

# PSYCHOLOGY IN SOCIETY



14

1990

Psychology in society is a journal which aims to critically explore and present ideas on the nature of psychology in apartheid and capitalist society. There is a special emphasis on the theory and practice of psychology in the South African context.

DURBAN

**EDITORIAL GROUPS**

David Basckin, Catherine Campbell,  
Grahame Hayes, Vernon Solomon  
(Pietermaritzburg)

CAPE TOWN

Jean Benjamin, Andrew Dawes,  
Don Foster, Anna Strelbel,  
Leslie Swartz

JOHANNESBURG

Nico Cloete, Gillian Eagle,  
Kerry Gibson, Lauren Gower,  
Ian Moll, Rai Turton

**EDITORIAL ADDRESS**

**PSYCHOLOGY IN SOCIETY**

P.O. Box 17285  
Congella  
4013  
South Africa

Details for subscribers and  
contributors appear at the  
back of the journal.

## CONTENTS

Editorial.....	1
Freud and a political role for psychology Susan van Zyl.....	4
Afrikaans as symptom-formation: A Freudian reading of "Afrikaner" history Johan van Wyk & Paul Voice .....	17
Psychoanalysis, Lacan, and social theory Grahame Hayes .....	28
Indigenous healers in a future mental health system: A case for cooperation Ilana Korber .....	47
 DOCUMENTS	
Maputo Declaration on Health.....	63
Maputo Statement on HIV and AIDS.....	68
 BOOK REVIEWS	
"Anti-racist science teaching" by Dawn Gill & Les Levidow Jean Pease.....	74
"AIDS, Africa and Racism" by Rosalind and Richard Chirimuuta Fareed Abdullah .....	78
"Afrikaner Dissidents: A social psychological study of identity and dissent" by Joha Louw-Potgieter Gerhard Mare .....	84
"Images of Freud: Cultural responses to psychoanalysis" by Barry Richards Gavin Ivey .....	89

## EDITORIAL

**Psychoanalysis.** Over two years ago now (May 1988) in *Psychology in society* - 10 we announced our intention to devote a whole issue to psychoanalysis, psychodynamic theory and its relation to social theory and practice in South Africa. There has been much interest in our "psychoanalytic issue" over this period, although this interest has not as easily translated into print. Maybe some of the reserve in writing about psychoanalysis stems from an inherent difficulty of sustaining a psychoanalytic culture in this country. With the urgency of political and social struggles forever breathing down our necks, and now with the possibility and promise of a new South Africa before us the concerns of psychoanalysis might seem a little remote if not downright inappropriate. *Psychology in society* has assiduously attempted to present ideas and problems in our society in such a way that the political and the reflective moments have been dialectically embraced. Even more so now, we need to think very hard about our actions, practices and ideas. Psychoanalysis is a complex set of ideas about human experience which also needs to be thought about in its application in South Africa. It is not necessary to justify a concern with people's everyday experience in a society where the capacity of the majority to get on with their lives has been so systematically undermined. We hope that this issue of PINS stimulates some discussion and debate about the possibility of psychoanalysis and psychodynamic theory in making sense of the psychological and emotional side of people's social and political struggles.

Susan van Zyl makes a case for psychoanalysis in understanding certain dimensions of human experience in this country at the moment in her challenge to psychologists and other mental health workers in her insistence, following Freud, that a political role for psychology is based on its ability to distinguish between psychopathology and abnormality. In her article she argues for the superiority of Freudian theory, contra psychology, to think through this essential distinction. Her argument is provocative in its challenge to the many "psychology positions" which see a need for themselves to be politically "relevant", and also in her analysis of psychic development and conflict in South African society. While Susan

van Zyl pitches much of her analysis at a general societal level, Johan van Wyk and Paul Voice take a more specific focus in their article on Afrikaner history. They ask us to think about Afrikaner nationalism from quite a different perspective, namely, a Freudian one. While earlier variants of social psychology have adopted "psychoanalytic interpretations" of social groups, van Wyk and Voice's approach is novel in that it uses Freud's text in a much more radical way to interpret the discourse(s) that constitute Afrikaner identity. By suggesting psychoanalysis as complementary in the explanation of Afrikaner nationalism they present us with the possibility of a non-reductive "political role" for psychoanalysis. It could be said that both Susan van Zyl, and Johan van Wyk and Paul Voice are operating within a certain "strict" Freudian context. They read Freud very closely as text and from this perspective venture forth with their diverse interpretations of social phenomena. In a related way Grahame Hayes' article on Lacan continues this reliance on a close and textual reading of (classical) psychoanalysis. However, Hayes warns against the "application" of psychoanalysis as social theory and finds much lacking in South African attempts that use psychoanalysis, and especially Lacanism, as the unproblematic adjunct in resolving the social/individual dialectic. Hayes' article also provides a critical introduction to the psychoanalytic work of Jacques Lacan.

While the psychoanalytic pieces in this issue tend to focus on theoretical and social analysis of a fairly general kind the article by Ilana Korber concentrates our attention on the all important practical question of a future mental health system. With the possibility of a transformation to a democratic and non-racial social order in this country looming large at the moment it is of central concern that we address matters of policy and practice. *Psychology in society* has for many years published work that has dealt with the issue of mental health practice and indigenous healers - see for example articles in recent issues by Freeman; Kottler; Shefer; and Vogelman. Korber's article in this issue continues these debates and poses some new and challenging questions for people working in the mental health field. Her article is simultaneously an extensive review of the literature on indigenous healers, and a case for a structured and non-discriminatory relationship with indigenous healers in a future mental health system.

Korber's article is in keeping with the sentiments expressed in the Documents from the Maputo Conference on Health held in Mozambique, 9-16 April 1990. These documents endorse a commitment of progressive

health and welfare organisations in South Africa, together with the African National Congress, to incorporate indigenous healers in a future health system. While the two documents published here do not deal specifically with mental health and/or psychological issues in the transition from apartheid to democracy and non-racialism in South Africa they do offer a context and a political starting point for debate about psychological practices and social services in this period. *Psychology in society* is happy to publish these two documents from the Maputo Conference on Health to ensure that these important declarations from the health and welfare sector get as much exposure as possible.

This issue ends with reviews of four quite diverse and interesting books. With the exception of *Anti-racist science teaching* reviewed by Jean Pease all the other texts extend some of the arguments presented in the articles in this issue. Richards' text *Images of Freud*, reviewed by Gavin Ivey, raises similar questions about the radicality of psychoanalysis that are posed in Susan van Zyl's article. Gerhard Mare's review of *Afrikaner dissidents* is a useful complement to the article by van Wyk and Voice. And finally Fareed Abdullah's critical review of the Chirimuuta's text on AIDS gives a certain salience to the **Maputo Statement on HIV and AIDS**.

Grahame Hayes

## **Freud and a political role for psychology**

*Susan van Zyl*

*University of the Witwatersrand  
Johannesburg*

One of the most noticeable features of a social and political crisis is the way in which it produces in every discipline the desire to give its status as diagnostic a secure foundation, and the temptation to overstep the mark. The fear of irrelevance, while it concentrates the efforts of the human scientist upon what is most practical in his or her field, simultaneously presents the temptation to extend it, to apply that expertise to anything in the field of human experience which seems most dramatically threatened.

The old adage that fear concentrates the mind may be true of individuals but it is certainly not true of the effect it has had on psychologists in South Africa. The range and extent of human suffering which confronts everyone and the wish to turn anything practical in psychology to good use is almost overwhelming, so that the cautious self-examination which would direct and focus this activity seems literally an instance of intellectual fiddling while the country burns. However admirable the wish to act as a committed psychologist might be there is surely reason to delimit the point at which psychological intervention is appropriate and direct energies where they are rationally justifiable and more likely to be efficacious.

In a broad field like psychology it would be almost impossible to assess all the claims to relevance in the political sphere which could be made. However, in South Africa it is clinical psychologists who seem to be most active in the political, perhaps because it is clinical psychology which can most easily make claims to the status of a diagnostic knowledge. And it is

as diagnostic in turn that the political function of any knowledge can best be assessed.

In addition to the general requirement that any discipline delimit its objects, a diagnostic discipline must also formulate, and clearly express, the way in which it can distinguish the normal from the pathological (that is diagnose) and on this basis practise a rationally defensible form of intervention, be it prevention or cure. The task confronting the clinical psychologist is especially difficult in these terms. It often takes all of human experience, be it thought or action, as its legitimate object and confuses the concept of pathology with the more secure and measurable one of abnormality. It then sets out to remedy or prevent that which is not clearly established as warranting a cure at all. The result is that neither the objects nor states which call for intervention nor the method by which it is undertaken can be rationally defended. In other words unless the individuals or the society which calls for committed action can appropriately be described as pathological, it is not the expertise of a psychologist that is called for and it is therefore not as a psychologist that this commitment is acted upon. In order to be assured of a political function at all, clinical psychologists generally assume that South Africa is a pathogenic society and that the incontrovertible human misery it produces amounts to psychopathology. In this apparently commonsensical assumption, much that is of crucial importance lies. In fact, the possibility of a uniquely appropriate psychological intervention turns upon the validity of this position and the way in which it is explained.

The advantage which the clinical wing of the psychological field has in attempting to establish its credentials stems in part from its relatively short history and the clear break which psychoanalysis (its immediate predecessor and the first discipline to have an indigenous concept of pathology in the mental) makes with psychiatry. The early history of psychoanalysis is useful in tracing its emergence as a separate discipline and makes it clear that much that is problematical in psychology today can be clarified by way of a return to Freud.

The first step in this break is Freud's reformulation of hysteria as a psychopathology rather than an organic disease. This in turn occurs at the point at which Freud recognises that the form of the hysterical symptom cannot be explained in medical terms because an organic lesion could not produce paralysis in the parts of the body which are affected in hysteria. In accounting for this discrepancy between the anatomical body and that

beset by hysteria, Freud discovered that the body of the hysterical was that referred to in common speech and that the arm or leg which the paralysis covered therefore extended from shoulder to wrist or from ankle to thigh. What Freud discovered in this was no less than the role of language in the form of the symptom, a discovery that was to be the cornerstone in his understanding of psychopathology. What alerts Freud to the psychological origins of hysteria is the fact that it is a disorder of signification, an event in the wrong language as it were, in which psychic suffering is expressed in physical terms. From this point onwards, the psychological and the medical part company.

The role of representation and the corresponding recognition that interpretation is integral to diagnosis, and crucially to cure, becomes a founding tenet of psychoanalysis. It is only because the mind (which is in a language) is implicated in the symptom that it is possible to envisage a "talking cure" at all. Even at this stage it is clear that with hysteria as the prototype of the symptom, Freud will from now onwards be able to distinguish that form of pathology which is suitable for psychoanalytic intervention and that which is not. Although *aktualneurose*, for instance, shares with hysteria an origin in sexual dissatisfaction, what distinguishes the two is the form of the symptom, the precise nature of the origins of each and most important of all the possibility of cure by way of analysis. The difference between the two lies in the fact that, unlike hysteria which takes the form of the somatized (and hence disguised and partial) satisfaction of a repressed wish (which has been repressed because it fell foul of the hysterical's superego), an "actual" neurosis results from externally caused deprivation of sexual satisfaction. An actual neurosis often occurs later in life where the person is deprived of a satisfaction previously enjoyed by an accidental event, such as the death of a husband. Here, unlike hysteria, the cause of the suffering is clear to the analyst and often to the patient. It neither requires nor is amenable to interpretation or treatment. It simply requires a change in the world for the anxiety to disappear - another love for example.

The result is that while Freud does allow for a purely external cause of neurosis, he has, in differentiating hysteria (a psychoneurosis) from an actual neurosis, excluded one form of pathology from psychoanalytic intervention. In this, he has limited psychoanalytic practice to those conditions which implicate interagency conflict. The world alone may cause neurosis but, if so, it alone may cure it.

In fact in strict terms an actual neurosis is not a neurosis at all. It is a form of extraordinary human unhappiness, one which if an expert were called upon to produce a cure that expertise would have to be one directed at changing the world not people, that of the politician or social worker not of the psychologist. In making this important distinction Freud gains insight into the problem but also adds to the already difficult task of formulating a concept of psychopathology.

If the more or less regular characterization of a disease, its description and identification in observational terms, is what is meant by a pathology, and that which causes disease is thought of in similar terms, then the psychoanalytic concept of psychopathology will have to abandon the medical model. As might be expected, confronting the loss of a regular and visible evidential field on which to demonstrate the presence of psychopathology, it is tempting for Freud and those after him to re-invent a parallel account. This is certainly true of Freud's initial response when having moved from his work on hysteria to an understanding of the theory of repression and of the crucial role of the sexual in the aetiology of neurosis, puts forward the seduction theory. Part of the reason for the difficulty Freud clearly had in abandoning the seduction theory stems from the reassuringly regular explanatory work which it could do.

Ironically, it is the difficult and certainly not scientifically consoling conclusion that not all neurosis may be traced to real sexual events which enables Freud to make what is arguably the second most important conceptual advance in the history of psychoanalysis. In abandoning the seduction theory and replacing it with the notion of the pathogenic consequences of a wish or fantasy, psychoanalysis makes a definitive break with both the regular and the naively realist view of the origins of psychopathology.

In recognising that guilt alone, that wishes in the form of propositions formulated but never actualised, may cause neurotic suffering, Freud recognises something of extreme importance about the nature of the psychic apparatus, one which also forces him to confront the role of contingency in psychoanalytic explanations. For it is important to realise that Freud does not replace a realism or regularity in history with a realism or regularity of the wish. Neither particular kinds of wishes nor particular kinds of events are in themselves pathogenic.

Certainly the Oedipal theory which suggests that wishes of the kind always subject to superego injunctions are part of the experience of every child, would not allow such a step. If this were the case, then the abandonment of the seduction theory would lead to an unproductive substitution of the kind that would make pathology an even more dubious, because universal and inevitable, category. Instead, Freud recognises that it is the often contingent conjunction of actual events and fantasies which play a crucial role in the development of a neurosis. The child who, on wishing his father dead in the inevitable and quite normal grip of Oedipus, finds himself without one for reasons quite separable from that wish, may well become neurotic. Should his father survive to foster an identification, or even the libidinal impulse of negative Oedipus, neurosis is less likely to result. At this stage, all that can be said about the role of real events (loss, violence or seduction) in as causes of neuroses is that the more of them there are, the greater the statistical chances that pathology may result. The context in which this is most likely to occur with the greatest regularity is war. What is important about this is that like organic disease or actual sexual trauma, war represents a possibly regular or predictable cause of neurosis. In his short *Introduction to Psychoanalysis and the War Neuroses* (1919, Trans.1947), Freud reflects upon psychoanalysis' relation to these puzzling "disorders" (1947, p207). At the outset he makes it clear that war neuroses reveal many of the features that had already been recognised and described by psychoanalysis as present in ordinary (that is peacetime) neuroses. He refers to the essentially psychological, (in contrast to medical or lesional) origins of the symptoms, the importance of unconscious instinctual impulses and the part played by the flight into illness. What remains as controversial about the possible suitability of psychoanalysis to the war neuroses turns on the apparent absence of the key psychoanalytic concept of sexuality in their genesis.

Freud, while pointing out that sexuality may yet be shown to play a part in the psychoanalytic understanding of the war neuroses, goes on to make the important point that the war neuroses are to be distinguished from those of peacetime by special characteristics stemming from their status as neuroses made possible by conflict in the ego. This conflict is one between the old peaceful ego and the new warlike one, which becomes acute when the old ego realises what danger it is in as a result of the rashness of its "parasitic double" (Freud, 1921, p209). Subsequently he describes the conflict in terms suggestive of the superego, pointing out that motives such as ambition, self-esteem, patriotism and obedience justify the warlike ego's actions. This conflict is as his discussion of the unjust treatment of

the war neurotic as a malingerer makes clear an essentially unconscious one.

While own Freud's discussion of the war neuroses finally takes the form of an explanation of how they too allow for a form of sexual energy attached to the ego itself, what is significant here is that the war neuroses are accurately described as neuroses in psychoanalytic terms because they comply with its main defining criteria. Firstly, they are the product of unconscious conflict. Secondly, they implicate repression. Finally, the source of the conflict stems from that between libido and superego, that is between Eros and Thanatos. In concrete terms, this account suggests that the precondition of the war neuroses is that the soldier should suffer conflict, and is verified by the fact that it is only in a conscript or national army, and not in an army of professional soldiers that the war neuroses are encountered. In local terms, political conflict which engenders war and advocates violence would not produce conflict in those consciously and explicitly committed to armed struggle.

Freud's account of the war neuroses then once more demonstrates that pathology cannot be described as the necessary consequence of some predetermined and specifiable class of events in the world. Even where commonsense would suggest that of all the events in the world war is most likely to be pathogenic, Freud's discussion of the war neuroses re-iterates that it is only under specific conditions, those of conflict in the ego, that neurosis results. What Freud does suggest, however, is that one precondition for the neuroses caused by war does exist on a general level. Certainly, in the account of the war neurosis it is clear that war, in so far as it is threatening, embodies as it were an external context or dramatisation of the essential conflict between the impulse towards life and that towards death upon which the psyche itself is founded. War also represents the prototype of all those events in human experience which bring with them not just the threat but the actual realisation of frustration, deprivation and loss.

In **Mourning and Melancholia** (1917) Freud addresses the question of the consequences of loss in somewhat different terms. In comparing two responses to loss, of loved person or even of some abstraction as of an ideal, a country, or a loss of liberty, Freud once more emphasises that the form of the event itself does not pre-determine the form of the reaction. Both the normal response of mourning and the pathological response of melancholia may be precipitated by the same kind of event and both

present themselves in approximately similar terms. Both the mourner and the melancholic experience a profoundly painful dejection, cease to have any interest in the outside world, lose the capacity to love and are inhibited in all their actions. However, the key distinction between the two conditions is indicated by the presence of one different ingredient, an absence of self-regard noticeable in the melancholic but not in the mourner.

The difference, Freud argues, is that whereas the mourner has lost an object, an ideal or another person, the melancholic is suffering primarily from a loss of him or herself. The self denigration of the melancholic, however, is of an essentially paradoxical kind.

In examining the clinical picture, those suffering from extreme self reproach, reveal that what has happened is that a reproach appropriately directed against a love object has been shifted, under the pressure of guilt onto the person's own ego. Melancholia must be understood, then, as the product of a process of identification by the melancholic ego with the lost object. An object loss is transformed into an ego loss and past conflict between the melancholic and the lost object results in a cleavage between the critical activity of the ego (in the past) and the present ego transformed on the basis of identification (Freud, 1919, p258).

What is important here is not just the subtlety of this explanatory account and the ways in which it enables mourning and melancholia to be distinguished in practice, but its re-iteration of the essential point that the form of an event alone, its position, intensity or nature does not guarantee its pathogenic status. In describing an event as pathogenic then, Freud is not referring to some feature or property of that event but to an effect, a consequence only identifiable *post hoc* and crucially only in particular cases.

A revealing and typical example of the difficulty which psychologists by contrast have with the psychoanalytic concept of pathology is to be seen in a recent semi-popular article in *Scientific American* (April 1989) which reports on the findings of a study entitled **Vulnerable but invincible: A longitudinal study of children and youth**. The author refers with some surprise to the results of a thirty year enquiry into the lives of a group of children. What is surprising she suggests is that neither factors described as risky nor stressful in the environments of those studied lead inevitably to poor adaptation, let alone pathology. Instead it appears that at each stage in an individual's development from birth to maturity there is a shifting

balance between stressful events which heighten vulnerability and protective factors which enhance resilience. The startling inanity of such a conclusion hides something more insidious. After all, if the concept of pathology and therefore an account of what is pathogenic is not distinguished from that of stress or that which produces unhappiness, then the odd explanation, the identifying of an entity called resilience or a buffer, need not have occurred and the strange protective something, be it a feature of an individual or a class of outside events, need not have been so fruitlessly pursued.

Unbeknown no doubt to the authors, and probably undesirable to them, is the recognition that unless the psychological field can think the difference between what is abnormal and what is pathological, that is between neurotic misery and extraordinary human unhappiness, confusion is sowed on all sides.

What makes Freud's contribution to an understanding of psychopathology so important and what no doubt accounts for its lack of popularity is the fact that it is neither easy nor consoling. Leaving psychiatry and a lesional or medically based model of psychopathology without entering into the human science position, Freud recognises that distinguishing the normal from the abnormal and the abnormal in turn from the pathological, is neither a purely quantitative operation, an extension of a set of similar features, nor the introduction of separate pathological ingredients. It requires instead that pathology be explained in terms of the same components in a different relation to each other.

While a norm can, by definition, be specified and its variations therefore measured, to attribute pathology to a person, and the attribute pathogenic, to a set of circumstances cannot be done on the same grounds. Unlike the abnormal which remains a way of redescribing extreme variation, the attribution "pathology" is of a different kind. While it is tempting to stick to abnormality, because it is more easily specified (and less pejorative to boot) the consequences are not worth the price. For in so doing the knowledge is robbed of its status as diagnostic and thus of rational grounds for intervention.

After all, variation alone, however extreme it might be, remains a purely descriptive category. It does not call for remedy and it is hard to see how it could form the basis for an expertise, certainly not one which wishes to make an intervention. While medicine may have produced both

observable and statistical forms as a basis for clearly marking the point at which abnormality (or the limits of variation) becomes pathology, and while religion may justifiably have ethical criteria for redescribing deviant action as sinful, Freud took neither route. Unlike the clinical psychologist who has come to play the role of confessor or friend and the psychiatrist who remains within the medical model and where psychopathology is finally always thought in organic terms, Freud continues to preserve an indigenous domain for psychoanalysis. For all but the analyst the illness is either no longer mental but is organic, or not illness at all but moral error.

What compels a return to Freud is that he resolved this dilemma. It is what was forgotten about psychoanalysis rather than what is inherited from it which precipitated the problem in the first place. What is unique in Freud's account of pathology is that it is not based upon some special or additional ingredient, something unique to pathology and separate from normality, but is defined structurally as the re-emergence (or relocation) of ingredients which would, at some prior stage or in another position, be quite normal. It is not the content of the repressed wish which makes it pathological nor the fact that it is repressed, but rather the coming undone of that repression and the indirect and disguised route to satisfaction which it takes.

It is not that children in being polymorphously so are literally, rather than metaphorically or from hindsight, perverse but that adults, who return to that position are. Nor is the dream, the hallucinatory satisfaction of a wish, a symptom, despite the fact that it is prototypically symptomatic in form. To dream awake but not asleep is to enter psychosis. The upshot is that neither neurotic speech (hysteria) nor neurotic action (obsession) wears its pathological status on its face. It is only to the extent that an action does not comply with the structural and formal requirements for the definition of action (that is, has a reason which determines its form, and therefore acts as its cause) or the structural requirements of a communicative event, (that is the form of an intelligible and grammatical utterance) which determines whether we are dealing with pathology or not. Neither events in the world, then, nor particular forms of human action or thought are pathological but crucially the psychic apparatus is inherently pathogenic. It, and this is Freud's genius, represents both pathology and normality's preconditions.

The ego is necessarily slave to three non-reconcilable masters (the Id, the Superego and the Real) and civilization is therefore structurally

discontented. In being a member of the group and in having an ego (that is being capable of rational thought and action), the individual is always potentially pathological. The point remains as to whether anything about that ego, the contents of the superego, the nature of the real world or the means by which any of these was acquired, acts not merely as the precondition for, but as predisposing to, pathology.

If South Africa is pathogenic in ways that a psychological knowledge can explain and a psychological practice theoretically at least can cure, then the question of its pathology must be explained at the level of its preconditions, and not on the level of its positive contents. To return to the original question, if South Africa is pathogenic the psychologist is apparently assured of a political function. But this demonstration by way of Freud suggests so far that this is not a safe assumption. While it is clear that South Africa generates an unusually high amount of both ordinary and extraordinary human unhappiness neither of these can be equated with neurosis and are therefore not the legitimate province of the psychologist. And it is also clear that where neurosis does occur, it does so for reasons not wholly attributable to the social.

But, and this is the crux of the matter, Freud's account of the form of psychopathology is not confined to neurosis. Most significantly, for our purposes, it also includes that of psychosis. In the case of neurosis the occasions for the extraordinary human unhappiness which South Africa provides so often are only statistically likely to be neurotogenic. If fathers and mothers are more likely to suffer violence, frustration, humiliation and poverty, then their children are more likely, in inevitably wishing them ill in Oedipus, to suffer the guilt of finding their wish come true. What results is the ominous and disconcerting experience of having one's worst wishes materialise without one having to do any more than wish them. It is literally a question of an increased chance of unhappy accidents.

The case for psychosis is of a different, more revealing kind. If neurosis is a result of a compromise formation occurring at the site of interagency conflict and psychosis is the collapse or the absence of those three agencies, then the question arises as to whether there can be regular conditions under which the psychic apparatus is necessarily psychotic? Freud's account of the resolution of Oedipus as the precondition for a functional relation between the agencies goes some way towards answering the question. The child in pre-Oedipus resembles the psychotic in essential respects, not only because of the infantile position of the drive but also

because of the absence of a superego in the internal position. An internal superego is in turn the necessary pre-requisite for rationality at least in its modern form. And according to Freud the superego is necessarily heir to Oedipus.

The conditions, then, under which a society may be described as pathogenic (that is in which the conditions for the establishment of all three agencies in an appropriate relation to each other) could be one in which its members are not provided with the means to resolve Oedipus. This structural precondition should not it is important to remember be seen as equivalent to the accidents which Oedipus is necessarily heir to. The point is not to redescribe neurosis or simply to refer to the fact that in the normal vicissitudes of the history of the drive much can go awry. Nor does it add very much more to say that certain quantities of libido, certain kinds of fathers or mothers may make Oedipus more difficult to traverse successfully. What counts is whether something above and beyond particular individuals and particular families stands in their way.

The logic of Oedipus may be useful here. Oedipus, in Freud, is a mechanism by means of which identification and desire are separated. The boy child is called upon to give up the first object (the mother) and to substitute her with another object of the same gender. A prerequisite for the substitution is that he should identify in this with the father - be like him in order to have someone like her. Identification is essential in this because, as we know from Freud, it is only on the basis of an identification that the child not only achieves a stable gender identity but also a superego. This identification in turn presupposes that the child is given someone who can sustain that identification to provide him or her with a means by which the form of wishes may be related to the form of actions. In other words in which the child not only recognises what the parent wants but sees the form of action necessary in order to realise those wishes. The parent as the model then must literally embody the way in which wishes, themselves invisible, may be coordinated upon the visible field of actions.

What is important in determining whether a society can be pathogenic or, to be more specific psychotogenic, then turns on whether anything on the political or social level affects the possibility of making the necessary identification. This is a difficult question, in turn dependant upon a detailed account of the mechanisms involved in identification. However one thing is clear - where a group of people who must act as models are

regularly in a position in which it is almost impossible to act upon their wishes, the continuity between wish and action which is required of the object of an identification is absent. And it is equally true that this is precisely the position in which black people find themselves in South Africa.

Perhaps the point turns on the question as to whether it is possible to conceive of inalienable rights in psychological terms and if so what they might be. The most obvious and I suspect the only possible inalienable psychological right would be the right to sanity. An understandable scepticism about so bald a formulation inevitably arises. This difficulty is partially resolved by resisting the temptation to fill the right to sanity in terms at once too general and too particular. It is not that what counts as sanity remains the same in all societies or even within one society at different times. Rather any society can at any time be described as psychotogenic to the extent that it is internally contradictory, that is does not allow those who must function within it to fulfil its own requirements for rationality or majority.

The unjust society carries just such a possibility. In depriving black South Africans of the right to love, live, and work where they choose the apartheid regime places them in a position which is not merely frustrating or even extraordinarily so. There is surely reason to believe that where the very continuity of the relation of wish to action is systematically undercut on so broad a front the capacity for rational action is itself seriously threatened. Political repression of the magnitude of that metered out in South Africa robs the oppressed not just of liberties but of the form of rationality which has in the West for the last two hundred years at least, been a perquisite for the stable relation between the individual and the group as well as for the status of legal majority.

If black South Africans have been infantalized in the strict sense of the term, then in the light of Freud, it is quite possible to suggest they have in this also been subject to processes which are in essential respects psychotogenic. In the face of a consequence of this magnitude that for psychologists however committed they might be, seems of minor importance. But this is the question asked here. And the conclusions are not consoling.

The neuroses South Africa generates may be more prevalent than elsewhere but as neuroses they are not different from and certainly no

more tractable or less miserable than any others. And as for ordinary human unhappiness however extraordinary it may appear to be no one except perhaps a social worker can hope to be any better at ameliorating it than anyone else.

The case for psychosis is if anything more disturbing. The psychologist may be able to identify and even explain its likely origins on either the individual level or on that of the group. But psychosis is by definition not amenable to cure. The psychologist is no less than those who reveal the damage so vividly at the mercy of the political, and politicians, as all South Africans know have yet to prove rich in either mercy or wisdom.

## REFERENCES

Freud, S (1905) Three Essays on the Theory of Sexuality, in *On sexuality*. (The Pelican Freud Library, Vol.7) Harmondsworth: Penguin Books, 1977.

Freud, S (1915) Papers on Metapsychology, in *On metapsychology: The theory of psycho-analysis*. (The Pelican Freud Library, Vol.11) Harmondsworth: Penguin Books, 1984.

Freud, S (1921) *Introduction to Psychoanalysis and the War neuroses*. London: International Psychoanalytic Press (1-4).

Freud, S (1926) Inhibitions, symptoms and anxiety, in *On psychopathology*. (The Pelican Freud Library, Vol.10) Harmondsworth: Penguin Books, 1979.

Werner, E E (1989) Children of the Garden *Scientific American*, April 1989, 75-81.

## **Afrikaans as symptom-formation: A Freudian reading of "Afrikaner" history**

*Johan van Wyk*

*Department of Afrikaans  
University of Durban-Westville  
Durban*

*Paul Voice*

*Department of Philosophy  
University of South Africa  
Pretoria*

In this paper a few ideas and positions will be sketched for a psychoanalytical reading of the Afrikaner. These ideas represent part of a more extensive project in this area on which we are working.

Our discussion is premised on the idea that the term "Afrikaner" has a shifting denotation and the study of it should entail a careful analysis of the different discursive contexts of which it is a part. The meaning of the term, like any other, is conditioned by changes which take place at the level of the economic and the ideological. In this sense the Afrikaner is a discursive and ideological construct (1). In another sense, as we will show, the fabrication of a collective identity, beginning with the activities of the GRA (Genootskap van Regte Afrikaners; The Association of Real Afrikaners) in the late 1800s, fashioned a past which relates to an original lawlessness and omnipotence. We briefly trace the way in which this lawlessness was threatened with the arrival of the British at the Cape in 1795.

We contrast the lawless, father-orientated perspective of the colonists with the modern recognition of the world as object which is determined by natural laws. Here we employ a number of Freudian concepts whose use suggests that the preoccupation with the Afrikaans language, with race and nation can be read as a symptom-formation which relates to the Afrikaner

nationalist's melancholia - a longing for a lost omnipotence.

### **The Emergence of the Afrikaner**

Before the seventeenth century, the words "Africaan", "Africaander" and "Africaaner" were used to denote the indigenous inhabitants of Africa, in particular the Khoi whom the European settlers found at the Cape. It is only after 1707, in the aftermath of the rebellion of colonists against Governor Willem Adriaan van der Stel, that we have a record of the word "Africaander" being used by a European-descended colonist to refer to himself (2).

The present definition of the Afrikaner as a European-descended person whose first language is Afrikaans became dominant after 1934. This followed the break away of the Purified Nationalists under the leadership of D.F. Malan from the old Nationalist Party led by General Hertzog. General Hertzog's definition of an Afrikaner, which was the accepted one in the period 1910- 1934, was that the term referred to "everybody" (all whites?) who gave their unconditional loyalty to South Africa. In an attack on the Broederbond on 7 November 1936, Hertzog made the distinction between his definition and that of the Purified Nationalists clear: "It is forgotten that there are also English-speaking Afrikaners in South Africa ...." (Wilkins and Strydom, 1978, p61).

Thus, any discussion of the Afrikaner has to be sensitive to the discontinuity in both the term's usage and the multiplicity of its referents. In short, we make use of a non-essentialist definition. With this in mind however, one should not ignore the way in which the "continuous history" elaborated by nationalist historians has created a collective past for a defined group. By creating the collective past they were constituting a mythical identity for the group as well as a group psychology. This mythical group identity with its fabricated past has concrete consequences. The actions and beliefs of this group are determined by this "continuous past", as is clear in the compulsive symbolic repetition of certain historical traumas such as the Groot Trek and the Voortrekker festivals of 1938 and 1988.

In this paper we will concentrate on the GRA (Genootskap van Regte Afrikaners), a body whose emergence in 1875 signals the beginning of the linguistic and racist definition of the Afrikaner in discourse. European-descended South Africans speaking Afrikaans before 1900 were not

necessarily conscious of themselves as Afrikaners, rather they saw themselves more in terms of the type of production in which they were involved. For example, they described themselves as "Boere" (farmers). It was in 1875 with the formation of the GRA that intellectuals and farmers from the Paarl district of the Cape colony first attempted to mobilise European-descended Afrikaans-speakers into a national movement.

The GRA through its literary, popular, historical and linguistic publications represents the moment when, for the first time, a conscious attempt was made to construct in discourse a new entity - the Afrikaner. Its publications included the immensely popular periodical *Die Afrikaanse Patriot* (circulation had reached 3 000 by the 1880s); the first Afrikaans history book *Die Geskiedenis van Ons Land en die Taal van Ons Volk* (1877); the anthology of poetry *Afrikaanse Gedigte*; (1878), and the dictionary *Patriot-Woordeboek* (1902).

The GRA recreated South African history in the image of the Afrikaner. With heroes such as Frederik Bezuidenhout of the Slachtersnek incident it created a mythology of persecution and survival (3). As poets and makers of heroic myths, its members can be seen as the originators of a group psychology. The nature of the GRA's historical, linguistic and especially poetic activities illustrates what Freud said about the poet, myth and the group:

"The myth . . . is the step by which the individual emerges from group psychology. The first myth was certainly the psychological, the hero myth; . . . The poet who had taken this step, and had in this way set himself free from the group in his imagination, is nevertheless able . . . to find his way back to it in reality. For he goes and relates to the group his hero's deeds which he has invented. At bottom this hero is no one but himself. Thus he lowers himself to the level of reality, and raises his hearers to the level of imagination. But his hearers understand the poet, and, in virtue of their having the same relation of longing towards the primal father, they can identify themselves with the hero." (Freud, 1985, p170).

Central to the GRA's activities was a preoccupation with Afrikaans as language. This preoccupation involved the intention to appropriate the language for themselves. The origin of this intention was, ironically, Arnoldus Pannevis's earlier idea to translate the Bible into Afrikaans so that it would be more accessible to "coloureds". The British and Overseas

Bible Institute was not interested in this request, and declared itself disinclined to "perpetuate jargons by printing Scriptures in them" (Steyn, 1980, p137). In the wake of Pannevis's attempts in this regard the GRA was formed. These missionary intentions though were soon submerged by a racial and national circumscription of the language.

The GRA and the language movements which followed it cannot therefore be viewed as simply the occasion on which a pre-existing language and culture was, at last, brought into the light. The work of the GRA reveals rather an intersection of the ideas of language, race and nation. This intersection formed a new problematic from whose perspective a new history was written and new political agenda formulated. The configuration of these ideas points to a symptom-formation which symbolically refers to a repressed content. The nature of this content can be traced to the establishment of British rule in the Cape.

### **The Law**

To uncover this symptom-formation - this forming of a counter-identity to that of the governing British group - one must understand what British imperialism meant to the Dutch-descended colonists in the light of their lawlessness and omnipotence which preceded British domination. This lawlessness was especially apparent in the areas far from Cape Town. Du Toit and Giliomee (1983) describe it as follows:

"In the interior itself there was a lack of those socialising agencies which would instill respect for law and authority. The trekboer dispersal meant tenuous ties with schools and churches - in fact with organised state and society. The central government, travellers from Europe and prominent colonists commonly expressed the fear that this would lead to increasing lawlessness, moral degeneration and ultimately barbarization of the colonists." (p3).

This lawlessness was not simply a standing beyond the law but also an exclusive claim to use what law there was to further their own interests. The law functioned to the advantage of the colonists and at the expense of the slaves and Khoi who were denied any rights before the law (4). The law was seen as something exclusive to the Europeans; an instrument of power to be used to impose the colonists' will on others. It represented the power of a small group over the whole of the indigenous and slave population.

When the British arrived at the Cape in 1795 they insisted on firmer government and the establishment of law and order for everybody. This eventually led to the introduction of circuit courts in 1811 and "the new notion that no one could any longer be a law unto himself". For the first time the Khoikhoi had access to the courts and legal equality. This equality before the law was extended by Ordinance 50 of 1828, which nullified the restrictions on the personal freedom of indigenous persons and led to the emancipation of slaves.

To this imposition of the law by the British the colonists on the frontier reacted with a "large-scale emigration from the colony and settlement outside the area of British control." This:

".... held out the possibility of a trekboer society where the "proper" relations between master and servant according to the norms of the accustomed racial and social order could be reinstated." (Ibid., p17).

Much later the GRA, representing the descendants of colonists who did not take part in the Trek reacted ideologically to British rule. To the GRA British government and law became synonymous with the humanism of the missionaries, and the materialist values which accompanied the scientific revolution and laissez-faire capitalism. Reaction against these values underlies the following ideological motifs which were common in the writings of the GRA:

1. the adherence to a rural world view;
2. the romanticisation of the past;
3. the rejection of materialism and modernism;
4. the propagation of racist and sexist values;
5. the dominance of the authoritarian father-figure and an obsession with a then still non-existent "fatherland".

British imperialism represented the Enlightenment, and modern and materialist values which threatened the class positions of the Dutch/Afrikaans clergy (whose mysticism is untenable in a materialist world view), teachers (who feared Anglicisation of the community they represented), and the farmers whose arbitrary power over their labourers was questioned by the new humanism. The clergy, teachers and farmers are the groups from which the members of the GRA came.

This group romanticised and idealised the lawless and omnipotent positions of colonists before the arrival of the British. All later regressions in the group psychology of Afrikaner nationalists are attempts to reinstitute this lawlessness against the modern extension of the law. This extension of the law as historical process was described by Freud as follows:

".... cultural development seems to tend towards making the law no longer an expression of the will of a small community - a caste or stratum of the population or a racial group - which in its turn, behaves like a violent individual towards other, perhaps more numerous, collections of people." (1985, p284).

British imperialism threatened the original lawlessness of the colonists and it threatened the narcissistic and symbiotic relationship which developed between the colonists and the new continent. This symbiosis between the colonists and Africa is revealed in the fact that they took the continent's name to denote themselves.

#### **Modernism and the Father**

The British, and essentially capitalist, ethics - represented by the liberalism and humanism of the missionaries - challenged the brutal colonisation of the continent by the Dutch-descended colonists. The colonists responded to this foreign ethic by emphasising a father- orientated conception of the world. A world of predestination in which they acted on behalf and in the name of the father (God) and in which they adopted the omnipotent father's role towards their environment and those who inhabited it. This conception elides the facticity of an objective world and places the world within the domain of the will.

Where the world came to be seen by science as an object which is determined by experimentally tested physical laws, the colonists instead saw the world as an expression of the omnipotent father's will. Where imperialism, and its capitalist dynamic, represented a movement to an integrated world economy, the GRA emphasised national and racial difference. In Freudian terms the early Dutch-descended colonists and their nationalist off-spring can be seen as a force which stood against the civilising activities of Eros:

"Civilisation is a process in the service of Eros, whose purpose is to

combine single human individuals, and after that families, then races, peoples and nations, into one great unity, the unity of mankind." (Freud, 1985, p313).

British rule in South Africa coincided with the emergence of the modern world. A distinguishing feature of the modern is its recognition of the distinction between the ego/subject and the world/object. For the pre-modern the subject was the unexaminate source of the world of which it could not be part for it was the world's very condition for existence. In contrast the modern episteme removes the privileged position of the ego/subject (5). This modern conception of the world as independent object determined by an independent set of empirically revealed laws must be contrasted with the lawlessness and arbitrariness of the pre-modern. This contrast is best represented in modern science which postulated an epistemically privileged material reality which is made transparent and comprehensible by a determined set of underlying and universal laws. The ego/subject is not therefore a transhistorical phenomenon but rather one which is firmly located in history and whose existence is entrenched in the modern episteme (6).

The ego in history, as in individual psychology, therefore, arises as a consequence of an awareness of the world as object. Freud discusses this process in individual development as follows:

"An infant at the breast does not as yet distinguish his ego from the external world as the source of the sensations flowing in upon him. He gradually learns to do so, in response to various promptings. He must be very strongly impressed by the fact that some sources of excitation, which he will later recognize as his own bodily organs, can provide him with sensations at any moment, whereas other sources evade him from time to time - among them what he desires most of all, his mother's breast - and only reappear as a result of his screaming for help. In this way there is for the first time set over against the ego an 'object', in the form of something which exists 'outside' and which is only forced to appear by a special action. A further incentive to a disengagement of the ego from the general mass of sensations - that is, to the recognition of an 'outside', an external world - is provided by the frequent, manifold and unavoidable sensations of pain and unpleasure the removal and avoidance of which is enjoined by the pleasure principle .... " (1985, p254).

The discovery of the world as object implies the discovery of the world as something different from the inner self and becoming aware of "pain". The colonists in the early Cape did not perceive the world as "object" in the modern sense and the sense explained above, possibly because of the boundless freedom which they experienced away from the constraints of established society. The new continent was a generous and fulfilling provider as long as the colonists could act without constraint towards it. The relationship between the colonists and the environment and those who lived in it was structurally the same as the infantile symbiosis between mother and child, in which the child does not differentiate between him or herself, the mother and the environment. (It is therefore appropriate that this symbiosis was given concrete form in the name "Afrikaner".) This symbiotic relationship was upset by the arrival of the British and the constraints and challenges this implied.

To the descendants of the early colonists, in whose minds the memories of the early freedom came to dominate, the world was an expression of the Same (7); everything was drenched in the Father's omnipotent presence; everything was predestined by the Father. This ties up with the special emphasis the GRA placed on the ancestral fathers. These ancestral fathers are nothing but expressions of lost omnipotence. Further, God as the Primal Father related to their own omnipotence in so far as they saw it as his will that they should dominate.

Seen from this perspective, the link that Freud drew between the internalisation of the father figure and the development of personal conscience becomes questionable. The father is not necessarily an indicator of the development of personal conscience, but of a power above the law, of omnipotence and of lawlessness.

The erasure of the omnipotent father which accompanies the modern world view fills Afrikaner nationalists of the previous century, and of today, with remorse (8). They sense in this a nearing apocalypse (Ostow, 1986, pp278-284). This leads to self-destructive and irrational rituals of self-purification (9): the demand for sacrifices in war and the imposition of censorship. Censorship specifically, implies a silencing of the reality principle, of the personal and questioning conscience, in so far as censorship represses investigations into social reality. Further, when censorship is directed at repressing sexual depiction in art and literature, it implies the denial of a libido. The silencing of the libido is revealing in so

far as the libido refers to a relation with difference, energy directed towards objects outside of the self (10). This is in contrast to incest which refers to the direction of sexual energy towards the Same, and which found expression in the laws which Afrikaner nationalists enacted after they came to power in 1948 which prescribed that only people of the same race may have sexual relations.

### **Language as symptom**

In so far as the GRA and later language movements' obsession with Afrikaans relates to their reaction against modernism, Afrikaans is a non-language. It is a non-language in the sense that it cannot refer to the world in its objectivity. It is then, a language which is a symptom of the inability to part with lawlessness and the omnipotence which was experienced in the collective archaic past.

### **Conclusion**

The preceding paragraphs obviously do not constitute a final position, they merely mark a first line of enquiry into an uncertain terrain. Nor do we think that this line of enquiry could exhaustively explain the phenomenon of Afrikaner nationalism; it ignores important considerations of economics, class, domination and exploitation. It nevertheless opens the possibility of explaining Afrikaner nationalism in its concrete forms and moves beyond a purely reductive explanation which can do no more than show how Afrikaner nationalism is functional for capital accumulation. Many important and foundational problems remain unaddressed, problems which we hope to face in future work.

### **Notes**

- (1) On the relation between language and the Afrikaner see Hofmeyr, 1987.
- (2) See Franken, 1953.
- (3) See Thompson, 1985.
- (4) See Chapter 3 in Du Toit & Giliomee, 1983.
- (5) See Foucault, 1982.
- (6) *Ibid.*
- (7) *Ibid.*
- (8) The erasure of the Father in Western thought has its origins in the

questioning of the premises of religion and culminates in Darwinism.  
(9) See Van Wyk, 1989.

(10) "Sexual desires naturally urge a person to enter all kinds of relations with the world, to enter into close contact with it in a vast variety of forms."  
(Reich, 1970, p90).

## REFERENCES

**Afrikaanse Gedigte, Faksimilee-weergawe van die oorspronklike uitgawe 1878.** (1975) Kaapstad: Human & Rousseau.

**Die Afrikaanse Patriot, Faksimilee-weergawe van die eerste jaargang 1876.** (1974) Kaapstad: Tafelberg-Uitgewers.

Du Toit, A, & Giliomee, H (1983) **Afrikaner Political Thought: Documents and Analyses, Vol. 1, 1780-1850.** Cape Town: David Phillip.

Foucault, M (1982) **The Order of Things.** London: Tavistock Publications.

Franken, J LM (1953) **Taalhistoriese Bydraes.** Amsterdam/Kaapstad: A.A. Balkema.

Freud, S (1985) **Civilisation, Society and Religion.** (The Pelican Freud Library, Vol.12) Harmondsworth: Penguin Books.

Hofmeyr, I (1987) Building a nation from words: Afrikaans language, literature and ethnic identity, 1902-1924, in Marks, S & Trapido, S (eds.) **The politics of race, class and nationalism in twentieth century South Africa.** New York: Longman.

Ostow, M (1986) The psychodynamics of Apocalyptic: Discussion of papers on identification and the Nazi phenomenon. **International Journal of Psycho- Analysis, 67,** 278-284.

**Patriot-Woordeboek (1902)** Paarl: D F Du Toit & Co.

Reich, W (1970) **The mass psychology of Fascism.** Harmondsworth: Penguin.

Steyn, J C (1980) *Tuiste in eie taal: Die behoud en bestaan van Afrikaans*. Kaapstad: Tafelberg-Uitgewers.

Thompson, L (1985) *The political mythology of Apartheid*. New Haven: Yale University Press.

Van Wyk, J (1989) *The Father in two Afrikaner Nationalist plays by J F W*

## **Psychoanalysis, Lacan, and social theory**

*Grahame Hayes*  
*University of Natal*  
*Durban*

Psychoanalysis has always been in the news! And once again it has achieved a lot of notice, dare one say fame even, within certain variants of social theory. This has been especially so in recent cultural studies with an interest in and "use" of Jacques-Marie Lacan's work. This article aims to be an introduction to the psychoanalytic work of Lacan, and at the same time offers a warning against some of the appropriations, or rather misappropriations, of Lacanian psychoanalysis in the social theory adumbrated by cultural studies. While this article will discuss the general problems of Lacanian psychoanalysis in the social theory of cultural studies, specific reference will be made to the some of the work of the **Contemporary Cultural Studies Unit** at the University of Natal in Durban to give the force of my arguments more empirical substance (\* see note at the end of the article).

The above reference to the "appropriation" and "misappropriation" of psychoanalytic theory is not to suggest, along with the history of these words, that psychoanalysis is **private property** and can therefore only be "touched" under special circumstances! The point is that psychoanalysis is not a social theory of human experience and human individuality. In the language of cultural studies, psychoanalysis is not a social theory of the subject. And it is a **social theory** of the subject and subject identities that cultural studies are interested in. The presentation of psychoanalysis in social theory, never mind as social theory, needs to be very thoughtfully undertaken. It is important that we ascertain what kind of theory psychoanalysis is and how it operates within its own domain, and bearing

this in mind how this body of theory might be applied "outside" of the practice of psychoanalysis.

In general it could be said that cultural studies of the Birmingham centre type, and now by implication the University of Natal's (Durban) unit, having adopted some form of materialist theory and method, have been particularly concerned with the underclasses, and have tried to develop a social theory which would take into account and explain the formation of the subject. It is this latter aspect - the theory of the subject - which has been primarily responsible for the rapprochement of cultural studies, social theory and Lacanism. Whether Lacanism and psychoanalysis are the most appropriate theoretical interventions for developing a social theory of the subject have not been thoroughly addressed. In this regard we must identify the limits of psychoanalysis as it tries to traverse the difficult interface between the social and the individual.

Lacanism, through the work of Althusser (1977) initially, has had an inordinate impact on social theory and cultural studies over the last ten to fifteen years. There has however recently been some criticism of the appropriateness of Lacanism in developing a materialist theory of the subject - and also whether a theory or theories of the subject - materialist or other - deserve the centrality of focus they have received in social, cultural and media studies. The promise of psychoanalysis surely lies in how we develop a social theory of human individuality, derived from the insights of psychoanalysis concerning human (intrapsychic) experience. Psychoanalysis cannot simply just be this social theory, and in fact the history of psychoanalysis vis-a-vis social theory is rather antipathetic!

In an attempt to open up the discussion about Lacanism in social theory and cultural studies I shall approach the issue by detailing what kind of body of work, "knowledge" if you will, Lacan presents us with. This will be done by examining the context and "intention" of Lacan's work rather than trying to present a brief account of his theory. Some of the misunderstandings and caricatures of Lacan have arisen because the people using his work have not known what kind of work this is nor why it is presented in the way that it is. Lacanism must be understood in a conjunctural sense, and care taken when applying this body of knowledge outside of its sphere of historical development and theoretical articulation.

## PSYCHOANALYSIS AND CULTURAL STUDIES

Psychoanalysis has long been associated with an interest in cultural matters, although in a very different sense from that of the cultural studies-Lacan connection. We can identify two broad directions in psychoanalysis in relation to culture, aside from Lacanism. On the one hand there has been a focus on culture understood from an anthropological, ethnographic perspective, and on the other hand culture as synonymous with society and "civilisation". Both these dimensions are present in Freud's writings which pertain to culture, for example, *Moses and monotheism*, *Totem and taboo*, *The future of an illusion*, and *Civilisation and its discontents*. Freud's writings on culture are certainly very interesting and provocative, and speculative in a way in which his clinical writings are not. This speculative dimension has characterised most of the work done in both the psychoanalytic perspectives on culture mentioned above. However, more recently a body of work variably influenced by psychoanalysis has emerged which is trying to develop a coherent account of the impact and relation of the cultural formations of late capitalist society on dimensions of human behaviour and experience, or as psychoanalysts would put it, on the psyche.

The interest of cultural studies and a certain group of Marxist feminists with Lacanian psychoanalysis introduced a "new paradigm" in psychoanalysis and cultural studies, which had very few antecedents in the previous work in this area. This has become more so in cultural studies which have embraced the theoreticisms inherent in structuralism and post-structuralism. It is the contention of this article that it is this variant of cultural studies which has been particularly receptive to Lacan's work as text, and has mostly ignored the context of his work - his praxis more technically put. There has therefore been a resultant emphasis on theory, while a silence in relation to history and struggle; an emphasis on signifying practices and chains of signification, while little development of a social theory. It seems appropriate that if we are to assess the meaningfulness of Lacan's work for and in cultural studies and social theory, we need to understand the signifying practices which constitute the historical context of Lacanism.

## THE CONTEXT OF JACQUES-MARIE LACAN'S WORK

There is a massive ideological prejudice which divides us from the work of Jacques Lacan, and by implication Freud as well. Raging controversies have surrounded his work, and his ideas for the practice of psychoanalysis

since the early fifties when he first clashed with the International Psychoanalytic Association, up until the time of his death in September 1981 at the age of 80 in Paris. It is difficult, therefore, to present the "facts" about Lacan, in the context of a very polemical and large literature. Polemical both in its irritated rejection of Lacan, and its often unqualified and worshipping acceptance. The increasing isolation and secrecy of the Lacan group (in France) since the mid 1960s has provided a fertile basis for the development of speculation and inaccuracies about their activities. However, there are a number of texts which have managed to present Lacan's work in a serious, critical, and informed manner (Mooij, 1975; Wilden, 1976; Lemaire, 1977; Turkle, 1979; Clement, 1983; Macey, 1983 and 1985). Without going into the details surrounding the disputes of Lacan and the Lacanians with the establishment of psychoanalysis, that is the International Psycho-analytic Association, it is important to give some indication of what the disputes were about.

The main thrust of Lacan's criticism had to do with the training of psychoanalysts. He was bothered by the authoritarianism and conservatism of training institutes, and the arrogance of psychoanalytic theory in justifying the practice of a psychoanalytic orthodoxy. His criticisms were especially difficult for psychoanalysts to ignore because he accused them in the name of Freud. Lacanism has been associated with a call to return to the radicality of Freud's thought and to re-read Freud. Lacan insisted that much of contemporary psychoanalysis was (and is) a betrayal and gross misunderstanding of Freud's original project.

Lacan presented his criticisms in the form of three questions in one of his seminars after he had been kicked out of the international association. The seminar was interestingly entitled "Excommunication" (cf. Lacan, 1977b). The three questions were:

1. What is psychoanalysis? (he meant the practice)
2. Is psychoanalysis a science?
3. What is the analyst's desire?

These concerns run throughout Lacan's work, and are never resolved, as he felt that what constitutes psychoanalysis should always be contested and struggled over. It is the way in which Lacan and his group(s) tried to deal with these questions about psychoanalysis and the contradictions that they raise that has lead to some of the trivialisations of Lacanism and the personalistic attacks on Lacan himself (Clement, 1983).

Whatever the status of the criticisms of Lacan and Lacanism, one thing that is clear is that psychoanalysis in France, and other parts of continental Europe, has been dramatically transformed by Lacanism. And more boldly it could be said that the nuances of French intellectual life on the left are not comprehensible without an adequate knowledge of Lacanism, its sociology, and cultural form(s). While Lacanism is an extremely abstract and abstruse body of knowledge, it did at the same time manage to capture part of the "popular" imagination of ordinary French people, and especially Parisians. Lacan and Lacanism were even on television, the latter, often!

Lacan's work is difficult, sometimes wilfully so, and it is comprehensible if understood as psychoanalysis and not linguistics, and if certain influences on Lacan are made explicit. I now turn to the body of this article and discuss some of the range of influences which I have been able to identify in situating the context of Lacan's work. Hopefully this will make Lacanism more accessible, and encourage a critical assessment of its usefulness for cultural studies and social theory.

### **1. Psychiatry and Surrealism**

Lacan's early training was in the medical speciality of psychiatry. His doctoral thesis was more within classical psychiatry, than psychoanalysis, and it was in this context that he used Freud's work in his thesis on paranoia. His interest in language in analysing the case of Aimee in his thesis was derived more from his associations with surrealists than from psychiatry or psychoanalysis (Macey, 1983, pp5-7). There was substantial French resistance (up until 1968) to psychoanalysis, and it was the surrealists who were engaging with psychoanalysis in the first half of this century. It is interesting to note that Freud could not really understand the surrealist interest in his work! It could be said that the surrealists of the 1920s and 1930s in France were the forerunners of anti-psychiatry. They were the first to engage seriously with the discourse of the mad. The surrealists were opposed to the rationalist certainties about the distinction between reason and unreason. For example "Eluard and Breton attempt to simulate psychopathological discourse in *L'Imaculee conception* (1930), one of the classic texts of the heroic period of surrealism" (Macey, 1983, p4).

Significantly too Lacan's early publications were in surrealist magazines and journals in the form of poems, essays, and so on. What do we conclude from Lacan, the young psychiatrist, and his association with surrealism? Well, as Macey (1983) says "What is more important is that in

the early thirties both the surrealist and the future psychoanalyst are working in similar areas and drawing similar conclusions." (p5). And what are these conclusions? That language is a central and important dimension in making sense of psychopathology. That the distinction between normality and disturbance is often very subtle and complex to understand. And in a non-romantic sense, the notion of an aesthetic of psychopathology. Now in relation to Freud's work these concerns are not that radical nor dissimilar. But, if viewed against a psychoanalysis that was championing the normalising and adaptive properties of the ego in human personality, they are quite contrary, challenging, and "unscientific". So Lacan's initial interests in and with psychoanalysis were ones which the dominant orthodoxy would strongly have disapproved of. Other influences in his beginning psychiatric career were to take him further and further from the mainstream of British and American psychoanalytic dogma.

## 2. Philosophy

Many French intellectuals in the thirties were influenced by Alexandre Kojève's lectures on Hegel, and Lacan especially so. Macey (1983) says "Lacan was an assiduous attender and his dialectic of desire bears the mark of Kojève's reading of the master-slave dialectic to the end." (p2). According to (Wilden, 1973; 1976) the influence of Hegel is particularly determinative of Lacan's reading of Freud. Lacan's understanding of the formation of the subject in psychoanalysis is inscribed in the Hegelian dialectic. The identity of the "I" is articulated against and within the dialectic of the Other. In other words, the subject is constituted in the meaning "it" (he or she) has for others and the Other. For Hegel, consciousness is relational. For Lacan, psychoanalysis is the study of intersubjective meaning.

Lacan makes numerous references to Hegel, both direct and indirect, some authoritative and some seemingly casual. In his 1948 paper called "Aggressivity in psychoanalysis" he uses Hegel's master-slave dialectic quite specifically and directly to give meaning to Freud's notion of the "death instinct" (cf. Lacan, 1977a, pp26-28). Then on other occasions a reference to Hegel seems to just "pop-up" as in "The Freudian thing" (1955) where he says "if reason is as cunning as Hegel said, it will do its job without your help." (Lacan, 1977a, p122). It is this second kind of "name-dropping" which makes Cutler (1981) ask whether we should take Lacan's philosophical allegiance to Hegel (and others) seriously, or is it just coquetry? He concludes that if it is coquetry, then it is serious coquetry. Cutler does not see Lacan's reference to certain philosophical works as charlatanry as some authors have suggested, but rather that Lacan is

sometimes too free in his reading of Hegel for example, and other philosophical influences and that in certain instances he places too much stress on ideas which he (Lacan) wants to use without concerning himself about their integrity to the whole of the philosopher's work in question. In short, Lacan borrows selectively and maybe even sometimes brags, but it is certainly a literate, albeit problematic, philosophical loan and/or boast. Another significant philosophical influence on Lacan is that of Heidegger (Wilden, 1976). And it is particularly the existential phenomenology of Heidegger's early work. Macey (1985) shows that in Lacan's early conceptions "Language is seen....as a structure governed by the intentionality of a subject, as a system of motivated signs which speak 'for someone' before they signify something." (p2, emphasis added). So Lacan describes the analytic situation in phenomenological terms in so far as he recognizes the intentionality of the analysand. The analysand wants to speak but cannot. The desire to speak about their (the analysands') lives has been repressed. So from Hegel Lacan gets a dialectic of the constitution of the subject, and from Heidegger a dialectic and phenomenology of the subject's speech in the analytic situation. While Lacan's myriad philosophical references and allusions might be confusing and frustrating, it is possible to conclude that his philosophical influences, and especially Hegel and Heidegger, make Lacan a profound, relentless, and very complex dialectical thinker.

### **3. Freud and psychoanalysis**

Lacan was certainly influenced by Freudian theory before becoming a psychoanalyst. And from his surrealist and philosophical influence his reading of the Freudian texts was quite different from how the conventional orthodox psychiatrist might have approached them. Lacan is clearly more indebted to Freudian theory than the Freudian practice, as he has made some significant changes with regard to psychoanalytic practice. As is usual with Lacan's style his references to Freud are both direct and detailed, and indirect and allusory. In some senses his reliance on Freud's texts, as a committed psychoanalyst, is unproblematic. Except that at a time when revisions and deviations from classical psychoanalysis are the norm, Lacan's call for a return and re-reading of the Freudian texts, were seen as heretical to the psychoanalytic establishment. The polemical nature of this return to Freud is evident in the difficult, sardonic and at times witty piece based on a lecture Lacan gave in 1955: "The Freudian thing, or the meaning of the return to Freud in psychoanalysis". Here Lacan says, "What such a return involves for me is not a return of the repressed, but rather taking the antithesis constituted by the place in the

history of the psychoanalytic movement since the death of Freud, showing what psychoanalysis is not, and seeking with you the means of revitalising that which has continued to sustain it, even in deviation, namely, the primary meaning that Freud preserved in it by his very presence, and which I should like to explicate here". (Ecrits, 1977, pl16).

Lacan's contention is that the radicality and essence of Freud's thought has been grossly misunderstood and distorted, and that his (Lacan's) significance and "innovation" is simply as a follower of Freud arguing for a return to the Freudian texts. This is not a misplaced humility on Lacan's behalf, because before all else Lacan is a Freudian through and through, and more than most contemporary analysts has made a supreme effort to try to come to grips with Freud's large and complex body of work. As Wilden (1976) comments "... a great number of people owe their present interest in Freud to Lacan, to say nothing of their renewed readings of Freud's text.....No one reads Freud in quite the same way after reading Lacan - but then again, no one reads Lacan in quite the same way after reading Freud." (xiv).

Lacan's work makes few concessions to the uninitiated students of Freud and psychoanalysis. As a follower of Freud, Lacan's work is particularly incomprehensible to the reader unfamiliar with Freud's texts. This cannot be taken as a criticism of Lacan, because he explicitly situated himself within the Freudian tradition and secondly most of his audiences were psychoanalysts or training analysts who should have been familiar with classical psychoanalysis. It can be shown that Lacan's central psychoanalytic concerns, which derive from his reading of Freud, are present already in his early work. The concerns being: who are we talking to in the psychoanalytic situation?; and how does speech (and desire) function in this field? The first issue being addressed initially in 1936 and then presented again after the war in 1949 at the 16th International Congress of Psychoanalysis held in Zurich. This was where Lacan argued against the coherence of the ego as a centring of the personality, and put forward the notion that the "I" is made up of "alienating identifications", and that this is the correct reading of Freud on the formation and function of the ego. This was originally presented in Lacan's paper called "The mirror stage as formative of the function of the I as revealed in psychoanalytic experience" (1949; in Ecrits, 1977). The second issue is tackled by Lacan in one of his more accessible pieces entitled "Aggressivity in psychoanalysis" (1948). For example in this piece he says "It can be said that psychoanalytic action is developed in and through verbal

communication, that is, in a dialectical grasp of meaning". (Lacan, 1977a, p9). It is this reading of psychoanalysis which can be said to be Lacan's "innovation". Lacan is concerned to ground the unconscious within the structures and operations of language and intersubjective meaning. I say "innovation" in inverted commas because with the inaccurate and at times caricatured formula that Lacan = Freud + de Saussure, it seems that Freud's work is lacking in its interest and focus on language. On the contrary, Freud from the outset was concerned with the "patients" verbal and symbolic account of their symptoms: in short, how do they describe, speak about their "illness"? Some of Freud's most important works have to do with the complex dynamics of the unconscious, repression, and language. See for example, *The interpretation of dreams* (1900/1901), *The psychopathology of everyday life* (1901), and his extraordinarily difficult article "The unconscious" (1915) for evidence of Freud's concern and interest in language. Furthermore Freud's method of psychoanalysis is linguistic par excellence. It is true of course that while there is an integral concern and interest in language in Freud's work, Lacan makes this a central focus, and develops a theory of language and the unconscious way beyond what we would find in Freud. This is made easier for Lacan with the blossoming of "the sciences of language" and the impact of structuralism and especially structural linguistics.

#### 4. Linguistics and structuralism

A lot has been made of Lacan as a linguistic Freud, and especially a de Saussurean Freud. The formula of Lacan = Freud + de Saussure was made popular in Althusser's celebrated essay: "Freud and Lacan" (1964). It has since become the common wisdom that Lacan re-reads Freud through an explicit and sustained de Saussurean application. This was the argument presented by Anika Lemaire in her book *Jacques Lacan* published in French in 1970. It was also one of the first full-length studies on Lacan's work. The English translation of 1977 has become somewhat of a standard (accessible) guide to Lacan's work and ideas. While Lemaire (1977) is critical of Lacan's use of language apropos de Saussure, she does give the impression that the psychoanalysis of Lacan is fundamentally dependent upon structural linguistics. In questioning the degree and extent of Lacan's dependence on de Saussure the history of Lacan's interest in language needs to be recalled. Following Macey (1983) again on Lacan's early influences he says "... a major part of the Lacanian edifice is in situ long before any encounter with theoretical linguistics" (p1). And more importantly "The Saussure of the Course on General Linguistics is far from being a major reference in the France of 1936. The 'structuralist'

Saussure is not in the ascendant until after the Second World War and his rise to stardom owes much to the phenomenologist Merleau-Ponty, 'probably one of the first philosophers to take an interest in Saussure' (Macey, 1983, p2). As with Hegel, it seems that Lacan takes something quite specific from de Saussure and is not particularly concerned to engage with his whole system of linguistics. It is de Saussure's notion of the sign which Lacan takes over and simultaneously changes (inverts), in his 1957 paper "The agency of the letter in the unconscious or reason since Freud" (Ecrits, 1977, pl48ff).

The sign for de Sausure can be represented as:

<u>concept</u>	<u>signified</u>
sound-image	signifier

The sign for Lacan:

<u>sound-image</u>	<u>signifier</u>
concept	signified

And as a psychoanalyst it is the signifier and the chain of signification which are of importance to Lacan. As an analyst it is speech and repression/sexuality which are the central concerns in trying to understand the dialectics of desire and psychopathology in the "patient". And it is the bar between the signifier and the signified which represents repression. Lacan seems to borrow the necessary theoretical adjuncts for his theory of psychoanalysis from a range of influences, and with the exception of Freud's work does not seem too concerned to involve himself with the total tradition and scholarship of the authors he borrows from. This might be taken as a damning criticism of Lacan, but is rather meant to caution the attributing of major influences on scant research evidence. This caveat is important because it might enable us to better understand the influences on Lacan and his resulting originality, before we charge him with academic carelessness and/or charlatany. Lacan himself has been responsible for promoting this "magisterial" image in the expansive, elliptical and elusive manner in which he refers to authors and their work.

In short, Lacan's theory of language is more than a de Saussurean

application and has more to do with psychoanalysis and human nature than linguistics. As Wilden (1973) remarks ".... Lacan has said 'to hell with linguistics', and has been working to develop what he calls 'a logic of the signifier'" (p456). And hence this raises the problem of cultural studies and social theory reading Lacanism as a linguistic (de Saussurean) application of Freud and psychoanalysis.

An area related to and coextensive with linguistics which has had a central bearing on Lacan's work has been structuralism. Not only structural linguistics but the whole domain of structuralism as it has affected the social and human sciences this century. The most famous of Lacan's structuralism is his statement that "the unconscious is structured like a language". Lacan says "... what the psychoanalytic experience discovers in the unconscious is the whole structure of language" (*Ecrits*, 1977, p147). Or as in the Preface to Lemaire's (1977) book, "... what I say is that language is the condition for the unconscious" (pxiii). So in Lacan's linguistic structuration of the unconscious three influences are present: Freud, de Saussure, and Levi-Strauss. It should not be surprising that as a follower of Freud Lacan thinks structurally. Freud's work from the beginning was concerned with the structures "informing" symptom formation. And the structures of the mind/psyche, and their functioning are the dominant concern of *The interpretation of dreams* (1900/1901). While Freud pre-dates structuralism as an intellectual current his work has many similarities with the structuralist project. However, it is the more explicit structuralist mode of thought of the anthropologist Levi-Strauss that had a most definitive effect on Lacan's psychoanalytic theory.

It is not possible to define structuralism in any exact way, as there have been and still are many structuralisms, and the nature of the structuralist project has always been challenged and debated. But there are some commonalities around which it has developed a coherence and systematicity, and one which has particularly influenced Lacan, is structuralism's anti-humanism. This radical de-centring of the human subject Lacan gets more from Levi-Strauss than Freud. As Coward and Ellis (1977) put it, "Levi-Strauss's structuralism shows us that the human subject is not homogeneous and in control of himself, he is constructed by a structure whose very existence escapes his gaze. The self-presence of the human subject is no longer tenable; instead the subject is seen as subject to the structure and its transformations. To see the subject as subjected, constructed by the symbol, is the most radical moment of this structuralism" (p20). And for Lacan, following Levi-Strauss, it is the

symbols which "move" the small human animal (nature) into becoming a human child that are important. It is this description of what structures inter-human reality, referred to as the "symbolic order", that Lacan takes over from Levi-Strauss (*ibid*, pl7 ).

Another dimension of structuralism which is evident in Lacan's work is the notion of universal laws. As Schaff (1978) puts it, " .... coexistential laws are idealizations based on the assumption that the time factor  $t = o$ " (pl4). This universalist idealisation is evident in all the structuralist influences on Lacan : Freud, de Saussure, Levi-Strauss. It is this universalist element in Lacan's work, and Freud's for that matter, that has been criticised by both feminist and Marxist theorists. The critique of universality must not be taken too far, because all rigorous sciences strive for laws of generality. It is in this regard that Coward and Ellis (1977) make an incisive comment about Levi- Strauss which also applies to Lacan: "Levi-Strauss's work is paradoxical: it uses rigid structural models which emphasise a synchronic moment in a process rather than the diachronic process of production and change, yet his writing seethes with evocation of the specificity of each moment, which, he claims, analysis cannot reconstruct. This tension has to be remembered throughout this schematic account of his structuralism: it is a tension that cannot be resolved except by a radical transformation of the structuralist mode of thought" (pp15-16).

The label structuralist is more accurate in characterising Lacan than structural linguist (de Saussure). His use of structural linguistics is quite specific and partial. So Lacan can be seen as a structuralist particularly concerned with the discourse(s) of the symbolic order which structures and determines the psychoanalysis of subjective and intersubjective reality.

##### **5. A note on style and difficulty**

Lacan 's work is difficult as previously mentioned, but not impenetrable and incoherent as certain commentators have suggested. It is hoped that the above discussion with regard to the context of what kind of threads run through Lacanism will make some difference to a critical and serious reading and appraisal of this work.

On the question of style Turkle (1980) points out that " .... the questions of style brings us to .... an issue central to Lacan's theoretical agenda: the question of what kind of discourse is appropriate to psychoanalytic theory" (p659). For Lacan the answer lies in trying to capture the language

of the unconscious as experienced in the psychoanalytic session. For Lacan the "... words of the analyst in the analytic session do not have the status of truths requiring assent or disagreement. They are provocations to speech, to personal exploration. Lacan asserts that the writing of the psychoanalytic theorist must also be of this nature" (ibid, pp659-660, emphasis added).

It is this willful difficulty and subversion of conventional modes of writing which has been responsible for Lacan's notoriety and dismissal. In this regard Turkle (1980) suggests that Lacan's "... text itself - the play on words, the play with words - is there for the reader as examples of how language works in the shifting, slipping associative chains of the unconscious. The point of the psychoanalytic text is not just to convey information, but to do something to the reader" (p660). Lacan's work is therefore simultaneously a substantive text on the theory of the unconscious, while also being a series of "experiments" with how we should write about the unconscious. It is difficult to adequately capture the reality of subjectivity and individuality in contemporary social formations for different classes without being simplistic and facile.

The empirical domain which generates psychoanalytic theory, namely the analytic session, operates in relation to a range of human experience and hence cannot be fully captured by and in writing. The practice of psychoanalysis is a complex reality to describe and explain, and it is the dynamic of this experience which Lacan tries to (systematically) theorise.

Seeing as Lacanism is integrally connected to the practice and training of psychoanalysts, its theory is bound to reflect the problems and tensions associated with this activity. This incomplete and antithetical body of knowledge makes for difficulties when applied to the "systematic social sciences". An example of this is the way sexuality is dealt with, or rather not dealt with, omitted often or dispensed with very quickly, in most of the work on contemporary cultural studies which uses psychoanalytic theory, and especially Lacanian psychoanalysis. The ontological origins of psychoanalysis are in sexuality, more specifically feminine sexuality, and therefore the issue of sexuality cannot simply be excised when applying psychoanalytic theory to social and cultural studies. Psychoanalysis is nothing, if it is not a theory of sexuality and the unconscious. In psychoanalytic theory sexuality and the unconscious are codeterminants of each other, and hence cannot be artificially separated when applied outside of psychoanalysis.

It is this biased and incorrect reading of Lacanian psychoanalysis as a social theory (of language) which was alluded to in my previous remarks concerning the problematic association of Lacanism and cultural studies.

### **SOCIAL THEORY AND LANGUAGE**

Lacan's work on language is quite distinctive in some of its emphases. He is interested in speech, and especially the speech of the analyst and analysand in the psychoanalytic session. And more specifically he is interested in the dialectics of unconscious desire between the analysand and the analyst. While connections have been made between Lacan and the more social-empirical tradition of language studies, it is true that his focus on the subject does result in a certain bias in how he understands language and the subject in the social field. The lack of an explicit and systematic social theory in Lacan means that he gives an unwarranted theoretical potency to the notion of the subject (cf. Hall, 1980, pl61). The effect of this is that society dwells in the individual, rather than grasping the dialectic of real, changing social relations and the individual. Lacan is guilty of reifying the category of "society" in its operation in relation to the subject; and so the social individual in this conception of language and sociality is a social individual of a kind. In short there is an idealist and individualist tendency in Lacan's theory of the subject in language and the social field. I say "tendency" because there are instances where Lacan is anti-individualist; however instances don't constitute a coherent social theory.

Lacan's work in psychoanalysis is an attempt to show how the subject and hence subjectivity, are formed in and through the social domain of language. And while language pre-exists us, and structures and determines what and how we talk about ourselves and our lives, it is also an open system. Each person expresses her or his individuality differently through language. Language forms us, and yet we are also able to and do transform language as active historical and social beings. And it is this more active psychological and experiential dimension of language and subjectivity which Lacan has not given enough attention to. It could be argued that because of the importance given to the theoretical de-centring of human agency in the structuralist project, that a certain psychological and social passivity is evident in their conception of the subject. This results in an inordinate stress on language, at the expense of a comprehensive social and cultural understanding of subjectivity and individuality.

Developing this argument further, Lacan (1977a) has said that language is the condition for the unconscious, but following a more socially comprehensive theory it should be said that *social life* is the condition for the unconscious (Volosinov, 1973; Halliday, 1978; Wells, 1981). Now this is not a banal point, nor one which assumes that Lacan is unaware that language is part of social reality. It is rather the important point that it is to social and historical reality that we must refer in trying to understand human subjectivity, and that language is only a part of that reality, albeit a very important part. And so in this sense Lacan's theory of language fails to be a social theory of language and the subject, and hence needs to be reinterpreted socially and historically. Elaborating this criticism of Lacan, Hall (1980) says that "Except in a largely ritual sense, any substantive reference to social formation has been made to disappear. This gives 'the subject' an all-inclusive place and Lacanian psychoanalysis an exclusive, privileged, explanatory claim.....as relates to the 'in-general' form of the argument. The mechanisms which Freud and Lacan identify are, of course, universal. All 'subjects' in all societies at all times are unconsciously constituted in this way. The formation of 'the subject' in this sense is trans-historical and trans-social" (p160).

Another effect of Lacan's "social analysis" of language and the subject, is the conflating of language and social relations. Gledhill (1978) comments as follows on this dimension of Lacan's "social analysis": "There is a danger of conflating the social structure of reality with its signification, by virtue of the fact that social processes and relations have to be mediated through language, and the evidence that the mediating power of language reflects back on the social process. But to say that language has a determining effect on society is a different matter from saying that society is nothing but its languages and signifying practices" (p170, in Morley, 1980). Furthermore social relations, and especially the political struggles around social relations, become (over-) identified with struggles over meaning. For instance in a typical remark from the seminar series of the Contemporary Cultural Studies Unit at the University of Natal (Durban) it says "The theoretical 'break' of ideology is to provide a mechanism for understanding the condition for the production of meaning in society. The political 'value' of ideology is to show that domination resides in the control of that mechanism." (p.6, Tomaselli & Tomaselli, 1985).

In attempting to redress the problems of social theory in Lacan's work on language and the unconscious, it is not adequate to merely tack on

moments of sociality, or to insist on the sociality of language itself. The problem is a much more complicated one than that. As I have tried to show, by concentrating on the context of Lacan's work and by saying something about what kind of theory it is struggling to be, there are very significant "resistances" to sociality in Lacan's work. These "resistances" form part of the history of psychoanalysis and are further elaborated in the particular case of Lacan.

To go beyond these limitations in Lacan's thought in social and cultural studies it would be necessary to transform much of present Lacanism in a critical "application" to this non-analytic domain. It seems that in many instances the people working with Lacanian theory in cultural studies, and other social disciplines, are loathe to transform Lacanism. More often what is at stake is the integrity of the Lacanian system and not the domain to which it is being applied. There seems to be a concern with working the theory out first, and then "imposing" this on cultural formations. The result is a very undialectical relation between the struggle over culture, and the struggle over the theory of culture and society. Unfortunately, this rather uncritical and top heavy theoretical "imposition" is evident in many instances of Lacanism in South African literary, cultural and social theory. For example, the **Contemporary Cultural Studies Unit's** seminar series (Muller, Tomaselli, & Tomaselli, 1985; Tomaselli & Tomaselli, 1985; Tomaselli 1985). In borrowing from and being influenced by the work of the Birmingham centre we need to guard against a theoretical imperialism by default.

We need to critically assess the applicability of Lacanian psychoanalysis to contemporary cultural studies and social theory, especially in South Africa, and be able to transform it where necessary, and reject it where it proves to undermine and hinder our understanding of cultural and social processes. To do all this we need to know what Lacanism is and what it can potentially achieve outside of the analytic situation. I hope that the way I chose to approach this issue of Lacanism in this article at least gets us started! We have not been tenacious enough in our interrogation of Lacan's thought since its heyday of intellectual popularity in Europe in the seventies.

\* Note. This article was originally written for a media and cultural studies journal that was going to devote a whole issue to "cultural theory". After much delay the editors decided not to do a special issue on cultural

theory! I therefore decided that my article would be more suited as an introduction to the work of Lacan in the **Psychology in society** special issue on psychoanalysis than in a general issue of a media journal.

## REFERENCES

Althusser, L (1977) **Lenin and philosophy and other essays**. London: NLB, 1971.

Althusser, L (1977) Freud and Lacan (1964-French), in Althusser, L (1977) **Lenin and philosophy and other essays**. London: NLB, 1971.

Clement, C (1983) **The lives and legends of Jacques Lacan**. New York: Columbia University Press, 1981-French.

Coward, R & Ellis J (1977) **Language and materialism: Developments in semiology and the theory of the subject**. London: RKP.

Cutler, T (1981) Lacan 's philosophical coquetry, in Mac Cabe, C. (ed.) **The talking cure: Essays in psychoanalysis and language**. London: Macmillan.

Freud, S (1975) **The interpretation of dreams**. (1900/1901) Harmondsworth: Penguin (1953).

Freud, S (1976) **The psychopathology of everyday life**. (1901) Harmondsworth: Penguin (1960)

Freud, S (1984) The unconscious (1915), in Freud, S **On metapsychology: The theory of psychoanalysis**. Harmondsworth: Penguin.

Hall, S (1980) Recent developments in theories of language and ideology: A critical note, in Hall, S, et al (eds) **Culture, Media, Language: Working papers in Cultural Studies, 1972-1979** London: Hutchinson.

Halliday, M A K (1978) **Language as social semiotic: The social interpretation of language and meaning**. London: Edward Arnorld.

Lacan, J (1966) **Ecrits**. Paris: Editions du Seuil.

Lacan, J (1977a) *Ecrits: A selection*. London: Tavistock Publ., 1966-French.

Lacan, J (1977b) *The four fundamental concepts of psycho-analysis*. London: Hogarth Press, 1973-French.

Lemaire, A (1977) *Jacques Lacan*. London: RKP, 1970-French.

Macey, D (1983) Fragments of an analysis: Lacan in context. *Radical Philosophy*, 35, 1-9.

Macey, D (1985) Review of "Lacan et la philosophie" by Alain Juranville. *Economy and society*, 14, 215-238.

Mooij, A (1975) *Taal en verlangen: Lacans theorie van de psychoanalyse*. Utrecht :Boom Meppel.

Morley, D (1980) Texts, readers, subjects, in Hall, S, et al (eds.) *Culture, Media, Language*. London: Hutchinson.

Muller, J, Tomaselli, K, & Tomaselli, R (1985) The lineage of contemporary cultural studies: A brief historical examination. Seminar series, Contemporary Cultural Studies Unit, University of Natal, Durban.

Schaff, A (1978) *Structuralism and Marxism*. Oxford: Pergamon Press.

Tomaselli, K, & Tomaselli, R (1985) Media reflections of ideology. Seminar series, Contemporary Cultural Studies Unit, University of Natal, Durban.

Tomaselli, K (1985) Contemporary cultural studies and the unit of the University of Natal. Seminar series, Contemporary Cultural Studies Unit, University of Natal, Durban.

Turkle, S (1979) *Psychoanalytic Politics: Freud's French Revolution*. London: Burnett Books (1978).

Turkle, S (1980) Review of Lacan's "Ecrits" and "Four fundamental concepts". *Theory and society*, 9, 655-661.

Volosinov, V N (1973) *Marxism and the philosophy of language*. New York: Seminar Press.

Wells, G, & contributors (1981) **Learning through interaction: The study of language development** Cambridge: CUP.

Wilden, A (1976) *The language of the self: The function of language in psychoanalysis*. Baltimore: John Hopkins University Press (1968).

Wilden, A (1973) On Lacan: Psychoanalysis, language, and communication. *Contemporary Psychoanalysis*, 9, 445-470.

# Indigenous healers in a future mental health system: A case for cooperation

Mackay, D (1989) Review of 'Lilien et al.: philosophy' by A. J. Zuckerman

*Ilana Korber*

*Department of Psychology  
University of Cape Town  
Cape Town*

## INTRODUCTION

There has been a great deal of debate about the relative merits of western psychiatry and what is generally known as traditional medicine or healing. Numerous anthropologists, psychologists, psychiatrists and other interested parties have investigated the area. Some have suggested that western psychiatry has a lot to learn from traditional methods; others have argued that traditional medicine is primitive, even dangerous, and should have no place alongside the western system of healing. This paper argues that regardless of the position adopted in the debate, the *de facto* situation reveals that both systems are widely used in South Africa. Thus, in discussing a future mental health system, it would be inappropriate to disregard a system of healing which is not only popular but will also contribute to the provision of mental health facilities to as many South Africans as possible. It will be suggested that a high level of cooperation, rather than a hybrid psychiatric system, be developed.

The need for cooperation is raised throughout the paper and is based on an appraisal of the relevant literature and an assessment of some of the issues which need to be discussed. The paper first takes a brief look at previous research on indigenous medicine. It then focuses on the use of indigenous healers in South Africa and observes that both indigenous and western systems are relied upon. The coexistence of the two systems in

Southern Africa is then briefly addressed. Arising from the coexistence of these two systems the question of the professionalisation of indigenous healers in South Africa is discussed. Finally, the paper argues that cooperation between the two systems is required and some of the obstacles are raised.

Freeman (1989a) estimates that there are some five million South Africans requiring treatment for mental disorders with about 330 000 of these people incapacitated by their condition. In order to address these needs, a primary mental health system is proposed. Such a system is based on four principles: "mental health care should be made available near to where people live; mental health care should be administered by appropriately skilled personnel (and not by either over- or underqualified staff); prevention of ill-health and promotion of mental health should form an integral and important part of mental health care; mental health care should be community based and controlled" (Freeman, 1989b, pp3-4).

He suggests that the four major obstacles to these goals are the present centralisation and concentration of services, overloaded general health care personnel, limitations of the legislation and the stigmatisation of mental illness. Freeman (1989a) makes numerous valuable suggestions which will facilitate the overcoming of these obstacles. He does not, however, mention the necessity of cooperating with indigenous healers who are well placed to assist in the provision of mental health care.

### **INDIGENOUS MEDICINE: A BRIEF EXAMINATION**

Indigenous medicine covers a wide range of practices including the nyanga and the sangoma among the Zulu, the molopo among the Pedi, the dingaka among the Sotho, and the igqira among the Xhosa (Schweitzer, 1980). Each has his/her own field of expertise and set of practices. These may differ from one section of Nguni society to another (Ngubane, 1977).

Much of the literature categorises these practices as traditional medicine. Spiegel and Boonzaier (1988) argue that "the term 'traditional' is used in South Africa to label an entire category of people whose behaviour and thinking are portrayed negatively. They are seen as 'conservative', 'backward', 'pre-rational' and therefore fundamentally unable to compete with 'modern', 'progressive' or 'developed' people. This usage is entirely compatible with discriminatory ideas which refer to racial differences and inferiority" (p43). It is for this reason that this article refers to indigenous

medicine which, as Schweitzer comments, "has a dynamic connotation in that it is always related to an environment and is present-oriented" (1980b, p246).

Spiegel and Boonzaier (1988) criticise much of the research on indigenous medicine for failing to address the political and economic aspects involved in the choice of health system. African people do not choose to use indigenous healers simply because of their adherence to an African cosmology. While this might be a motivating factor in some instances, access to western medicine is often difficult and unsatisfactory. On the whole, both systems are used. Spiegel and Boonzaier (1988) conclude that if their choice were "simply determined by their 'traditional' outlook, African patients would never seek assistance from Western medicine" (p45).

Boonzaier (1985) points out that throughout the western world people make use of alternative healing systems in addition to the western medical system. If white South Africans are treated by homeopaths, acupuncturists and a range of "alternative" practitioners in addition to doctors, why is it considered so strange that blacks also make use of a variety of healing systems? If the explanation lay exclusively in the power differential between western and alternative medicine, one would expect that the patterns of choice amongst whites would also have attracted some academic interest.

Part of the concern in investigating black people's use of indigenous medicine would seem to be rooted in the discourse of culture and cultural differences so salient to South African research. It is important to note that most of the research in this field has been conducted by white academics investigating the black "world view". As Schoeman (1985) observes, "no matter how much one wishes to enter the other person's world, one remains situated in your own cultural context. One's perception of events, your interpretations and descriptions, are all codetermined by the consensually validated concepts and categories of thought of your own culture" (p7). It is difficult within the Apartheid and colonial context to overcome the primitive-western, black-white, desirable-undesirable, them-us dichotomies.

It is within this context that the debate about cultural relativism becomes overlaid with political and ideological complexities. While this debate is well summarised by Fabrega (1989), a few points still need to be made

about the context within which the issues are raised in South Africa. If one accepts the relativist position that different cultures exist which give rise to unique illnesses, one is in danger of lending support to the Apartheid ideology notion of "separate but equal". On the other hand, the universalist position is unsatisfactory because it seeks to impose the western medical model on all societies and cultures, thus ignoring the important differences. Kottler (1990) introduces an important element to this discussion in focussing on the political and psychological implications of the "similarities" and "differences" discourses.

It would seem that adopting an either-or position in this debate is inadvisable and that one should rather draw what is useful from both positions. Although Fabrega argues that these positions are contradictory, it is not problematic to argue that while there exist certain universals, there exist simultaneously certain differences. Within the South African context these should be seen as enriching rather than as a motivation for separating and dividing facilities and people.

### **USE OF INDIGENOUS HEALERS**

It is clear from the many studies conducted that South Africans make use of a variety of systems and facilities (Oberholzer, 1985; Allwood, 1986; De Beer, 1979, Holdstock, 1979). It is also evident that those who make use of indigenous medicine do so in addition to western medicine. A range of explanations for this phenomenon have been suggested. Gillis (1989) provides an evolutionist and somewhat paternalistic account of how black peoples' attitude towards western medicine is dependent on their degree of urbanisation. Ngubane (1981) and Boonzaier (1985) focus on issues of accessibility, while others examine the preferred method of diagnosis and explanation of illness (Daynes & Msengi, 1979; Chavanduka, in Gelfand, Mavi & Drummond, 1978) provided by indigenous healers.

The studies already cited indicate that, in the urban areas, there is a measure of "shopping around" for the best cure. Considering the lack of access to western medicine in the rural areas, it is likely that a large section of the population relies on indigenous healers. It seems likely that this trend will continue particularly in the context of a health system skewed in favour of a small section of the population.

In South Africa most psychiatrists and psychologists are white (Swartz, 1987), as are most of their patients (Bassa & Schlebusch, 1985, p20). Black

patients are cared for mostly by psychiatric nurses (Allwood, 1986, p6). Facilities are clustered in the urban areas with rural areas very poorly serviced. Even in the urban areas psychiatric services are far more accessible to white than to black South Africans. The psychiatrist-patient ratio for whites is estimated at 1:25 000 whereas the ratio for blacks is 1:500 000 (Allwood, 1986, p5). It is estimated that in 1978 there were roughly 1 600 indigenous healers in Soweto and 15 resident doctors (Panel discussion in *The Leech*, p20). Webber comments that "there are 15 doctors in Soweto ...not because the people don't want doctors, but because doctors don't make their services available and the people don't have free choice between the two systems of medicine" (*The Leech*, p20).

In addition to inaccessibility, the problems of cultural and racial chauvinism, methods of assessment and treatment offered, and doctors' ignorance of African languages might make western medicine the second choice of many black South Africans. As Spiegel and Boonzaier (1988) note, the number of indigenous healers is increasing rather than decreasing. Unless the planners of a primary mental health care system acknowledge the important role of the indigenous healers, the goal of health for all will be elusive.

Although very little material on mental health has been published by the ANC, it is interesting to note that it has endorsed the primary health care model and has also recognised the important role of the indigenous healers. Dommissie (1988) quotes from an ANC Health Department policy statement made in 1986 in which the "isangoma" is discussed. "Traditional healers and midwives have always played an important role in providing health care, both physical and mental, to our people...It is true that while some of the practices are unscientific and may even be harmful, many are effective and are seen to be so by the people" (p327). [Further discussion about the details of a national health service are included in a booklet containing the proceedings of a joint ANC-NAMDA meeting in October 1989 (NAMDA,1990).] Clearly there is a vast difference between acknowledging the importance of indigenous healers and ensuring that they are incorporated in some way into future health structures. It is therefore critical that discussion proceed with a focus on the practical implications.

Freeman (1989c) argues that a future mental health system should focus on preventative strategies and non-psychotic disorders. The present focus has been on psychotic disorders and has stressed a curative approach. This

has led to "the neglect of preventive and promotive strategies in mental health care and to a lack of attention to non-psychotic disorders which are predictably present in any society but are likely to be more so in a country like South Africa where political oppression and economic deprivation predispose to a range of non-psychotic problems" (p12).

Whether psychiatrists or traditional healers are best able to treat these psychotic and non-psychotic disorders will continue to be debated. Freeman raises this problem in the Zimbabwean context where it is "widely speculated...that neurotic problems can be treated by a nyanga while psychotic problems should be left for advanced western medicine" (1988, p35).

Much has been written about the therapeutic benefits of the indigenous healers (Holdstock, 1979; Bührmann, 1980 & 1983). Schweitzer (1980b) concludes that it is difficult to assess the efficacy of indigenous therapy. This is because "the goals and objects of treatment are not defined within a biomedical idiom and they can therefore not be meaningfully assessed in terms of the usual procedures employed in clinical practice" (p249). This raises the question of how an assessment is made about which systems should be promoted for the treatment of various conditions.

What is more important than the clinical similarities and differences is the way in which the conditions are perceived in the communities in which they present and the consequent treatment. Experiences such as hallucinations, for example, are viewed differently depending upon the cultural context (Hammond-Tooke, 1975) and are treated according to the interpretation given by each system. The indigenous and biomedical approaches appear to differ to the extent that it seems impossible to combine them. It therefore seems preferable that each system continue to practice within its own framework and that patients have access to both. As South Africa moves towards a new political dispensation and policies for a new mental health system are devised, this debate will probably become increasingly intense.

#### **COEXISTENCE OF INDIGENOUS AND WESTERN SYSTEMS**

It might be instructive at this point to examine the experience of other Southern African countries that have dealt with the coexistence of western and indigenous healing systems. Fassin and Fassin (1988) discuss four categories of official attitude to indigenous healers in certain African

countries. The first covers the situation where it is illegal but the law is unenforced, secondly it is unofficially recognised, thirdly it is legalised, and fourthly it is integrated into primary health care.

Chavanduka (1986) describes the situation in Zimbabwe where indigenous healers were legalised in 1981 and are organised into the Zimbabwe National Traditional Healers' Association (ZINATHA). He says that for some three years after the establishment of this association, the popularity of the healers grew as a result of increased awareness of their successes. In addition, the colonial stigma attached to indigenous healing began to disappear. The association has two medical schools and four clinics. The healers are instructed to seek a second opinion if a patient does not show signs of improvement and to refer patients to hospitals and clinics for certain diseases which western medicine is ostensibly better able to treat. Chavanduka comments that while the healers are prepared to cooperate with doctors, "many of them are opposed to the idea of working alongside them in hospitals and clinics. They prefer to continue working in their own homes as at present. A few now have clinics or hospitals of their own. They have no objection to exchanging patients and information" (1986, p41).

In a discussion of indigenous healers in Ghana and Zambia, Twumasi and Warren (1986) conclude that they are the "first line of contact in most areas" (p134). They argue that these healers have been influenced by western health practices and that doctors are increasingly viewing them as collaborators in the effort to provide a national health service. With government aid, these healers are developing into "an occupational group acceptable to modern Ghanian and Zambian societies" (p134). Similar processes seem to operate in other African countries (Staugard, 1986; MacCormack, 1986; Reynolds, 1986; Semali, 1986).

Ben-Tovim (1987, cited in Flisher, 1990) found that indigenous healers have not been incorporated into the Primary Health Care system in Botswana. This is due to the apparent incompatibility of the two systems as well as the problems involved in attempting to integrate the "individualistic" healers into the bureaucracy. However, it appears that the systems complement each other "with the traditional tending to be the preferred mode of treatment" (p47).

## PROFESSIONALISATION OF INDIGENOUS HEALERS

The coexistence of the western and indigenous healing systems raises the question of the professional status of the latter. Kottler (1988) raises the interesting point of who wants to professionalise these healers and why. She suggests that western medicine is threatened by indigenous healers. Medical practitioners recognise that the indigenous system "cannot be ignored (because patients use it, because of the population explosion and because of the lack of resources)" (p13). There is thus a "concerted effort on the part of Western medicine to change African medicine" (p13). She suggests that professionalisation and consequent undergoing of western training is one of the ways in which this change could be effected.

Chavanduka (cited in Kottler, 1988) makes a tactical suggestion that professionalisation would prevent political impotence in the face of the powerful medical system. However, as Fassin and Fassin (1988) observe, official recognition is not required by healers whose reputation ensures that they are continually consulted by patients ranging "from the peasant to the President of the Republic" (p354). They argue that it is "self-proclaimed healers" who have the most to gain from the process of officialisation and conclude that "the stronger the traditional legitimacy, the less need for rational-legal legitimisation" (p355).

Do South Africa's indigenous healers have any interest in professionalising? This is likely to be a source of contention amongst the healers themselves, some of whom stand to benefit more than others. In addition to the question of legitimacy, it is possible that competition with other systems will complicate the healers' opinion about professionalising. In rural areas, where western medical services are very thinly spread, healers could benefit from state resources while not necessarily facing increased competition from medical practitioners. However, the urban healers, while benefitting in terms of resources, might find themselves constrained by controls to an extent not imposed upon their more distant, rural counterparts.

The economic threat which indigenous healers pose to doctors should not be underestimated as a factor in the debate about professionalisation, both in terms of access to patients' fees as well as to state resources. If indigenous healers were to be professionalised, they would presumably receive state assistance. The health pie would thus have to be further divided. This could lead to an increasingly antagonistic relationship between indigenous healers and doctors. It illustrates the way in which

attempting to control indigenous healers through professionalisation could serve to threaten the western system further, through strengthening the economic power of the healers.

Whether or not South Africa's indigenous healers are to be professionalised remains to be seen. In the meantime the implications of professionalisation must be made explicit. Will indigenous healers be expected to register with a professional body and if so which one? Will they have to complete certain prescribed medical courses? Will they be bound by official tariffs and will they be contracted to medical aid schemes? Will they be expected to practice within the confines of existing hospitals and clinics and will their services be restricted to particular areas of pathology? What will be the nature of the cooperation between indigenous healers and western practitioners? These and numerous other questions have to be addressed in designing a future mental health system.

Notwithstanding the healers' attitudes towards professionalisation, it is not at all clear whether there is pressure in this direction from currently existing medical bodies. Judging from the experiences of other countries discussed earlier, however, it can be assumed that this issue will become prominent in the not too distant future. When this occurs it will be important to avoid a situation wherein the issues of power override the health requirements of the population.

In order for the debate to progress in a meaningful way, the opinions of indigenous healers will have to be sought. The appropriate forums for such discussion need to be found. Articles in academic journals serve the limited purpose of stimulating discussion in certain circles, but energies should be geared towards the real debate amongst all concerned parties.

Any discussion about professionalisation must also be considered in the context of the need to decentralise and, where appropriate, to deprofessionalise mental health services. Whether professionalising indigenous healers would promote these objectives is debatable. Discussion should not be limited to the questions of the professionalisation of indigenous healers, but should extend to cover the nature of the mental health problems that should receive attention as well as preventative programmes that could be introduced. Responsibility for these areas could then be productively discussed in the spirit of improving the mental health of the population.

Ultimately, what is really at issue in this discussion seems to be the power struggle between systems as regards access to patients and resources as well as professional controls. This can only serve to obscure the needs of the patients. The accompanying debate over which system provides better clinical services depends largely on the orientation of the participants and it is unlikely that empirical evidence will settle the matter. However, if the patients' orientation is to be assessed from their help-seeking actions, then it must be accepted that both systems are widely used, regardless of their relative merits and failings. If the needs of the patient are to be met in the future, a level of integration or cooperation must therefore be attempted.

### **TOWARDS COOPERATION**

It is this cooperation that such researchers as Schweitzer (1980b) and Levenstein (1989) have recognised as necessary for a future mental health system in South Africa. The precise mechanisms and parameters of such cooperation will necessitate consultation not only between the western and indigenous healers but also between the relevant government departments, doctors and the consumer. This process of consultation raises a host of problems which will have to be addressed. Assuming that such a process is embarked upon, who will comprise the health department and who will be consulted? The indigenous healers do not belong to any one structure which could be mandated to negotiate on their behalf. The logistical problems involved in canvassing opinion from this sector could prove to be overwhelming. The currently existing medical bodies are politically divided and even within these groupings differences exist which could hamper the process of consultation.

The requirements of the consumer also have to be assessed. Assuming the government's commitment to such a process, how will these needs be ascertained? It is possible that a government-sponsored survey could be run in order to gather the necessary information. However, in addition to the methodological and logistical problems involved, the financial and bureaucratic constraints facing the health department make it an unlikely venture.

The precise nature of such cooperation is difficult to predict at this point because of the lack of discussion amongst all relevant parties. In the meantime, several questions can be posed. Swartz (1986) raises a number of problems including "who holds the ultimate power", who holds "ultimate clinical responsibility" and whether either the indigenous or biomedical

system has "the right to veto procedures which it feels may be pathogenic" (p289). Any discussion attempting to address these issues will require a broadminded approach rather than a parochial one based on the interests of particular groupings. It will necessitate an acceptance of the sharing of resources amongst all those engaged in the mental health field as well as a commitment from the government to distribute these in such a manner.

This debate is not a new one and a number of divergent opinions have been expressed about how the different approaches could be integrated. Lifschitz (1989) argues for a hybrid system which will "draw from both Western and African approaches to healing" (p50). Schweitzer (1980b) also tends towards an integrated approach. Hammond-Tooke (1989, p154) offers "a cautious yes" as to whether collaboration is possible between the western doctor and the indigenous healer. Cooperation is suggested by many practitioners (Allwood, 1986; Gillis, 1987; Holdstock, 1979; Edwards, 1986; Robbertze, 1980).

## CONCLUSION

This paper is not an argument in favour of amalgamation. A hybrid approach may well lose what is most useful about each system in an attempt to integrate methods of diagnosis and treatment. Rather, the merits of each system should be recognised and developed and a spirit of cooperation fostered. On a practical level, there should be cross-reerrals as well as joint discussion about healing approaches and training. As this is already taking place informally, in the sense that patients often make use of both systems simultaneously, practitioners can only benefit from the formalisation of such an approach.

An open approach to cooperation might encourage mutual respect and sharing of knowledge. This will develop not only at the level of practitioners and students, whose training will have to be adapted appropriately, but also amongst patients who should be informed about the benefits of various treatment options. Cooperation will ultimately extend the mental health services to a greater proportion of the population, will benefit those who use them, and will bring South Africa closer to the WHO goal of Health for All by the Year 2000.

**Acknowledgements:** Sincere thanks to Leslie Swartz for assistance and comments.

## RERERENCES

Allwood, C W (1986) Alternative mental health workers for Southern Africa. *Psychotherapeia*, 44, 5-9.

Bassa, F M & Schlebusch, L (1985) Characteristics of clinical psychologists and the patients who consult them. *Psychotherapeia*, 37, 20-36.

Boonzaier, E (1985) Choice of healer: An important area of interest for general practitioners. *SA Family Practice*, 6, 236-240.

Bührmann, M V (1977) Western psychiatry and the Xhosa patient. *SA Medical Journal*, 51, 464-466.

Bührmann, M V (1980) Why are certain procedures of the indigenous healer effective?, in Wilson, F & Westcott, G (eds.) *Economics of health in South Africa*. (Vol II). Johannesburg: Ravan.

Bührmann, M V (1983) Community health and traditional healers. *Psychotherapeia*, 30, 15-18.

Bührmann, M V (1982) Thwasa and bewitchment. *SA Medical Journal*, 61, 877-879.

Chavunduka, G L (1986) Zinatha: The organisation of traditional medicine in Zimbabwe, in Last, M & Chavunduka, G L (eds.) *The professionalisation of African medicine*. Manchester: International African Institute.

Daynes, G & Msengi, N P (1979) "Why am I ill? Who made me ill?" - the relevance of Western psychiatry in Transkei. *SA Medical Journal*, 56, 307-308.

De Beer, F R (1979) Meerdeelige opname onder swartes in stedelike gebiede, 1978. Besoek aan toerdokters. Institute for Sociological and Demographic Research, HSRC, Pretoria, Publication S-N-171.

Dommissie, J (1988) Health and health care in post-Apartheid South Africa: A future vision. *Journal of the National Medical Association*, 80, 325-333.

Edwards, S D (1986) Traditional and modern medicine in South Africa: A research study. *Social Science and Medicine*, 22, 1273- 1276.

Fabrega, H (1989) Cultural relativism and psychiatric illness. *Journal of nervous and mental disease*, 177, 415-430.

Fassin, D, & Fassin, E (1988) Traditional medicine and the stakes of legitimation in Senegal. *Social Science and Medicine*, 27, 353-357.

Flisher, A (1990) Book review of "Development psychiatry: Mental health and primary health care in Botswana" by David Ben-Tovim. *Psychology in society*, 13, 45-48.

Freeman, M (1988) Mental health in Zimbabwe: Are there lessons for South Africa? *Psychology in society*, 9, 22-43.

Freeman, M (1989a) Paving the road towards a primary mental health care approach in South Africa. Paper No.18, Centre for the Study of Health Policy, University of Witwatersrand, Johannesburg.

Freeman, M (1989b) Suggestions for short term improvements in community rural mental health care - the example of the Mhala district in the Eastern Transvaal. Paper No.19, Centre for the Study of Health Policy, University of Witwatersrand, Johannesburg.

Freeman, M (1989c) Mental health crisis in South Africa. Paper No.16, Centre for the Study of Health Policy, University of Witwatersrand, Johannesburg.

Gelfand, M, Mavi, S, & Drummond, R B (1978) The role of the witchdoctor in African health care. *The Leech*, 48(2), 16-19.

Gillis, L S (1977) Psychiatric illness in Africa, in Gillis, L S *Guidelines in psychiatry* (2nd ed.). Cape Town: Cape & Tvl Printers.

Gillis, L S (1989) Improving compliance in Xhosa psychiatric patients. *SA Medical Journal*, 76, 205-208.

Hammond-Tooke, W D (1975) African world-view and its relevance for psychiatry. *Psychologia Africana*, 16(1), 25-32.

Hammond-Tooke, W D (1989) *Rituals and medicines: Traditional healing in South Africa*. Johannesburg: AD Donker.

Holdstock, T L (1979) Indigenous healing in South Africa: A neglected potential. *South African Journal of Psychology*, 9, 118-124.

Kottler, A (1988) Professionalisation of African healers: Apparent problems and constraints. *Psychology in society*, 11, 2-17.

Kottler, A (1990) South Africa: Psychology's dilemma of multiple discourses. *Psychology in society*, 13, 27-36.

Kruger, D (1978) Towards an understanding of the Xhosa diviner. *The Leech*, 48(2), 7-13.

Levenstein, S (1989) Mental health in South Africa, in Owen, C P (ed.) *The case for a national health service*. Cape Town: Department of Adult Education and Extra-Mural Studies (UCT) & NAMDA.

Lifschitz, S (1989) The story of the cave or finding ways to create psychotherapeutic contexts with black clients, in Mason, J B & Rubenstein, J (eds.) *Family therapy in South Africa today*. Congella: South African Institute of Marital and Family Therapy.

MacCormack, C (1986) The articulation of western and traditional systems of health care, in Last, M & Chavunduka, G L (eds.) *The professionalisation of African medicine*. Manchester: International African Institute.

NAMDA (1990) Towards a national health service, in NAMDA Special Bulletin 3. (NAMDA-ANC meeting October 1989) Durban: NAMDA Publications.

Ngubane, H (1977) *Body and mind in Zulu medicine: An ethnography of health and disease in Nyuswa-Zulu thought and practice*. London: Academic Press.

Ngubane, H (1981) Aspects of clinical practice and traditional organization of indigenous healers in South Africa. *Social Science and Medicine*, 15B, 361- 365.

Oberholzer, D J (1985) Cooperative venture with traditional healers in providing a community mental health service in the Odi I district, Bophuthatswana: A preliminary review. *Psychotherapy and Psychiatry in Practice*, 36, 36-42.

---- (1978) Panel Discussion *The Leech*, 48(2), 19-24.

Reynolds, P (1986) The training of traditional healers in Mashonaland, in Last, M & Chavunduka, G L (eds.) *The professionalisation of African medicine*. Manchester: International African Institute.

Robbertze, J H (1980) Mental health priorities in South Africa, in Wilson, F & Westcott, G (eds.) *Economics of health in South Africa Vol II*. Johannesburg: Ravan.

Schoeman, J B (1985) Vera Bührmann's approach to cultural psychiatry. *Psychotherapy and Psychiatry in Practice*, 36, 7-12.

Schweitzer, R (1980a) Indigenous therapy in Southern Africa *Bulletin of the British Psychological Society*, 33, 278-281.

Schweitzer, R (1980b) Mental health services in an African context: Alternative modes of service, in Wilson, F & Westcott, G (eds.) *Economics of health in South Africa Vol II*. Johannesburg: Ravan.

Schweitzer, R (1985) Folk healing among the Xhosa speaking people. *Psychotherapy and Psychiatry in Practice*, 36, 27-35.

Seedat, A (1984) *Crippling a nation: Health in Apartheid South Africa*. London: IDAF.

10-60 35 0001 yitou ni yitoungi  
Semali, I A J (1986) Associations and healers: Attitudes towards collaboration in Tanzania, in Last, M & Chavunduka, G L (eds.) **The professionalisation of African medicine**. Manchester: International African Institute.

Spiegel, A & Boonzaier, E (1988) Promoting tradition: Images of the South African past, in Boonzaier, E & Sharp, J (eds.) **South African Keywords: The use and abuse of political concepts**. Cape Town: David Philip.

Staugard, F (1986) Traditional health care in Botswana, in Last, M & Chavunduka, G L (eds.) **The Professionalisation of African medicine**. Manchester: International African Institute.

Swartz, L (1986) Transcultural psychiatry in South Africa. Part I. **Transcultural Psychiatric Research Review**, 23, 273-303.

Swartz, L (1987) Transcultural psychiatry in South Africa. Part II. **Transcultural Psychiatric Research Review**, 24, 5-30.

Twumasi, P A & Warren, D M (1986) The professionalisation of indigenous medicine: A comparative study of Ghana and Zambia, in Last, M & Chavunduka, G L (eds.) **The professionalisation of African medicine**. Manchester: International African Institute.

The conference devoted particular attention to the problems of financing the need and comparative hospital and community facilities, medical staff, the role of the community, equipment and the importance of the hospital in the health service, medical education, the role of the medical profession and the relationship between the medical profession and the community.

## **DOCUMENT**

### **DECLARATION ON HEALTH IN SOUTHERN AFRICA MAPUTO, 15 APRIL 1990**

#### **INTRODUCTION**

This Maputo Conference - an International Conference on Health in Southern Africa - held between April 9-15 1990, has been a unique and unprecedented event at a moment of historic opportunity for the liberation struggle.

This meeting has had a special and remarkable character for three reasons.

1. It has brought together for the first time health and social welfare workers, anti-apartheid activists, organisations representing more than 54 000 health workers from within South Africa, and their counterparts and comrades from the ANC, Mozambique and all of the Frontline States.
2. It has addressed the urgent challenge, in this final and decisive stage of the liberation struggle, of formulating specific proposals, strategies and policies for the structure, organisation, financing and development of health and welfare services for a truly democratic South Africa.
3. Of further political significance, the Maputo Conference has been an expression of the Mozambique government's solidarity with progressive forces in South Africa, and a recognition of our shared experience of the tyranny of apartheid and our mutual abhorrence of the deliberate destabilisation of Mozambique, and in particular of the appalling atrocities perpetrated by the apartheid regime. This shared experience - including the deliberate apartheid effort, both

within and outside South Africa, to destroy the potential for full development of entire generations - united us as brothers and sisters.

**THIS CONFERENCE COMMITS ITSELF TO:**

- Transforming the existing health and social services in South Africa into a non-racial, accessible, equitable, cost-effective and democratic national health and welfare system.
- Promoting a new vision of health and welfare services as a tool of national development.
- Devising an appropriate social welfare policy for a future South Africa and to placing the development of this policy high on the agenda of the national liberation movement.
- Prioritising the development of a progressive primary care strategy as the basis for the provision of health and welfare services.
- Emphasising the importance of making realistic assessments of the resources required to meet national health and welfare needs equitably, and of researching means for mobilising such resources.

In line with the above commitments, high priority must be placed on applied health and welfare research and training. Communities, political organisations and research groupings should be mobilised to achieve this in the shortest possible time.

The conference devoted particular attention to the problems of financing future national health and welfare systems in South Africa, and recognises the need for further research. These debates need to be placed in the context of the specific characteristics of a mixed economy. Discussions around the role of the private health and welfare sector should be extended through health and community organisations, taking cognisance of effective international models.

Adequate primary health care and welfare services will require appropriate personnel. The conference stressed the need for research and training, for the integration of ANC health workers at every level into the health sector, and for understanding the role of traditional healers.

The participants are unanimous in their belief that the training and education of health and welfare workers is most effective and appropriate when it is situated in the community, and achieved through problem-based learning methods. The problems of accreditation of health professionals trained by different methods and through different institutions both within and outside South Africa, has to be addressed with the relevant authorities in order to maximise opportunities for employment of these individuals.

All delegates to the conference benefited considerably from presentations of experiences in health and welfare services in the Frontline States. Some of these experiences, which have a direct bearing on the reconstruction of South Africa's health and social services, must be more fully explored. Everyone is fully committed to enhancing the quality of life of all the people of the Southern African subcontinent through regional cooperative endeavours, which would be encouraged and established once South Africa has obtained independence, democracy and freedom.

A number of issues of urgent priority were identified. This conference affirms the need to integrate women into all health and welfare initiatives, and points out that every proposal must specifically examine the consequences for women. The conference takes particular cognisance of the needs of children and families, and the damage that has been done to them by apartheid. That damage must be reversed. The worth and dignity of family life must be restored. Childhood must be reclaimed. The conference stresses the importance of the health and welfare of workers, not only on the factory floor and the rural farm, but also in relation to the appalling community and environmental conditions which must be passively improved. To address the urgent problem of the return to South Africa of more than 20 000 exiles, the conference endorses the formation of a national Reception Committee, through which the ANC together with other progressive mass-based organisations, can work out concrete measures for the rapid and effective integration of returnees into South African social, political and economic life.

All those present are acutely aware that South Africa and indeed the entire Southern African region is facing a crisis over the HIV epidemic.

Urgent action must be initiated immediately, as the State's programmes are fundamentally limited and seriously flawed. Community-based initiatives are known to be more effective since they pay attention to the broader psycho-social implications of the disease. An alternative progressive campaign with the support of political and other representative organisations has to be set up immediately. An AIDS Task Force with strong political leadership is proposed to take this programme forward.

Finally, this Conference expresses our hope, our determination and our confidence.

Our hope is derived from the fact that all the nations in the region are accomplishing the complete decolonisation of the subcontinent of Southern Africa. The independence of Namibia is a recent example.

Our determination is to eradicate the last vestiges of racial oppression and colonial exploitation from the entire region.

Our confidence stems from our capacity for unity which has been affirmed by the common sense of purpose which has brought together people from many nations, many origins and backgrounds, and many disciplines to address the short- and longer-term tasks of charting the future of a truly democratic South Africa.

**Issued by the Conference Organising Groups:**

The African National Congress; National Education Health and Allied Workers Union; National Medical and Dental Association; Organisation for Appropriate Social Services in South Africa; South African Health Workers Congress; Welfare Coordinating Committee; Ministry of Health, Mozambique; Committee for Health in Southern Africa (USA); Representatives from the University of New Mexico; Anti-Apartheid Movement (London).

Other participants were as follows:

The Deans of the medical schools of the Universities of: Edouard Mondlane, Mozambique; Ilorin, Nigeria; Newcastle, Australia; Zambia.

Representatives from the Frontline States: Angola, Namibia, Tanzania, Zambia.

Representatives from FRELIMO; the WHO representative, Maputo; other Mozambican participants.

Representatives from internal South African organisations:

Congress of South African Trade Unions - health and safety group; Concerned Social Workers; Critical Health; Health Workers Union; Industrial Health Groups; Islamic Medical Association; National Interim Womens Group; National Union of South African Students; Progressive Primary Health Care Network; Social Workers Forum; South African Black Social Workers Association; South African Council of Churches; South African National Students Congress; United Democratic Front.

## **DOCUMENT**

### **DRAFT MAPUTO STATEMENT ON HIV AND AIDS IN SOUTHERN AFRICA**

#### **INTRODUCTION**

This statement was prepared and agreed to by delegates at an International Conference on Health in Southern Africa held in Maputo, Mozambique in April 1990. This important event brought together a wide range of progressive organisations inside and outside South Africa, including the African National Congress, the United Democratic Front, and health and welfare workers from a wide variety of organisations. The conference benefited from the contributions of activists and grassroots members of community, political and progressive health organisations. In addition, people working in the Frontline States elsewhere in Africa, the United Kingdom and United States contributed valuable insights and experiences.

The conference acknowledged research which shows that human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) is an established epidemic in South Africa and throughout Southern Africa.

The magnitude of the epidemic is increasing rapidly within the Southern African region. Recent research has shown that nearly 60 000 people are thought to be infected in South Africa alone. The number of people affected by this disease is expected to double every eight and a half months.

Delegates at the conference agreed that if no significant intervention is made within the next few months, there would be little chance of avoiding its disastrous consequences.

It was noted that the South African state response had been totally inadequate. Lessons drawn from throughout the world have emphasised the crucial role representative organisations have to play in combatting this disease. These community-based organisations need to develop an appropriate strategy which will reach the mass of the people.

The conference therefore made the following recommendations as policy guidelines for developing programmes around AIDS and HIV infection:

#### **AN HIV CAMPAIGN MUST HAVE THE FOLLOWING FEATURES**

- It must be nonstigmatising and avoid stereotyping individuals and groups.
- It must be founded upon community-based action. Political and other leadership must be involved.
- It must identify and address the social and political factors relating to the spread of the disease.

#### **THE POLITICAL PROFILE OF HIV AND AIDS MUST BE RAISED**

HIV/AIDS is a social disease and should not be approached in a narrow biomedical fashion. Economic, political and social factors are major determinants of the rate of development and extent of this epidemic.

Features of life in South Africa and Southern Africa facilitate its spread. Poverty, migrant labour, population relocation, homelessness, forced removals, unemployment, lack of education and poor housing play major parts in the development of this epidemic.

The health care system is fragmented and discriminatory. Little emphasis is placed on prevention and health promotion. Communities do not participate in promoting their health and health services.

The HIV campaign waged by the state has been grossly inadequate. Communities have not been involved, nor have representative organisations been consulted. Too few funds have been allocated to HIV prevention and the care of people with HIV disease. The media and education campaigns have promoted fear, stigmatisation and

discrimination.

## **POLITICAL ORGANISATIONS MUST PLAY A LEADING ROLE**

Any attempt to deal with the HIV epidemic must be situated within the broader struggle for sociopolitical change. This will provide a context for preventive work amongst the broad group of people most affected by HIV infection.

Progressive organisations should inform their membership of the magnitude and importance of HIV infection. They should examine, analyse and respond to HIV with the support of their membership.

We can start by involving senior progressive political leadership within and outside South Africa. The African National Congress has a major role to play in this regard. The involvement of political leaders will help overcome suspicion and mistrust created by the South African state. A high public profile will raise awareness and stimulate appropriate action.

We need to involve worker, youth, women's, religious, political and other community-based organisations at all levels of work on HIV infection and AIDS. We should assist these organisations to recognise the importance of this epidemic. Wherever possible, committees to develop a response to the epidemic and related problems should be formed within organisations and communities.

## **CHANGE IN PERSONAL POLITICS IS REQUIRED**

The HIV epidemic has revealed inadequacies in how we relate to one another.

Sexism, victim-blaming and racial stereotyping decrease our ability to deal effectively with HIV infection at a grassroots level. Discrimination against prostitutes, members of the gay community, injecting drug users and other marginalised groups should be overcome. Programmes to rectify these discriminatory forms of behaviour should be initiated as part of the response to HIV disease.

The rights of people with HIV disease, as with any other health condition, must be firmly recognised.

## **DEMANDS ON THE SOUTH AFRICAN STATE**

The South African state has not displayed any genuine commitment to dealing with the problem facing the population. We need to develop a set of demands directed at the state so that it does not neglect its responsibilities. These will include:

- a) undertaking a serious preventive programme for HIV infection in the country. Adequate resources must be provided. Free condoms should be supplied throughout the country.
- b) committing itself to providing comprehensive preventive, promotive, counselling, support, hospital and community-based services.
- c) making available material and other infrastructural resources to community-based organisations involved in HIV campaign work.
- d) abolishing discriminatory, repressive and restrictive legislation such as that discriminating against gays, commercial sex workers and foreign migrant workers.

The progressive movement should be at the forefront of developing appropriate strategies and should demand the resources to achieve this. State resources are ours and should be used as such.

## **DEVELOPING A COMMUNITY-BASED APPROACH**

A multisectoral community-based approach is needed to effectively tackle HIV infection. Communities must have control over activities and resources. Representative structures must ensure accountability.

We must acknowledge the importance of working with the unorganised and identify ways of facilitating their involvement and representation.

Broad programmes need to be translated into local-level activity. Safer sexual practices and behaviour change must be encouraged. Condoms must be made widely available and local educational materials and mechanisms developed.

## **WORKERS MUST BE PROTECTED**

We acknowledge the work undertaken by the trade unions in identifying and tackling the work-related problems associated with HIV infection. These include such issues as discrimination, testing without consent, denying medical and other benefits, and the lack of facilities for conducting appropriate worker-controlled educational programmes around HIV infection in the workplace.

We need to provide whatever assistance is required by the trade union movement in campaigning for employers and the state to fulfill their social responsibility to workers and the community at large.

## **HEALTH WORKERS**

Health workers have a responsibility to care for people with HIV disease in a caring and nondiscriminatory way.

Adequate protection against the risk of HIV and other infections should be provided at all worksites.

## **APPROPRIATE STRUCTURES SHOULD BE FORMED**

An AIDS Task Force should be established. This must coordinate and promote HIV and AIDS work nationally in the progressive movement. It should develop a programme for preventing this infection from spreading and ensure that appropriate services are put in place to provide care. It must demand resources from the state to achieve these goals. It will need to build on existing organisations and involve all AIDS interest groups. A democratic structure, including representatives of the progressive movement, must be formed within the Progressive Primary Health Care Network.

An interim committee set up at the conference has undertaken the following urgent programme of action:

- a) to set up a mid-1990 national conference on HIV and AIDS at which the National AIDS Task Force will be elected.

- b) to distribute this statement and consult with organisations about the development of an appropriate response to HIV and AIDS and the formation of a representative structure to take this forward.
- c) to draw in progressive political and community-based leadership in order to gain their support and involvement in urgent action to prevent the further spread of HIV infection.

## **EVALUATION**

The state programme needs to be examined and monitored in an ongoing way. We should reveal the weaknesses of such a campaign and articulate demands and alternative structures which will more directly address the prevention of this epidemic.

Our programmes need to be carefully and scientifically evaluated at regular intervals and modified accordingly.

## **CONCLUSION**

South Africa and the whole Southern African region is facing a crisis over the HIV epidemic. Urgent action must be initiated immediately. The state programme is fundamentally limited and flawed. An alternative progressive campaign with the support of political and other representative organisations must be set up immediately.

An Aids Task Force is proposed to take this urgent programme forward. Realistic objectives must be set, based on grassroots participation. The sociopolitical context of this disease must be acknowledged in all programmes. Safer sex must be promoted to protect the health of the community.

**Maputo, April 1990**

## Racism and science education

### Book review

Gill, D, & Levidow, L (eds) (1987) *Anti-racist science teaching*. London: Free Association Books, ISBN 0-946960-64-X.

*Jean Pease*

*SACHED*

*Cape Town*

The appearance of *Anti-racist science teaching* edited by Dawn Gill and Les Levidov is a unique contribution to anti-racist education. It is particularly opportune at this juncture in the South African struggle as educationists begin to grapple with giving content to what is popularly called "People's Education". The book challenges assumptions about science as value-free/objective/neutral knowledge, and then goes on to show that the distinction between science and politics is false and exposes institutionalized racism in schools.

The concept of "race" is placed in perspective and shown to be an artificial construct (supported by scientists and therefore necessary to be exposed as scientifically unjustifiable). Originally devised to justify slavery and colonial politics, the concept of "race" often continues to be used uncritically, even in progressive circles. Multi-culturalism - one aspect of anti-racist practice - often simply disguises Western racism while still pandering to "race" as a concept. At best, multi-culturalism is merely paternalistic. Fortunately, the book goes beyond this. There is an excellent expose of how science, supposedly value-neutral "...serves a racist society in many subtle ways ...and (which)...engages the teacher and learner in maintaining structural racism". It is as well to note the the authors are not speaking about South African science but Western European science generally.

The essays show clearly how science is a practice - the "science that gets done" is the only science, and the political priorities which guide choices made by society (sic) as to what is researched, why and in whose interests clearly intersect with the economic domination of third world and black people. The book provides valuable insights into how science is used by those in power and how imperialism acting particularly through multinationals manipulate the economies of third world countries or the poor (usually third world immigrants) in metropolitan countries. School textbooks are shown usually to reflect only on the results of this exploitation, leaving children and teachers with poor images of third world "need", overpopulation and misery. This is presented without the balancing perspectives on the causes, perpetuated by political choices made elsewhere (and usually validated by scientifically-backed research).

This plus the positive images of a Western world of scientific progress, of help given to ignorant third world countries and people, is racist in the extreme in its effects on both white and black. That the third world produces most of the raw materials crucial to first-world development is conveniently ignored, as is the historical contributions made by countries now considered scientifically backward.

The critiques of racist approaches to Biology were very good and covered a wide range of topics from the Bhopal disaster to sickle cell anaemia. These provide valuable resource material as a means of orienting the manner in which Biology teachers could handle certain topics. Biology has always lent itself more easily to socially-relevant teaching. Student assessment is also critically evaluated in anti-racist terms.

Robert M Young's proposals of a historical study of why in different decades or periods of time particular aspects of research flourished, opened up exciting possibilities for debate around the political choices in science and the construction of knowledge. What constitutes knowledge, who decides what is relevant, and so on, could be asked of any discipline, using this framework. Racism in science teaching, Young asserts, is a deeper view of the deeper issue of where scientists' questions come from, who asks the questions and in whose interests the science "gets done". In the end, debates about the science curriculum can be seen as debates about the kind of society we wish to have.

Certainly the book boldly sets the terms of debate as to the politics of

science education. This debate needs to be taken up vigorously in this country which has epitomized racist ideology and educational practice and as such the book should be compulsory reading for all science (and other) teachers and students. Furthermore, the book underlines the difficulties and limitations of attempting to implement anti-racist teaching, on a purely practical level, by citing the case study of one school. But on a political level it shows how by challenging the "neutrality" of the curriculum immediately brings charges of dragging politics into education - conservatives are well aware of whose interests education promotes at present. Again, we are referring to the bourgeois-democratic state of Britain, not the overtly racist one of South Africa, where attempts to change the curriculum meet with such hysterical resistance.

It is obviously therefore a conflict of class interests when the curriculum is challenged as "racist" and shows to what extent "race" and class intersect in maintaining hegemony in present-day education. In the final analysis, the "science that gets done" operates in the interests of the ruling class, which is prejudiced against the working class which is mainly black (or third world) and against whom racism is practised.

A non-exploitative, anti-racist and democratic social system alone will guarantee a school system, and therefore science education, which is non-exploitative, democratic and anti-racist. But this does not necessarily simply happen unless we are aware of how racism permeates the structures, institutions and curricula in subtle ways. This presupposes international anti-racist collaboration, given the interconnectedness of international capital and interests.

Finally, the book challenges all science teachers to make a beginning - to use the classroom and curriculum as a site of struggle - which it has always been to the few teachers who have been prepared to acknowledge (and act upon) the politics of science education. If the book acts as a stimulus for science teachers to get together and address how to implement anti-racist science in the classroom in this country, and to give encouragement to those who have grappled with the problem in relative isolation, it will have served its purpose. International collaboration to some extent has been bedevilled by an unselective (rather short-sighted) cultural boycott - making ILEA multicultural and other anti-racist materials unavailable to us for interaction.

Above all, a welcome addition to the paucity of resources in a generally neglected site of struggle. The book is and should certainly encourage the debate in anti-racist education.

## **The lament of an African**

### **Book review**

**Chirimuuta, R. & Chirimuuta, R (1987) AIDS, Africa and racism.** London: Free Association Books.

**Fareed Abdullah**

*Industrial Health Unit/SAHWCO*

*University of Natal*

*Durban*

The discipline of medical sociology is a relatively new discipline compared to the other "sociologies", and rigorous academic work only found its feet in the 1950s with the work of Parsons. Radical critiques began to appear only in the 1970s as per Illich, the Ehrenreichs and Marxist writers such as Navarro, Waitzkin and others. There were exceptions off course, such as the writings of Virchow and indeed, of Engels himself in his *The condition of the working class in England*.

One of the theses which the radical school postulates is that we need to re-examine the role of the medical profession in the upliftment of the quality of life of our species. Illich (1976), rather provocatively, opens his book by suggesting that "... the medical profession has done more harm than good...and should be abolished."

Bourgeois medical practice and health care has historically developed curative forms of individualised, hospital-based care that allows the medical profession to completely control the health care. The human body has been reduced to a set of parts which need to be fixed when they break down - usually by a particular type of health professional and usually with a drug which is produced by one of the handful of drug multinationals which monopolise the industry. Asking to participate in decisions about

one's own health care is like a motor car asking to participate in a decision about which spare parts should be used to repair it.

If the HIV virus has produced one potentially positive effect, it is that it presents the Western bio-medical approach to health care with a formidable challenge that has the ability to discredit this model and lead the way to new models of health care based on integrated, comprehensive and participatory models of health care. AIDS has this potential because there is no cure, no vaccine, no money for bio-medical care, and the only way of dealing with the epidemic is through preventive and promotive forms of health care and through the participation of communities in their own health care. The medical profession's role has never been so marginal in an epidemic before. In our view, the model for dealing with AIDS and HIV is also the most appropriate model for dealing with the majority of disease entities afflicting the world's populations.

In the same way that HIV forces us to re-examine the dominant bourgeois model of health care, it forces us to re-examine almost every other socio-political, cultural, and personal aspect of our lives. The epidemic begins to ask some age old questions all over again. Who controls where, how and when sex takes place? What kind of a health system do we need for an epidemic of this nature? Can we deal with an epidemic of this nature without dealing with issues of deprivation and poverty? How do we deal with a terminal illness and what are the most appropriate methods of education to employ in the five hundred and seventeen thousand different communities that we have in the world? Indeed what is the most appropriate software for processing epidemiologic data of the spread of HIV in this or that part of the world?

There are hundreds of questions that can be asked about AIDS and HIV - the point we want to make in the above paragraph is that AIDS and HIV infection force us to re-examine our world and that any strategies to contain the epidemic require us to deal with the numerous contradictions in our different societies. The use of the condom or AIDS education is unable to remove conditions which allow for the spread of the disease. For example, South Africans will not be able to deal with the epidemic without the state making more money available for AIDS work, or without a serious attempt at reducing migrant labour and homelessness, or indeed, violence in Natal.

There has never been a disease as political as AIDS before.

Amongst the phenomena which need to be addressed when dealing with HIV and AIDS are denial, discrimination, stereotyping and blame. These have also been fostered since the outbreak of the disease and diminish our ability to combat the disease. One of these phenomena is racism and this is the subject of the book we are reviewing.

Chirimuuta and Chirimuuta (1987) challenge the notion that AIDS is a particularly African problem and they seek to counter Western media propaganda which caricatures AIDS in Africa and presents a scenario of a disease decimating thousands due to their "ignorance and an animal-like promiscuity". The authors argue that the commonly held view that the epidemic started in Africa and was spread by Africans to the rest of the world is motivated by racist stereotypes rather than any solid scientific evidence. In fact they argue that racism has played a greater role in the formation of scientific conclusions by AIDS researchers than scientific fact. The book undertakes a "careful examination of the scientific literature on AIDS in Haiti and Africa..." and attempts to "expose the fundamentally flawed nature of the evidence and arguments offered in support of the African hypothesis, and attempt to explode the myth that Africa is at the epicentre of the world AIDS pandemic." (p2). The authors are at pains to quote from the scientific literature and the media, numerous examples of racist stereotypes, comments, assumptions and conclusions.

They criticize the Western press for snatching up any "research" on AIDS which pointed to the theory that AIDS originated in Africa without examining the validity of such research. The authors claim that this practice arises out of the preconceived racist stereotypes in the minds of the Western media. That the media too had "convicted" Africa for the origination of AIDS long before any substantial evidence was available. The authors go further and claim that the extent of spread of the epidemic has not been conclusively shown in the research conducted up to the time of print of their book. Once again extensive reference is made to careful examination of the scientific literature to do this.

Rosalind and Richard Chirimuuta's book was written in 1986 at the height of the period when all the blame for AIDS was falling on Africa. Four years hence, in 1990, the majority of AIDS activists and the press are saying that "it is not important where AIDS came from, rather where it is going." (Kaunda, 1989).

This renders this book a bit outdated.\* However, it is still important to read parts of this book as racist stereotyping in relation to AIDS still exists and this is particularly the case in South Africa where it is emerging as an issue. In the second chapter, the authors describe how Haiti came to be blamed for the disease and expose how this was based on racist assumptions rather than any evidence. Haitians became associated with AIDS and the Centre for Diseases Control included Haitians on a list of "high risk" groups. Three or four years later it had been established beyond doubt that Haitians were not at any greater risk for AIDS than any other population group in the world.

The authors briefly describe how Haitians in the US had lost their jobs and were treated like criminals because of this unsubstantiated association of Haitians with AIDS by Western researchers. No mention is made of the drop in the number of tourists visiting Haiti from 70 000 in 1981/2 to 10 000 in 1982/3; and the impact this had on Haiti's economy and the 25 000 jobs associated with this industry. A book on the effects of racism and AIDS should not ignore crucial information such as this.

Whilst we would have loved to agree with the authors that AIDS in Africa is being exaggerated due to racist motivations of the various authors, it is now (three years after publication) established beyond doubt that the AIDS problem is becoming worse in Africa than in other parts of the world. Whilst we wholly support the authors views that this does not mean that we should be blamed for AIDS, we argue that there are very good reasons why the pandemic is affecting Africa the way it is. This is due to the underdevelopment and the poverty of many African countries. It is becoming increasingly evident that AIDS is a disease that is chasing the deprived and underprivileged sections of the world's population.

HIV can infect anybody; but it affects different people in different ways. Generally, but not always, it affects the poor and the powerless in society. This explains why AIDS will be more prevalent amongst the deprived, there is no need to "defend" Africa in the way that the authors do. The AIDS problem in Africa will be worse because most countries in Africa do not have the resources and infrastructure to effectively combat this disease. This is a result of the underdevelopment of Africa by the system of international capitalism and the legacies of colonialism.

Two other criticisms which need to be made of this work are that it does not make a systematic survey of scientific and popular literature, but extracts all the racist comments and inaccuracies it could find and collects these in the various chapters. Secondly, it does not deal with African stereotyping of other communities and the extreme denial by Africans of the extent of the problem in our communities (as was the case with all communities). This has led to the delay by many communities, in Africa and in other parts of the world, to begin to combat the pandemic and its related social, political and cultural effects.

The authors make two references to South Africa and one of these is instructive for our purposes. The authors quote a scientific article on AIDS in South Africa which shows that AIDS in this country only affects "white homosexuals" and argues that the disease probably spread from homosexual contacts with the US. The authors then offer us a comment which is not only incorrect and useless but also offensive to ourselves. They comment: "it seems that the only good thing about Apartheid is that AIDS does not affect the black community". In their zealousness to show how parts of Africa (in this case black South Africa) have not been affected by the epidemic the authors suggest that the disease has been spread to South Africa from the US.

This comment must anger us in the light of the serious epidemic we face now. We cannot afford to cry "racism" if it has the effect of underplaying the seriousness of a problem that we now know is well established in this country. It is interesting to note that neither of the authors is from Africa. One of the authors is an ex-Zimbabwean who left that country 18 years ago and is now settled in the Britain. This is very much the syndrome of people of colour who want to be accepted by and are constantly on the lookout for racism so that they can prove the worth of "their kind" to the rest of the world. These individuals are actually in awe of the West whose racism they constantly lament. That racism against Africans is still rampant, particularly in the discourse of AIDS researchers and the media is doubtless. Whether we need to become this defensive is questionable!

For the casual reader we recommend three chapters (1,7,12) - these adequately express the views of the authors. To plod through the remaining chapters is difficult reading and is the task of those who have a particular interest in the subject.

## REFERENCES

\* Since this review was written a revised edition of AIDS, Africa and racism (1989) has just become available in South Africa.

Chirimuuta, R, & Chirimuuta, R (1987) AIDS, Africa and racism. London: Free Association Books.

Illich, I (1976) Medical Nemesis. London: Boyars and Cauldron.

Kaunda, Kenneth (1989) Address to Fifth International Conference on AIDS, Montreal.

## Escaping the trap of Apartaans\*

### Book review

Louw-Potgieter, J (1988) *Afrikaner Dissidents: A social psychological study of identity and dissent*. Clevedon, & Philadelphia: Multilingual Matters - 1 85359 011 8.

*Gerhard Mare*

*Department of Sociology  
University of Natal  
Durban*

"How, or by means of which process(es), does a person, as a member of a specific group, in a specific social, economic and historical context, start to question the political status quo" - that is the task that Louw-Potgieter set herself in her PhD thesis (the basis of the book under review). The study presented in book form is of "white, politically left wing Afrikaans speakers", excluding both "coloured" and ultra-right wing Afrikaans speakers (Louw-Potgieter, 1988, p2).

During the same week that I started reading her book *Vrye Weekblad* reflected two opposing trends in Afrikanerdom. The front page spoke of "spirit of protest" on Afrikaans-language campuses, while the now infamous face of Barend Strydom invited the reader to examine his origins on the inside pages. As I complete this review a debate takes place on SABC-TV between two ex-dominees, now both MPs (one from the NP and the other from the CP) on the claims by CP leader Andries Treurnicht that there is biblical justification for a Derde Vryheidstryd (a third war of liberation, the previous two struggles having been against British

imperialism, this one against fellow Afrikaners).

"Afrikaners", the "white tribe", have always had a fascination for foreign observers - as has been the case with "the Zulus". Usually the focus has been on the cohesive elements of this "tribalism" on the lager, on the group boundaries, on "white" in a continent of "black". In part it was, and still is, because that is the easiest way to write about Africa (whether from Europe or the USA, or from within the ranks of our internal "foreigners"/other, the English-speakers and the commercial press); in part because that was the way in which "Afrikaners" defined themselves. The Soviet fascination with Afrikaners surely has to be sought in their own concern with "nation" and "nationality" - with apparently little success in creating the class solidarity that would roll back the vertical identifications of ethnicity. The British fascination no doubt stems from its own imperial past and humiliating clashes with both Boere and Zulus.

Louw-Potgieter (1988) argues that "any investigation dealing with dissent should shift towards the dissident as group member" and that "a cognitive-motivational theory of social identity (SIT), developed by Henry Tajfel... will be used as a framework" (p4). Because of her sample (both the social composition and the method of selection - a "grapevine approach"), she is analysing the "actions, words and thoughts" of "a high status group" ("well-educated, middle-class professionals", with an acknowledged male and academic bias in the sample). Respondents were asked to complete autobiographies, which were then followed up by interviews. While respondents confirmed the main assumption of Louw-Potgieter's study, namely that "becoming a dissident is a continuous process" (1988, p27), the roots were to be found "in a growing awareness of inconsistencies between two (or more) values, inconsistencies between theoretical and expressed societal values, and inconsistencies regarding the recipients (ingroup/outgroup) of these expressed values" (1988, pp35-6). She found the respondents to be "active agents" in change (1988, p46).

In the foreword to her book Louw-Potgieter reminds the reader that "the content of identity might change over time" and her data reflect social identities during the period 1982-85. There is, however, a certain timelessness to her presentation due to the absence of a wider and historical context. Her study, with its valuable focus on individual responses to ethnic group definition, remains on the boundaries that she describes, the boundaries that feature so ambivalently in the **individual** autobiographies.

In an article (1987), also based on her research, she had written that within "a specific kind of social psychology of political dissent" causal explanations "are located firmly within the 'deviant' individual", while "societal variables" (such as "the content and meaning of political norms"; "the ways in which these norms are created and maintained") are rarely questioned or criticised. She gives the example of Marion Sparg, but could as easily have referred to "explanations" of the actions and identities of Breyten Breytenbach, Hein Grosskopf, and many others. *Afrikaner Dissidents*, however, also remains too isolated from that societal context within which these social identities are a matter of intense struggle.

Possibly Louw-Potgieter was able to neglect her own warning because the people she studied were drawn from that very individualistic stratum of the petty bourgeoisie, the intellectuals. As one of her respondents commented: "... Afrikaners were a very 'heterogeneous group' of 'individuals' with strong opinions ..." (1988, p101). Their dissidence was in part "a reaction against group belonging" (1988, p103), of people who "had come to conclusions on their own" (1988, p104) said others.

Directly contrasting her left respondents' absence of strong alternative group formation with the actions of ultra-right wing Afrikaans-speakers, who are discussed in chapter 7, and the latter's present fragmented (gang-like) but strong and frequently militaristic group formation, might have indicated a clear class distinction. Rural and urban poverty, unemployment, and racially-defined economic insecurity among an increasing number of white Afrikaans-speakers contrasts very strongly with the educated, employed and relatively secure individuals Louw-Potgieter presents in this book.

The value dilemma that her respondents found themselves in is far removed from the threat to material interests that reform away from apartheid has meant to Afrikaner working class members and uneconomical drought-stricken farmers. In other words, can a study of social identity be adequate without reference to "the vital concrete elements through which the struggle between classes is fought out: organisation and ideology"? (O'Meara, 1983, p3; and see Moodie, 1980, p 299, on "ideology" as "the prescriptive articulations" which transform "civil faith and social metaphysics into directives or a program for political action").

Louw-Potgieter writes of a "residual social identity" that remains with most of her respondents (in both intergroup and intragroup situations). This appears to be possible because of the separation by them of the political mobilisation frequently associated with ethnic group formation from the cultural - politics from religion, language, and even history (Louw-Potgieter notes a "salient awareness and/or good knowledge of their group's past" from the respondents (1988, pp18-19), confirming the centrality of an invented, revived or reconstructed past in ethnic mobilisation).

For the materially threatened elements within Afrikanerdom the separation of cultural and political mobilisation appears not to be situationally "possible" - political direction to ethnic mobilisation is demanded and offered, as is the case with Inkatha and its offerings of Zulu politicised ethnicity. If the political direction dominant within the group appears to be "selling-out" an identity can change dramatically - as is occurring with the stress, noted by Louw-Potgieter (1988, p125) on a "Boer" identity as distinct from "Afrikaner". As Moodie (1980) noted: "I do not assume that all citizens accept equally a given civil faith... It may appeal differently to different social classes: in fact, certain classes in a society may entirely reject the reigning civil faith" (p296).

The "lists of characteristics" of what an Afrikaner is (Louw-Potgieter, 1988, p50) allows dissidents to associate with some aspects while rejecting others (such as the political dimension referred to above). Under certain circumstances respondents felt either more or less of an Afrikaner - dissidence does not mean, for the majority, a rejection of all things associated with being an Afrikaner (1988, pp78-81). It is probably in this "undoing" of certain facets of ethnic identity from the strict and prescribed dominant group formation that there lies a possible solution to the ethnic fragmentation that apartheid has created or strengthened.

This micro-study of social identity, despite its confinement to a small social segment, offers useful insights into responses to ideological struggle and group formation and how to study them. However, for this reviewer, studies of social identity and mobilisation demands interaction between social historians and sociologists in their studies of "invented traditions" and ideological mobilisation and struggle, on the one hand, and social psychologists on the other (see Ronald Fraser (1984) for one such attempt, albeit highly personalised!).

\* Acknowledgements to Breyten Breytenbach for this title.

## REFERENCES

Fraser, R (1984) *In Search of a Past*. London: Verso.

Louw-Potgieter, J (1987) The dilemma of dissidence *Psychology in Society*, 8, 101-121.

Louw-Potgieter, J (1988) *Afrikaner Dissidents: A social psychological study of identity and dissent*. Clevedon, & Philadelphia: Multilingual Matters.

Moodie, T Dunbar (1980) *The Rise of Afrikanerdom: Power, apartheid, and the Afrikaner civil religion*. Berkeley: University of California Press.

O'Meara, D (1983) *Volkskapitalisme: Class, capital and ideology in the development of Afrikaner nationalism, 1934-1948*. Johannesburg: Ravan.

## Rescuing psychoanalytic tragedy from ideological romanticism

### Book review

Richards, B (1989) **Images of Freud: Cultural responses to psychoanalysis.** London: JM Dent & Sons - ISBN 0460024906.

*Gavin Ivey*

*Department of Psychology  
University of Natal  
Durban*

Since its inception a century ago psychoanalysis has radically transformed our collective psychological life, in spite of the fact that very few people have undergone psychoanalytic treatment. This is testimony, not only to the impact of intellectual theory on a culture's self-understanding, but also to the specific mode of critical self-awareness with which Freud infected contemporary first-world society. No area of our cultural life, whether it be literature, art, film, education or history has escaped the psychoanalytic influence. Like it or not, we work, love and dream in Freud's shadow even though few of us have lain on his couch. Given this fact, one might assume that the way in which Freud's ideas have been received and interpreted by the discipline of psychology would provide us with insight into contemporary psychology's own unconscious and, by extension the unconscious of modern culture generally. It is this thesis which informs Barry Richards' latest book, **Images of Freud**. Richards, clearly influenced by American historian Christopher Lasch's extraordinary seminal 1979 work **The culture of narcissism**, extended Lasch's original insights by editing an important book of essays in 1984. Titled **Capitalism and infancy**, it concerned the psychoanalytic critique of various aspects of late capitalist society.

With his recent book he is back at the familiar jagged interface of psychoanalysis and critical social theory. This time, however, his focus is more precise as he seeks to "trace some of the mutations undergone by psychoanalytic ideas as they have been received and passed on in various fields of psychology, and have thus been funnelled out into our everyday thinking about ourselves". He considers the reception of psychoanalysis within the three fields of academic psychology, humanistic psychology and the theories of the radical left. Underlying his project of using the hermeneutic tools of object relations psychoanalysis to interpret the cultural psychodynamics of Freud's reception by the psychological community is Richards' commitment to Freud's essentially tragic vision of human nature. This tragic vision stems from the profound ontogenetic consequences of our protracted and total dependency on primary caregivers during infancy and childhood. This dependency has major psychological implications. The infant's gradual awareness of being separate from the maternal object is experienced as anxiety- and aggression-provoking because it ruptures the infant's original narcissistic fantasies of union with and control over the external world. The birth of selfhood is thus based on the experience of loss of our union with an omnipotent caring mother and our helpless vulnerability and dependence on a large, terrifying and unpredictable adult world which may or may not meet our basic needs. The fact that selfhood is predicated on narcissistic injury, infantile loss and dependency on others means that, even as adult individuals, these issues will play themselves out in our psychological and sociological dynamics, unavoidably entering the arena of political, economic and cultural activity. Richards proceeds to argue that how individuals and groups deal with this tragic insight and the resulting psychic pain will influence their interpretation of and response to psychoanalysis. Two broad individual and collective strategies may be adopted in the face of our tragic subjectivity: mature resignation or narcissistic illusion. The first strategy characterises normal healthy development. Insightful emotional recognition of the loss, dependence and conflict at the heart of our selfhood enables us to mourn the loss constitutive of our subjectivity, to experience mature dependence on others, to temper our infantile aggression and actualize our reparative concern for others in the form of civic commitments. For a number of reasons, however, this creative adaption to the tragic invariants of the human condition is not possible for many people. Instead, they cling to infantile narcissistic illusions and fantasies of perfect wholeness, happiness, omnipotence and independence. At an individual level such

unconscious phantasies underlie much psychopathology. However, when externalized collectively they influence the ideologies, aims and actions of social groups, organizations and institutions. We can thus speak about the pathological phantasy structure of social action in psychoanalytic terms. Richards goes on to say that contemporary responses to psychoanalytic theory have been refracted through the two prevailing and closely related ideologies of psychological utilitarianism and romanticism. The former he defines as "the doctrine that individuals are fundamentally motivated by the need to maximise their pleasures and minimize their pains ..." (p11). Romanticism is similarly concerned with the hedonistic maximization of happiness, added to which is the belief that the transcendence of everyday unhappiness into a realm of absolute fulfillment is not only desirable but entirely possible given appropriate courses of thought and action. Richards goes on to locate these ideologies in historically specific socioeconomic junctures where capitalist market relations foster a consumerist ethic and fragmented, alienated experience of self and others. Richards then contends that academic, humanistic and radical psychology have all been strongly influenced by these ideologies and that this in turn has influenced their response to psychoanalysis with its unwelcome counterposing spirit of tragedy and mature acceptance of our human limitations. He uses many examples to illustrate how academic psychology has systematically misinterpreted and banalized Freud's work by viewing it through the ideological filter of its own unconscious utilitarianism. Turning to humanistic psychology he contends that the humanist paradigm is predicated on the belief that "truth and salvation could be found in some organismic inwardness of the individual, and that the presence in our emotional make-up of introjected values was a pathology from which we needed to be delivered." (p112). The notion of the psychoanalytic subject structured upon the internalization of external others is anathema to the humanistic vision, founded as it is upon regressive phantasies of narcissistic self-sufficiency, internal harmony and the projection of all internal imperfections onto a world of "bad" authority figures who represent the world of social relations and our dependency on others. Freud is ostracized and rejected because psychoanalysis' demonstration of the social constitution of the individual subject through the processes of internalization and identification threatens the defensive humanistic illusion of self-sufficiency and its accompanying narcissistic phantasies of internal perfection. Furthermore, the psychoanalytic goal of transforming neurotic misery into common unhappiness falls far short of the manic "peak" experiences that the humanists reach towards.

Having exposed the narcissistic pathology underpinning humanistic psychology's critique of Freud, Richards now tackles the far more complex relationship between psychoanalysis and left social theory. Freud is no longer seen in radical social theory as the bourgeois embodiment of patriarchal authority. Critical theory, in various areas of application, has recognized that psychoanalysis' sophisticated formulation of socially mediated subjectivity provides insight into the operation and reproduction of oppressive ideologies. Furthermore, it can thus be recruited, at least at the level of theory, to the cause of emancipatory praxis. However, says Richards, the same narcissistic phantasies at work in humanistic psychology find expression in radical theory's incorporation of psychoanalysis into a revolutionary discourse of unattainable social perfection, free of alienation, constraint or contradiction. Here the pursuit of social justice through the destruction of capitalist society is perceived romantically as the necessary and sufficient condition for the establishment of a new order free of human suffering. Beneath the rational critique of bourgeois society one may often discern the narcissistic yearning for the lost infantile paradise, resurrected and projected in phantasy as a post-capitalist utopia. The conscription of psychoanalysis to this project in various Freudo-Marxist hybrids is a betrayal, says Richards, of the former's tragically realistic essence. He hastens to add that he is not promoting political quietism or apathy but rather situating political objectives and practices within the mature realization that pain, loss and conflict are ahistorical givens which cannot be transcended. He thus makes no apologies for the fact that his book has strong moral overtones, repeatedly emphasising that a precondition for authentic social action is the courageous embrace of the tragic sensibility and the capacity to resist the lure of ideological illusions which, whether reactionary or revolutionary, promise redemption from the pain of human subjectivity.

While certain chapters of the book could have been more rigorously developed one is left with the impression that Richards has not only made an important contribution to contemporary ideological analysis, but also that he has successfully demonstrated that modern psychoanalytic thought can be productively employed in comprehending social phenomena.

# Psychology in Society

Box 17285, Congella 4013, South Africa

## RATES FOR 3 ISSUES:

South Africa:

Persons: **R15**

Institutions: **R30**

Britain & the rest of Europe  
SURFACE AIR  
Persons 10 Stg 15 Stg  
Institutions 20 Stg 30 Stg

North America  
SURFACE AIR  
Persons \$18 \$30  
Institutions \$36 \$60

**SUBSCRIBE HERE**  
Please send me 3  
issues at the rate of  
R/\$/Stg .....  
beginning with  
Number .....

*Cheques and postal orders  
should be made out to  
PSYCHOLOGY IN SOCIETY*

Your name:.....  
Address:.....  
.....  
.....

**REPRINTS REPRINTS**  
**REPRINTS REPRINTS**  
**REPRINTS REPRINTS**

**Contact us for prices  
and availability.**

## **CONTRIBUTIONS**

**Psychology in society** is a journal which aims to critically explore and present ideas on the nature of psychology in apartheid and capitalist society. There is a special emphasis on the theory and practice of psychology in the South African context.

The editorial collective welcomes contributions which will develop debate on psychology and psychological issues in South Africa. In addition to articles and book reviews, short discussions on previously published material or on issues of the moment will be encouraged. Authors are required to use non-sexist and non-racist conventions in their contributions. Articles should not normally exceed 6000 words in length. And book reviews, unless they are review articles, should not exceed 1500 words.

## **FORMAT**

The APA or the Harvard system of referencing is preferred. The list of references, in alphabetical order and not numbered, should follow immediately after the end of the article. Footnotes should be kept to a minimum and where possible should appear at the end of the article before the reference list. Prospective contributors should initially send three copies of any piece, including a clear original. Authors are encouraged to submit their work, **once accepted for publication**, on an IBM compatible disc, together with one printed copy. These will not be returned.

## CONTENTS

Editorial.....	1
Freud and a political role for psychology Susan van Zyl.....	4
Afrikaans as symptom-formation: A Freudian reading of "Afrikaner" history Johan van Wyk & Paul Voice .....	17
Psychoanalysis, Lacan, and social theory Grahame Hayes .....	28
Indigenous healers in a future mental health system: A case for cooperation Ilana Korber .....	47
 DOCUMENTS	
Maputo Declaration on Health .....	63
Maputo Statement on HIV and AIDS.....	68
 BOOK REVIEWS	
"Anti-racist science teaching" by Dawn Gill & Les Levidow Jean Pease.....	74
"AIDS, Africa and Racism" by Rosalind and Richard Chirimuuta Fareed Abdulla .....	78
"Afrikaner Dissidents: A social psychological study of identity and dissent" by Joha Louw-Potgieter Gerhard Mare .....	84
"Images of Freud: Cultural responses to psychoanalysis" by Barry Richards Gavin Ivey .....	89