were trouble makers or even perhaps a member of an enemy camp. Even at the mental health project, where our presence was fairly consistently associated with support, it seemed that this support was carefully balanced against shadow fears of our potential to abuse or exploit the organisation. These were only some of the many guises in which the consultant's so-called support was depicted. It seems clear that support in a consultation relationship cannot exist outside of the complexities of the relationship itself. This has of course long been recognised in psychoanalytically influenced psychotherapy where the transference and counter-transference are an accepted part of what does and must transpire through a therapeutic process (Casement, 1986). In community psychology, with its rationalist, conscious emphasis, these kinds of process are less well acknowledged. Where the consultant is perceived in one or other of these unpleasant forms, this has often become the basis for discrediting their interventions. If they are seen to be critical, abusive, inconsistent or anything other than supportive, this must be so. Where they are described as meeting every need of the organisation, this must equally represent 'success' in the consultation. Yet this research describes a very different picture in which the emergence of strong feeling, both negative and positive, in the consultation relationship needs to be unpacked rather than simply accepted.

While in the initial stages of the consultation where there may be doubts about the consultants' trustworthiness, some of the strongest feelings seemed to develop only much later in the consultation, where it seems that the safety of the relationship allows them to emerge more fully as Maw (1996) also suggested in her work with individual consultees. Other strong feelings seemed to be generated by the ending or possible ending of the consultation relationship. This awareness that the consultation relationship is loaded with a variety of emotion is something that comes closer to the understanding in psychoanalytically oriented therapy than is normally represented in descriptions of community psychology. The development of feelings of these kinds cannot be treated as impediments to the effectiveness of a community intervention but need to be treated as clues to understanding within it.

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At the same time, it would be extremely self-serving to ignore the ways in which the consultants really were unsupportive in some of the consultation work described here. It is clear that time and again they were drawn into acting out responses to the organisations' projections onto them as well as their own issues evoked in the course of this work. It would be extremely dangerous if community oriented interventions were to adopt a psychoanalytic model that comfortably placed all responsibility for difficulties onto their consultees. As much as it is important to recognise the multiple and contradictory investments the organisation may have in perceiving a particular kind of consultant, it would be equally important to recognise that the consultants may have similar needs for themselves and their organisation. In this, the critical voice of community psychology may represent a vital addition to a psychoanalytic approach.

While recognising the complex processes that make up the consultation relationship, it is also important to develop some concept of what 'support' through consultation might involve. Is this simply a naïve notion or is there some way of thinking about support in a way that recognises real value in this idea? Support as a neutral orientation perhaps has little place in this model. It might be replaced more helpfully with the notion of containment. This refers to the ability to hold and think about difficult experiences, rather than acting them out (Hinshelwood, 1991). It may provide both the organisation and the consultants with the opportunity to learn from their experience both within and outside of the relationship.

This sense of support is a useful one but perhaps does not quite accommodate the interests of an empowerment agenda. While empowerment is seen on the one hand as fostering local knowledge and the appropriation of relevant expert knowledge, on the other it may include a psychological sense of confidence in one's ability and a feeling of strength within a group or community (Rappaport, 1981; Rappaport et al., 1984). It seemed that there was often a growth in the confidence the staff members we worked with felt in themselves. Although difficult to attribute to the consultation process alone, it did seem that quite often staff became more aware of their abilities and a greater trust in their capacity to do their work. Some of this was probably the product of the connections established between members of the organisation within the various supportive forums provided by the consultants. Beyond this facilitative role however the consultants seemed also to serve a more direct function, as a potentially powerful outsider to the organisation. Power was not simply handed over by the consultant, but perhaps as Hinshelwood (n.d.) suggests, was held by them until the point where the staff felt more able to internalise it themselves. At this point the staff were then able to begin to challenge not only the powers that constrained them in their own organisations, but also in some instances the power of the consultants themselves.

Some may argue that this kind of work encourages a sense of well being without really offering a challenge to the social structures out of which the problems of the staff (and their clients) arise. However, it did seem that the sense of confidence generated through the consultation was not only a personal one, but also a political one. As the care workers at the school for the deaf began to recognise the way in which they were being situated as inferior within the school, they were more able to challenge the prejudicial phantasies that gave rise to this. The staff at the children's home seemed more aware of their rights as child care workers in

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relation to management and the broader society and the staff of the mental health project began to challenge their position in relation to their funders

In spite of this it was clear that many of the staff were operating within structures which constrained their ability to act as they would choose and which sometimes exacerbated their work difficulties. These structures extended beyond the 'culture' of the organisation as a set of ideas about how the work was to be conducted, and included rather more tangible impediments to action. Thus the staff at the children's home struggled to manage their response to the policy on the temporary stay of children in the institution and the mental health project had to manage its precarious funding situation. This situation was perhaps even more complicated when others enforced policies and practices that negatively affected some groups in the same organisation. This was most obviously the situation in the school for the deaf where, unlike in the other case studies, both 'management' and 'staff' were more obviously the subject of our intervention. The structural impediments often reflected the inequalities and problems of the broader social structure and seemed weighted by their own history and solidity in the organisations. The work described here suggests these kinds of structures did not seem to be easily shifted by changes in understanding and knowledge alone. It seemed, however, that staff in some of the organisations felt more able to represent their needs and were able to bring about some small changes. Thus the staff at the children's home had been able to insist that they were informed of a child's departure so they could say appropriate goodbyes and the care workers at the school for the deaf were able to use their union to challenge and overturn a decision of their management.

In two of the organisations described in this thesis there seemed to be a natural progression through from talking, thinking and understanding through to the beginnings of action, for example, through unionisation or other challenges to the local political environment of the organisation. But the case studies also seemed to reveal the limits of this kind of transformative action. In almost every instance where the structures of management or control of the organisation were challenged, there were only small changes. There was at the school for the deaf and the children's home an improvement in the representation of workers on the decision making bodies of the organisations, but the real effects of these changes seemed to be fairly limited. The most striking sense from the case studies was perhaps rather the slowness and incompleteness of change. Some might argue that this is partly a product of our own conciliatory attitude, which fostered talking and listening above more confrontational action; but it also seemed to be about the difficulty of changing the structure of organisations or systems from a position of relative powerlessness within them. In some instances, like the threatened closure of the children's mental health project in spite of the staff's increasingly vociferous and powerful objections, it was clear that their greater capacity would have little impact on their ultimate circumstances. Our own attempts to broker staff's attempts to make more fundamental changes to the structure of their organisations also seemed on the whole to have little effect. Some of our difficulties here may have been because, in general, we did not have access to the broader management structures within which the organisations were inserted. Our community psychology orientation had directed us largely towards those in the lower echelons of the organisations and sometimes to their 'middle management' who themselves did not always exercise a great deal of power. In order to circumvent this limitation, the consultation process might need to be extended into the higher levels of management and, if necessary, into

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social policy. Here, perhaps, the consultant might be able to extend their role into social advocacy through which structures affecting the work of human service organisations might be more effectively transformed.

The experience of the consultant/researcher

The role of the consultant is perhaps not sufficiently developed through the individual case studies, which focused instead on the organisations and their perceptions of the consultation. It is acknowledged through some brief discussion of the experiences of the consultants (and myself) in relation to each project. Each of these experiences happens against the context of the Clinic's own organisation and the phantasies of itself carried into its vision of consultation. These are alluded to in Chapter Four of this thesis. The response of the consultants also needs to be considered against the background of the broader shifts and pressures on the development of psychology in South Africa described through Chapters One and Two.

It is important to acknowledge the variation in the consultants' experiences within the different consultation relationships. These variations emerged in response to emotional infections from the organisation as well as from the variation in the consultants' own style and concerns. This latter seemed to emerge most clearly in the changes in emphasis that sometimes accompanied the changeover from one group of students to the next. In addition to these personal differences it seemed also that the particular response of each consultant (or group of consultants) and organisation was mediated through a broader set of concerns that affected the experience of the consultants and are perhaps also mirrored in the research experience itself.

Firstly, as an undercurrent to the experience of the consultants and also to my own thinking through this research, there have been questions about the potential inequality in the relationship between consultant and the organisation. Clearly it is important to recognise this as a feature of any community work. However, in a country like South Africa where inequalities are written powerfully into the social fabric and recent changes have brought them only more fiercely to awareness, these issues seem to take on particular significance. The consultants often seemed anxious about their potential to exploit the organisations they worked with. This seemed to manifest most often in a reluctance to impose their views or to take charge of situations. In my own work I felt an equal reluctance to impose demands on the organisation and often had to conquer a strong feeling of personal reluctance to approach them in requesting assistance with the research as though I might be robbing them of their own power.

The issue of difference remained an almost permanent concern below surface of the consultation work. There were differences of educational level, areas of professional expertise as well as more subtly in an occasional awareness of gender and age differences. Through the historical mediation of apartheid, the most obvious differences were racial (Dixon, 1997). With the University, of which the Clinic was a part, being predominantly White and the organisations we worked with being predominantly Black these differences were often thrown into relief. Racial divisions dovetailed with a whole range of other potentially divisive factors including differences in language, geographical location as well as class between the consultants and the organisations. Although these issues were highlighted in very particular ways through the different consultation experience, there remained a general anxiety about the effects of this on the consultation

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process. In some cases, this could be brought to the surface and discussed, but mostly in retrospect, there seemed a surprising lack of open engagement with these issues at the Clinic. We assigned staff and students to the various consultation relationships as though the particular racial and language differences between them and the organisations we were working with were not in fact significant. While consciously this position was based on a resistance to the apartheid mentality of matching one group to another, it also perhaps was a part of an attempt to deny the impact of some of these differences. Through the file notes, the consultants described their experiences in ways which sometimes clearly alluded to their race, but seldom described this explicitly. On the one hand it might be that these kinds of differences were part of the taken for granted reality of this kind of cross-boundary work. On the other hand, it seemed as though we operated through a subtle system in which the impact was often given rather secondary importance, as some of our own students have in fact insightfully suggested (Christian, Mokutu & Rankoe, 2002). This realisation was particularly surprising for me, given my sense that the programme had been so specifically developed to deal with some of the effects of a racist system. Yet, it seemed that while the overall goal was allowed to acknowledge the impact of race, it was more difficult to think about it in day-to-day contact. Perhaps while racism, as a political construct is easy to acknowledge, in ordinary personal relationships it is very much more difficult to address openly. In this way our anxieties mirrored those of the organisations we worked with, in this instance largely as a result of our shared political context.

A third experience elicited through our consultation experiences seemed to be a response to the enormity of deprivation in the communities serviced by the organisations and by the organisations themselves. Our own relatively privileged position as psychologists, working from a well-resourced university in a middle class suburb was often in stark contrast to the organisations we worked with. This seemed to evoke some uncomfortable feelings in the consultants who felt that somehow they needed to offer more. In particular the intangible nature of psychological help was often felt to be less than useful in a context in which people suffered from serious material lack. This sometimes made it very difficult to value our work and fostered an on-going temptation to provide more active or material support to the organisations we worked with. While this may in fact be a part of what organisations require, in the kind of work we do, it can close down the spaces for understanding emotional processes, filling them instead with concrete provision, as Waddell (n.d.) suggests. This seemed to be a part of our vacillation between a more practical and sometimes more reflective approach with the consultation work. Some of this anxiety also seemed to infuse my own research through which I found myself anxiously thinking about whether there was something tangible I would be able to offer from this thesis to the organisations. It is no coincidence that I attended the group feedback sessions armed with cake and written documents I could give to the staff. This experience of the consultants is of course similar to the experience of the organisations in relation to their clients, but is not simply a projection of it. Instead, its origins are also in the guilt associated with privilege in a country where privilege has been so unequally shared.

In addition to these factors, the particular location of our institution and its function needs further consideration. As a training institution in a university environment, its functions are not limited to service provision and its more conventional role in research and education had to be accommodated. This seemed to

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create a fundamental tension that influenced the work at all levels. Firstly, the need to train students strongly limited the kinds of activities that could be undertaken as part of the consultation (Gibson et al., 2001). Within this, we had to recognise the impact on the rotation of students on the organisation and also the limitations of the students' skills and their need to have opportunities in which they could develop. Our focus on these concerns often fed into feelings of guilt that we were compromising the interests of organisations for our own training needs. On the other hand, it is true to say that we, almost subversively in the university context, maintained 'service provision' as a high priority in our own minds. This became increasingly difficult to sustain in a system where both our funders and the university were demanding more in terms of conventional academic outputs including research. This thesis is perhaps a response to some of these pressures and I think it reflects a similar tension about the demands of practice versus research. Students also often found their work in community consultation especially difficult, in comparison with the more conventional aspects of their work (Blackwell, 1999; Gibson, et al., 2001). They struggled with the looseness of the theory, the unfamiliar setting and their feelings of incompetence, which seem to be evoked so much more strongly in group than in individual work. This created a further tension in the work between making our interventions helpful to organisations and trying to cater more fully to the students needs for structure and containment. There might be an argument that this kind of work is best not done with students who can learn more easily in less demanding forms of clinical practice. However, if they do not learn some of these skills as students, they may in fact never transform their practice in the ways that have been envisaged in South African community psychology (M. Seedat et al., 2001b).

Beyond these specific concerns with training clinical psychologists, the whole transforming domain of psychology seemed to find itself represented in consultants experiences of the work. The uncertainty about models and theories that might be useful for the specificities of South African practice provides a creative and potentially exciting environment in which to work. It also provides an environment in which there is considerable anxiety about competence and sometimes the absence of the kind of containment that might be provided by good leadership and firm authority (theoretical or otherwise). Feelings of incompetence and anxiety were thus fairly easily elicited through the consultation process and sometimes resulted in some lack of consistency and mistakes in our work.

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9.4 Politics and Emotion in Consultation Work

The approach to community consultation developed through this thesis attempts to show the integral relationship between emotional experience and more political concerns in relationships between mental health professionals and community based organisations. Throughout the discussion of case study material I have tried to show how areas of work conventionally described in the language of individual (or group) emotion are weighted also with political meaning and how those political processes are experienced and enacted in an emotional realm.

From the perspective of conventional mental health, psychological difficulties, most particularly those experienced by children, are described in emotional terms and interventions are framed around this. From the perspective of community psychology, there is an awareness of social or political roots of the clients difficulties, but sometimes a corresponding inability to hold onto their deeply felt emotional impact. What I try to do through these case studies is to capture something of both these aspects. It seems important to recognise the way in which the staff at each organisation bring with them their social as well as emotional experience and that this is present not simply on an individual level but at the level of the group. The structures of the organisation often reflect aspects of the broader political environment and, through their operation, highlight and interact with particular forms of emotional experience. What is called the culture of the organisation is then a product of all of these processes. It reflects the political and emotional realities and also reproduces them. The consultancy relationship itself becomes the recipient of these projected experiences and feelings, but also contributes to others through its particular mixture of emotion and political positioning it brings to the consultation relationship.

Forms of intervention influenced by community psychology have commonly emphasised political process at the expense of a recognition of the emotionality with which these are imbued. Psychoanalytic approaches, on the other hand have seemed in some fields to have emphasised the personal and emotional above the political. In this thesis, I have tried to show how these two theoretical approaches reinforce and develop the potential in one another. Community psychology brings with it a number of important ideas. It recognises the need to work with communities rather than just individuals as well as emphasising an awareness of the root causes of emotional distress in social context. This approach also shifts the approach away from palliative care to the more desirable aim of prevention. As an extension of this, it looks to ways in which resources in the local community can be developed and people can be empowered more broadly to claim what they need more effectively from their society.

From a very different perspective, psychoanalysis infuses some of these ideas with more complex and practical meaning. Psychoanalysis, in the form presented through this thesis, provides a way of thinking about groups and communities that accommodates felt experience with all of its intensity of emotion and its ambiguity. It provides a way of thinking about how contexts can be more or less supportive for people and how these contexts can be changed, not just structurally, but emotionally to mitigate the experience of stress and alienation. It provides also the emotional component of an understanding of empowerment and some

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access to why this might be such a difficult and complicated end to achieve. In addition, psychoanalysis offers a way of processing feelings and understanding their significance. It provides a language for thinking and recognising aspects of experience, which may be particularly distressing, and in some cases even 'unthinkable'.

There do appear to be some limitations with this way of thinking that perhaps also require recognition. As much as this form of psychoanalysis offers a way of thinking about group emotion, it also runs the risk of homogenising experience. While there may be an element of common experience in an organisation or through a consultation, it might be over-stretching the theory to focus in only on that shared aspect of experience as I have done through this thesis. This may also have potentially dangerous political consequences insofar as it provides a basis for stereotyping whole groups and sectors. For example: All deaf people feel damaged, or all who work with abused children are worried about becoming abusers. These ideas obviously have to be used with sensitivity to this kind of unhelpful interpretation. Also, emerging relatively clearly through this thesis, is the sense that there are substantial limits to the kind of change that this kind of psychoanalytic thinking is capable of producing. It may be that over a longer period we may see more substantial practical challenges to the social/organisational order through our work, but on the basis of what is described here it does not appear that this translates easily into social change or transformative action. It does seem that some necessary aspects of empowerment may be put in place through this kind of work, but there is another more practical level of engagement, which needs to be tackled once this understanding is achieved.

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9.5 Meeting the Needs of Community Organisations in Consultation

The idea of accessing and responding to the needs of community organisations is clearly a much more complex one than might have originally been supposed. The needs of organisations are neither clear, nor simple nor static. Instead these needs seemed to be formed and met in various and sometimes unpredictable ways as the organisations are buffeted by the demands of their clients, of the nature of their work, their organisational structure and broader social context as well as by the developing consultation relationship itself. The notion that consultants can, or should, easily be matching their interventions to these needs is also clearly no longer viable. It seems instead that what is required in consultation is to make sense of the ever changing kaleidoscope of need through the consultation relationship and to reflect on its significance at a range of levels. The question of evaluation from this perspective becomes much more complex than ascertaining the match of need to provision of service. Instead, it becomes a matter of looking perhaps for more diffuse changes in the quality of people's relationship with one another, how the consultation relationship can be used and how the organisation is able to think about and, where necessary, challenge the demands of its work.

9.6 Recommendations for Future Practice and Research

Although the primary purpose of this thesis was to explore emotional experiences within consultation rather than focus specifically on its effectiveness, some of the issues raised in this study may also help to generate improvements in the process of consultation itself. An evaluation of the consultation process itself would involve questions such as 'What did the consultation do? 'Did it work?' or "Could it have worked better?' A full discussion of these kinds of issues falls outside of the stated objectives of this study, but to ignore the insights incidentally gained in these areas would, I think, be remiss.

One of the crucial issues to emerge in the process of this research is around the fundamental tension between the reflective and the more active functions of the consultant. The latter functions might include such activities as training, helping with self-advocacy and perhaps even the more concrete forms of support that were provided to organisations. The less active role available for the consultant involves facilitating an organisation's capacity to think about its work in a way that could help staff to develop insight about their feelings and practices. The idea was that this could make it possible for the organisation to change problematic aspects its functioning. This reflective function is closer to that envisaged by those who represent the Tavistock model of consultation (Obholzer & Roberts, 1994) while the active functions are those most commonly utilised within a community psychology framework (Orford, 1992).

In the process of developing the consultation model, the more active training elements developed first. The reflective dimension was added afterwards, initially to try and account for why there were so many problems with our simple idea of spreading skills into community organisations. Later the psychoanalytic approach was also used to understand more fully how both the tasks and problems identified within an organisation might be structured by anxiety. Through most of the consultation processes described here, the consultants appeared to alternate between these two models of working and often seemed unsure about which set of methods they should prioritise. In concrete terms, they seemed to experience some concerns about whether they should be providing the training or supervision an organisation had requested or whether they should respond to these requests with reflections aimed at developing the organisational members' understanding of themselves and their less conscious preoccupations. The techniques and stance adopted by the consultant in each of these roles is clearly different and I think both consultants and the organisations they were working with sometimes became confused about what kind of approach should be used or anticipated.

In another setting, where the consultants' own resources may be greater, it is possible to think about splitting up these two possible consultation roles. One group of consultants might attend to the training and active support needs of an organisation another group could, after careful negotiation with an organisation, offer some reflective space within which the organisation could think more generally about its emotional life. The separation of these two functions would help with establishing a clearer framework within which consultants

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could work and also help organisations to understand what kind of process they may be committing to. The insights developed might be shared across the two teams of consultants.

In South Africa, the general scarcity of mental health resources also affects what it may be realistic for consultants to offer to their consultee organisations. It may not be feasible to divide up consultation teams in the way I have suggested and instead a compromise might be achieved by highlighting one of the consultation roles and clearly situating the other as a secondary. I think that our enthusiasm with the insights that psychoanalysis provided at the time that the work seemed most difficult led us to prioritise our reflective role within the organisations we worked with. Our prioritisation of this role, which was often not clearly negotiated with organisations, may have helped to generate complaints that we did not provide enough training or other active kinds of support. As the psychoanalytic approach to organisations began to frame our model of working, more active modes of intervention were retained but utilised only intermittently and inconsistently. In retrospect, I think that we were sometimes operating with the idea that these were convenient modes of achieving access to organisations but not what the 'real work' was about. But, given the resource difficulties we face in local organisations, this response may not have been altogether appropriate. In the face of the very real lacks experienced by the organisations I describe in this thesis, it seems logical that training, active support and supervision would have to remain a priority for consultants, regardless of what conceptual model they used to guide their understanding of the process. Access to training and support may be considered a routine part of mental health practice in developed countries but they are certainly not givens in our local context. It may be unrealistic to expect organisations to survive without these essential requirements for conducting difficult psychological work. The consultants' own identified anxieties about expertise combined with the theoretical sophistication of the psychoanalytic approach may have increased the attractiveness of a reflective rather than an active approach to consultation. Nonetheless, meeting the organisations' basic requirements for training and support remains crucial if any kind of shift in the power imbalances within mental health is to be achieved. This suggests the need for the active functions of the consultant to remain a priority and perhaps for the consultants to focus their role more clearly around this. The psychoanalytic understanding of organisations' anxieties and defences may need to be firmly established as a background understanding to problems, rather than taking centre stage as a form of intervention. This represents a perhaps less ambitious but more workable use of the model for our own difficult context.

While having argued through this thesis for some integration of active and reflective components of a consultation process, it is ironic that I end up recommending some degree of separation for them in practice. While this division is intended to be a practical rather than a conceptual one it may nonetheless result in the kind of splitting to which organisations are so susceptible (Halton, 1994). The tendency to allow an understanding of emotional dynamics in the process of consultation to become less and less central might well be the product of this practical focus. This would need to be carefully guarded against if we do not wish to lose the significance accorded emotional processes within our model of consultation. Furthermore, if some practical distinction is to be made between these two modes of consulting it may be even more

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important to assert theoretical link between them. This theoretical link can, I think, be best provided through the notion of containment. It is helpful perhaps to think of containment as not just being provided through thinking but also through a variety of other functions. While in consultation work containment is commonly said to be achieved through the process of translating emotional processes into thought and understanding (Mawson, 1994), this containment might need to take on more concrete forms for organisations such as those I describe. As Gray (1994) notes, containment is provided by the frame within which therapeutic interventions occur as much as it is provided by the development of understanding within it. This conceptualisation of containment can perhaps also be extended to the recognition that more active attempts to address an organisation's valid needs on a regular and consistent basis can be thought of as also being containing. Thus it may be containing to assist organisations in their attempts to access funding and to assist them in ensuring that the essential resources they need to carry out their work are available for them. It may also be containing to offer appropriate training and access to professional help where they need it. All of these activities may be containing, provided they are engaged with in a thoughtful and knowing way rather than as an attempt to stave off knowledge. Within this broad definition of containment, there are wide array of possibilities for intervention created allowing for the flexibility we may need in designing interventions for our local South African context.

A second issue, which requires further consideration, is around the provision of consultation through a psychological training organisation which uses students to provide these interventions. It is true that students may sometimes provide a very high level of service in training where they are well supervised and the work is carefully chosen. It is clear, though, that this kind of consultation work is very difficult work, complex and emotionally demanding and requires a high level of skill amongst those who undertake it. There is an obvious need to ensure high quality interventions for the organisations who rely on this support and commit their own time and resources to a process which must be the best available. In addition, if students are given work which exceeds their own capacity, this may in fact undermine attempts to increase their interest and involvement in undertaking this kind of work (Gibson et. al., 2001). It may be important to try and be more careful to match the level of difficulty of the work against the competence and experience of the consultants. One lesson that may be drawn from the work described here is that, even though we have thought we were choosing organisations that were relatively well functioning, we were perhaps responding to our sense of their deprivation and neediness. It is very difficult to choose to assist organisations that already appear to be relatively well resourced in an atmosphere of scarcity, but it may be necessary to acknowledge the limits of what we can offer at a training institution. It may also be useful to identify more circumscribed tasks for students within the general process of consultation. They might, for example, be required to come in to conduct a particular series of workshops or to consult on an identified problem. This would leave the supervising consultants with perhaps even more responsibility for sustaining the other and on-going aspects of the consultation process. This may create difficulties with securing funding to support this work, which, in the present system, is partially covered through the resources made available for training psychologists.

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If students continue to be involved in providing consultation to organisations, it seems clear that supervision is very important in sustaining them in this work in order to work against their own stress and the sometimes powerful impetus to act out some of their emotional responses to the work. It is clear that even more senior clinicians might require considerable supervision in order to manage this emotionally demanding work (Rifkind, 1995). While in theory this support and containment was available to both staff and students engaged in consultation work at the Child Guidance Clinic, in retrospect it seems that the attempt to address the needs of organisations sometimes resulted in these functions being given less priority than perhaps they needed. In addition, the consultants may also have benefited from more rigorous and consistent discussion of around the overall direction of the consultation processes were taking. Skilled outsiders to the organisation of the Clinic may have been able to fulfil this role more successfully than I did in my role within the organisation. With the advantage of their externality, they would perhaps be less likely to be drawn substantially into the dynamics of each consultation process. This might have helped to prevent some of the more obvious problems that emerged from inadequate self reflection including, for example, our collusion in the splitting employed by the school for deaf children and our role as critic in the children's home.

This thesis was written as an attempt to research and understand the model of consultation. In my discussion of research methodology, I emphasised the value of integrating research thinking into the messiness of clinical work and the dangers of artificially forcing clinical problems into a neat research design. While I still support this position, it is also important to acknowledge the ways in which this research may have been improved with a more systematic approach. Part of the difficulty with the research I have described here is that it was not conceptualised as a part of the work from early on in the process, but was developed as a later consideration. The importance of developing a research ethos alongside new and innovative programmes like this cannot be underestimated. A continuous process of evaluation may have prevented some of the problems that emerged through the consultation process. Furthermore, the rigour with which the research claims could be made may also have been improved. One of the side effects of constructing the case studies retrospectively is that there is a degree of unevenness in the sources of data. I was forced to rely on different accounts of the consultation process, given by different participants in the process and at different times. I tried to analyse these contributions with some recognition of the context within which they were produced but sometimes, I think, the task of making holistic sense of the three cases may have taken precedence over exploring differences between views and the reasons for these. In the interests of developing a more standardised account of the process of consultation it may have been useful to conduct interviews prior to the start of the consultation and at more regular intervals throughout. Using more carefully timed interviews it may also have been possible to explore an emerging idea in this research - that organisations might take time to process and benefit from a consultation experience. The initial expectation and experiences of the consultation may be tinged with idealisation, which later turns to disappointment. It may only be after the end of the consultation, when the termination has been adequately negotiated and processed, that it is possible to assess what the organisation has gained from the process. A sense that some working through happens after the consultation seemed to be reflected in the thoughtful and insightful contributions made by

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those who attended the feedback discussion sessions from the two organisations with whom the consultation had long been concluded. This idea may perhaps generate further useful research. In addition to this, it may have been valuable to track actual outcomes of the consultation in addition to its experienced effects. While identifying concrete outcomes may not be an entirely transparent and obvious process, there might have been ways in which the problems initially identified by the organisation as the reason for their referral could have been reassessed at regular intervals and at the end of the consultation.

While these suggestions may produce further useful research, it needs to be noted that there can be few clear answers or standard recipes for success in the demanding field of community psychology and most particularly where this occurs in the context of enormous deprivation and distress. The model presented through this thesis, however, perhaps allows the opportunity to think about relationships with all their difficulty and ambiguity. At its best, it may allow us the opportunity, as Bion (1962a) puts it, to learn from experience.

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APPENDIX ONE

Semi-structured interview schedule to be used with representatives of partner organisations

1. **Interview Details**

- Name of interviewer
- Date of interview
- Place of interview
- Name of organisational representative
- Position held in the organisation and main tasks
- Length of time employed at the organisation
- Previous work experience
- Educational/training qualifications (highest formal qualification as well as less formal training)

2. **The Organisation**

- What is the name of organisation?
- What is the main purpose of your organisation?
- What are the primary tasks you are involved in?

3. **Details on the Consultants' Work with your Organisation**

- How would you describe your relationship to the Child Guidance Clinic?
- How long have you been involved with them in this way?
- When did you first hear about the Child Guidance Clinic – what did you hear?
- How and why was contact initially made between you and the Child Guidance Clinic?
- What kind of contact have you had since then?
- Are you still involved with the Child Guidance Clinic – if so in what ways?

4. **Evaluating the work of the Child Guidance Clinic**

- What kinds of needs had you hoped the Child Guidance Clinic would help you address? Have these changed over the course of your relationship with the Clinic?
- Describe in some detail how the Child Guidance Clinic has worked with your organisation.
- What aspects (if any) have been beneficial?
- What aspects of the work have not been helpful?
- What kind of involvement would you have liked the Child Guidance Clinic to have with your organisation?
- Have you noticed any positive/negative change in your organisation since the Child Guidance Clinic started to work with you (or during the time it worked with you)?
- What have been your primary needs in terms of the Child Guidance Clinic over the past year? Have these needs been met?

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5. Quality of relationship to the Child Guidance Clinic

- What were your first impressions of the Child Guidance Clinic?
- Have these impressions shifted or remained the same?
- What is your relationship like with the Clinic now? (Probe areas like trust, constancy, competition etc.)
- What have been the most valuable/problematic areas of your relationship with the Clinic?

6. Evaluation of specific areas of potential involvement (for probing)

6.1 Support

- What are the primary emotional needs of your clients?
- What are your primary emotional needs?
- What are some of the most significant stressors you face or have faced in your work?
- Have people in your organisation felt emotionally supported by the Child Guidance Clinic?
- Have there been any changes in the staff's experience of supportive relationships within or outside of the organisation over the period of the Child Guidance Clinic's involvement?
- Have people changed the way that they cope with difficulties (clients, conflict in the organisation etc.)
- What organisational support structures are in place? Have these changed in any way and if so why?
- Have staff experienced any changes in the way they feel about their work?

6.2 Training

- What training needs does your organisation have? Had the Child Guidance Clinic addressed any of these?
- What has the quality of training been like?
- What areas do staff feel they have learnt more about?
- What areas do they still feel they would like input on?
- How has the style of training worked? What areas could be improved? What areas worked?

6.3 General Organisational change

- Have there been any changes in the way your organisation thinks about its role or functioning as a result of the Child Guidance Clinic's involvement?
- Have there been any material changes in the procedures/structures within the organisation as a result of the Child Guidance Clinic's involvement?

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7. The Role of the Consultant

- Do you think there is a role for a psychological consultant in your organisation?
- If not – what other professions perhaps might provide helpful input?
- Based on your experience what is the best way that psychologists could work with community organisations like your own?
- How does psychology need to change to make itself more responsive to your organisations needs?
- How does it need to change to make it more responsive to your clients needs?
- How does it need to change to make it more responsive to the needs of communities in South Africa?

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