PSYCHOLOGY

PINS

IN

PINS

SOCIETY

PINS

17 1993

PINS

PSYCHOLOGY IN SOCIETY **NUMBER 17** **1993**

Psychology in society (PINS) 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.

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.

ISSN 1015-6046

PSYCHOLOGY IN SOCIETY NUMBER 17 1993

CONTENTS

BOOK REVIEWS

Psychology in society (PINS), 1993, 17, 1-4

EDITORIAL

The theme of this number of **PSYCHOLOGY IN SOCIETY (PINS)** could be said to be related to an investigation of the psychology of the subaltern, and more especially in the southern African context, the racialised other. In many ways the oppressed have never had it so bad. The so-called revolutions of the late 1980s have wreaked more havoc than brought any significant material benefits. As certain hegemonic projects that contained the false unity in nation states have collapsed, the effects have not been the flowering of democratic freedoms and a disciplined and respectful politics of difference. Instead we have witnessed some of the most savage onslaughts against ordinary people in their different struggles for freedom and dignity; from Sarajevo to Boipatong; from Los Angeles to Mogadishu; from Huambo to Baghdad. And yet the politics of the time seems to be a kind of transpolitics, to borrow a term of Baudrillard's, a politics of global and international forces that leaves very little space and hope for the actions of ordinary citiizens.

It is in this international context that Robert Young's psychoanalytic investigation of racism opens this edition of **PINS**. Always alert to the "big picture", or the social social context in which psychoanalytic ideas take hold, Young takes us through the 500 years of devastation wrought on indigenous peoples in the name of European civilisation. There is not much optimism in Young's historical account of racism, but at least he is right to point to the enormity of the problem. The undermining of racism in South Africa is going to require sustained efforts from all spheres of the society if we are to reconstruct a social order based on non-racial principles and practices. The point that Young makes is that racism is all the more entrenched because it is so normal, so much part of our history and everyday experiences. Talking about the white racists of the American south with whom he grew up he says, "These people, like racists everywhere, acquired their horrid social attitudes by a process of tacit social learning, whereby their infantile psychotic anxieties, feelings all babies have, got channelled into particular channels. I do not think that those rednecks working at the Ford factory [where Young worked temporarily] were mad or psychopathic, any more than I think my racist father and (rather more genteel) racist mother and sister were evil. As

Hannah Arendt has shown us in the case of Adolf Eichmann, it is more banal than that (Arendt, 1963). They were just socialised into the values of that part of the world - just as I was. Otherwise, how could so many young Irishmen, Serbians, Croatians, Kurds, Turks, Germans, Japanese, Russians, Afghans, Conquistadors kill and maim all those men, women and babies? What is horrible about racism is that it is normal in the cultures where it is sedimented".

The important task is to analyse the particular sedimented histories of racism, as a beginning in the process of social reconstruction which is so much the topic of debate and rhetoric in this country. Psychology, and the other social and human studies in South Africa have been dangerously silent on the question of the racist nature of the society, and its impact on the social and inner lives of people. **PSYCHOLOGY IN SOCIETY (PINS)** would like to encourage contributions on the psychology, social psychology, and psychoanalysis of racism in the form of research articles, theoretical reviews, debates, short notes, and so on. We can no longer justify the relative silence of the social sciences on one of the major problems of our time: racism and ethnicity.

In the articles by Reeler, and Petersen and Ramsay, we continue our interest in the social articulation of applied psychology. Tony Reeler's article on primary mental health care in southern Africa challenges many of the received wisdoms of radical psychology about the "social causation" of psychopathology. In a detailed review of the African and southern African literature, Reeler questions many of the simplistic arguments about the relationship between the material conditions of poverty and their impact on the incidence and prevalence of mental health problems. Referring to his own empirical work, as well as that of other southern African researchers, he calls for more sensitively constructed research to elicit the complex set of processes involved in the determination and identification of psychopathology.

Inge Petersen and Sheila Ramsay present a fascinating assessment of a community mental project in a shack settlement in Bhambayi (30 kilometres from Durban). It is heartening to see the candour with which Petersen and Ramsay evaluate the enormous difficulties encountered by the project as it tried to offer essential mental health services to a very deprived community. Their analysis cautions us, in a similar way that Reeler does, about a naive conception of community dynamics in our haste to intervene with much needed services. Petersen and Ramsay argue forcefully for mental health projects to be integrally linked to communities' development needs and requirements. Unless mental health is seen in this way, especially in very

deprived communities, the chances of mental health projects succeeding are very remote. The implications that they draw from the lessons of the Bhambayi project are that mental health and development issues, especially in poor and working class areas, are inextricably linked and that for mental health issues to be taken seriously they need to be seen as development issues. While Petersen and Ramsay report on a specific project, and Reeler assesses the research on the social basis of psychopathology, the two articles potentially raise very similar questions and issues about working with the poor, and mental health workers interested in the social plight of deprived communities would do well to study the analyses generated by these authors.

The final article in this number of **PINS** is a brief research report, by Arvin Bhana and Yogan Pillay, on their work with union organisers. In consultation with the union they decided to investigate the stress experienced by organisers in the hope of improving their (the organisers') working conditions. It is not often that working conditions in progressive organisations are investigated. It as though the commitment to the struggle or the cause is meant to "overcome" the tedium and stress of these jobs; or that it is unprogressive to complain about working conditions in these organisations; or that by definition, democratic organisations would not have stress as part of their working context. However, Bhana and Pillay, using an interpretative methodology, are able to penetrate some of the stresses and problems experienced by union organisers. It has been long time since **PINS** published an article dealing with industrial issues, and we hope that Bhana and Pillay's article encourages further work on the social psychology and the social science of work.

We end this number of **PSYCHOLOGY IN SOCIETY** with a range of interesting book reviews. As local publishing in psychology and related areas has recently taken off we can increasingly review books with a South African connection. Four of the six books reviewed here are about South Africa.

A note to PINS readers. We are often asked about the accreditation status of **PSYCHOLOGY IN SOCIETY**. This is obviously mainly a concern for academics interested in **PINS** who get "rewarded" for publishing in SAPSE-accredited journals, and seemingly, at many universities, "punished" for not doing so. There are many things in life that we get used to for pragmatic and political reasons, heaven forbid that we become accustomed to scholarship being equated with the State's SAPSE (South African Post-Secondary Education) system. Currently **PINS** is not recognised by SAPSE, and according to the Department of Education and Culture's latest communication to universities on the evaluation of research journals, dated 8 March 1993,

PINS was not included in the accredited list of journals because it is "not a research journal. Articles are mostly for the practitioner eg case studies, general review on a specific field of knowledge, etc". Furthermore, the Department in its covering letter to the university, not to the journals, states that the "purpose of making known the list, is not to instigate a debate. Please accept the decisions of the reviewers. The rationale of the announcement is actually to provide those interested, with feedback so that in future, where possible, they may act using the given insight as a guide-line". Well it is more than an insight to the editors that **PINS** is a practitioners' journal, in fact it comes as somewhat of a surprise. We would welcome the Department of Education and Culture's reviewers sharing with us who these practitioners might be. So the **South African Medical Journal** better watch out, seeing as its raison d'etre is to operate as a vehicle of communication for medical practitioners. SAPSE accreditation in not a **PINS** matter. The editors may not put the journal forward, but rather the process is dependent on academic institutions motivating for certain journals' inclusion in, and I presume exclusion from, the SAPSE list. Finally **PSYCHOLOGY IN SOCIETY** has always been a referred journal, and will continue to provide a forum for critical debate and rigorous scholarship, regardless of the intellectual taylorism of the SAPSE system.

SUBSCRIPTIONS AND SUBSCRIBERS. In the last number of the journal, **PSYCHOLOGY IN SOCIETY 16** (1992), we appealed to readers to become **DONOR SUBSCRIBERS**. With the continual rise in printing and postage costs, independent journals are particularly hard-hit to keep the price of their copy down. Consequently our rates have changed from this issue, **PINS 17**. We encourage our readers to subscribe, and appeal to our current subscribers to become **DONOR SUBSCRIBERS** by contributing as much as they would like to afford beyond the regular subscription rates so as to support the continued publication of what we consider to be an important contribution to psychology and related discussions.

SPECIAL OFFER. Back copies of **PINS 10 - 16** will be available at R5.00 each until the end of December 1993. Those interested should send their cheque or postal order for the appropriate amount, indicating clearly which back copies are required, to the **PINS** editorial address.

Grahame Hayes

Psychology in society (PINS), 1993, 17, 5-18

RACISM: PROJECTIVE IDENTIFICATION AND CULTURAL PROCESSES

Robert Young
Free Association Books
26 Freegrove Road
London N7 9RQ

It is surely appropriate that since the date of this conference falls so close to the five hundredth anniversary of Columbus Day we should look at the racism of the New World. It is a sombre story, so distressing that it has attracted the attention of Ridley Scott, the director most able to plumb the dark side of human nature. The creator of "Blade Runner", an analysis of the boundaries of humanity and "Alien", the embodiment of Thanatos, now brings Gerard Depardieu to us as Columbus and promotes Sigourney Weaver from Warrant Officer Ripley to Queen Isabella in his new film, "1492", appropriately subtitled "Conquest of Paradise.

The plight of the Native American "Indian" has been dreadful from the moment of the so-called "discovery" of America. Colonialism and racism were integrally related from the start and decimated red and black and then other peoples. In an excellent two-part essay on "Columbus and the origins of racism in the Americas", Jan Carew writes, "Modern colonialism, which began with the European rediscovery of the Americas de-civilised vast areas of the world. It began with a holocaust against Native Americans, twelve million of whom died in the first forty years of the Colombian era, continued against Africans, two hundred million of whom were estimated to have died in the Atlantic slave trade, and then there were countless deaths of Asian peoples as colonialism gained momentum" (Carew, 1988a, p38). These figures do not include the march West of the American Frontier, which

completed the devastation of the Native American way of life. This has been called the longest undeclared war in history, and its scale is unprecedented.

Learned Catholic theologians decreed in 1503 that the permission of Queen Isabella should be given for slavery in the New World. A degraded view of the natives was a prerequisite for this. Paradoxically and hypocritically, so was a promise of salvation. She wrote, "Being as they are hardened in their hard habits of idolatry and cannibalism, it was agreed that I should issue this decree ... I hereby give licence and permission ... to capture them ... paying us the share that belongs to us, and to sell them and utilise their services, without incurring any penalty thereby, because if the Christians bring them to these lands and make use of their service, they will be more easily converted and attracted to our Holy Faith" (ibid, p48).

The European charge of cannibalism was unfounded. Harmless and helpful natives were badmouthed as wild and bestial, thus legitimating the activities of a master race. The savagery of the conquistadors was projected onto their victims, who could then be seen as subhuman and could be treated in subhuman ways - which they extravagantly were. Indeed, as Robert Berkhofer has shown in **The White Man's Indian** (1978), there is a continuous history of images of the American Indian from Columbus to the present which consisted of extravagant representations which were patently projections of split off and disowned parts of the colonialists. Over two thousand cultures and even more societies were reduced to a single misapplied term - "Indios" - and subjected to ongoing stereotypes which were updated as colonial need dictated (Berkhofer, 1979, p3). Columbus spoke of them in admiring terms as gentle and generous (p6), but this didn't last, and by the sixteenth century they were routinely depicted as liars, deceivers and thieves "as their master the divell teaches them" (ibid, p19).

The carnage which ensued in the Columbian era was chronicled by a contemporary observer, Bartolome de Las Casas, who observed that the Indians "had a greater disposition towards civility than the European people", yet it was "upon such people that the Spaniards fell as tigers, wolves and lions fall upon lambs and kids. Forty years they ranged those lands, massacring the wretched Indians until in the land of Espanola, which in 1492 had a population estimated at three millions of people, scarcely three hundred Indians remained to be counted. The history of Espanola is the history of Cuba, San Juan [Puerto Rico], and Jamaica. Thirty islands in the neighbourhood of San Juan were entirely depopulated. On the side of the continent, kingdom after kingdom was desolated, tribe after tribe exterminated. Twelve millions of Indians in those continental lands perished under the barbarous handling of the Spaniards. Their property was no more

secure than their lives. For greed of gold, ornaments were torn from neck and ear, and as the masked burglar threatens his victim until he reveals the hiding-place of this store, the Indians were subjected to the most cruel tortures to compel the disclosure of mines which never existed and the location of gold in streams and flelds in which the Almighty has never planted it. Obedience secured no better treatment than sullenness, faithful service no better reward than that which followed treachery. The meanest Spaniard might violate the family of the most exalted chief, and home had no sanctity in the bestial eyes of the soldier. The courtiers rode proudly through the streets of the New Isabella, their horses terrifying the poor Indians while their riders shook their plumed heads and waved their glistening swords. As they rode along, their lances were passed into women and children, and no greater pastime was practised by them then wagering as to a cavalier's ability to completely cleave a man with one dextrous blow of his sword. A score would fall before one would drop in the divided parts essential to winning the wager. No card or dice afforded equal sport. Another knight from Spain must sever his victim's head from the shoulder at the first sweep of his sword. Fortunes were lost on the ability of a swordsman to run an Indian through the body at a designated spot. Children were snatched from their mother's arms and dashed against the rocks as they passed. Other children they threw into the water that the mothers might witness their drowning struggles. Babes were snatched from their mothers' breasts, and a brave Spaniard's strength was tested by his ability to tear an infant into two pieces by pulling apart its tiny legs. And the pieces of the babe were then given to the hounds that in their hunting they might be the more eager to catch their prey. The pedigree of a Spanish bloodhound had nothing prouder in its record than the credit of half a thousand dead or mangled Indians. Some natives they hung on gibbets, and it was their reverential custom to gather at a time sufficient victims to hang thirteen in a row, and thus piously to commemorate Christ and the Twelve Apostles. Moloch must have been in the skies ... I have been an eye-witness of all these cruelties, and an inflnite number of others which I pass over in silence" (quoted in Carew, 1988a, pp48-9).

Las Casas gives his account island by island, and in practically every case friendly overtures on the part of the natives were repaid with decimation. It was only in the wake of this that the natives became hostile. But even then we find a long history of honourable negotiations and treaties, cynically broken and overturned, as Dee Brown's account in **Bury my heart at Wounded Knee** (1978) chronicles. Consequently, the condition of the Indian scarcely improved in the centuries subsequent to the sixteenth, and in the nineteenth century the Americans all but completed their extermination, only to wreak upon them another humiliation in the twentieth century in making the dime novel and the film western vehicles for symbolising the onward march of the

white man's Frontier and the trials of American manhood. Once again, they treated the "Noble Savage" as wholly ignoble and rapacious, thoroughly deserving diabolisation at the hands of endless paperback cowboys and cinematic John Waynes which echoed, in long marches to alien reservations and at the massacre at Wounded Knee (which wreaked revenge for Custer's Last Stand at the Little Big Horn), the behaviour of the Spaniards chronicled by Las Casas three centuries earlier (Slatta, 1990, ch 12; Buscombe, 1988; Las Casas, 1552).

In the wake of physical slaughter, there has been cultural denigration. Offensive terms have found their way into common parlance. For example, the word "redskin" is derived from bounty hunters who found it burdensome to bring in whole bodies. They were allowed to flay their victims and deliver their bloody skins in order to receive $60 for a man's and $40 for a woman's. Similarly, Indian names - including Redskins, Indians and Braves - are attached to white sports teams, whose cheerleaders and fans dress up in ways that offend the Native Americans and reduce their heritage to foolish garb and frenetic dancing.

There have been a few films which have sought to redress this historical injustice, for example, "Broken Arrow" (1950), which made a stand against racism by portraying the hero, James Stewart, as sympathetic to the Indians. He lived among them and married one. (It is no accident that the scriptwriter, Albert Maltz, was jailed for refusing to testify to his political affiliations before the McCarthyite, witch-hunting House Un-American Activities Committee. Maltz was blacklisted for his communist beliefs, so a friend put his name to the script, which won many prizes.) In "Hombre" (1966), Paul Newman's Indian values, hard as they are, are seen to show up the hypocrisy of those who were supposed to care for Indians on reservations but who ruthlessly stole food and supplies from them. More recently, Kevin Costner's "Dances with Wolves" (1991) provides homage to Native American culture, albeit at the expense of making the white soldiers into wooden baddies, even though the reality would have been bad enough. There is an irony in the number of Oscars the picture won, for the fllm perpetuates the split and presents its mirror image.

The connection between the Indians portrayed in "Dances with Wolves" and their present-day descendants is spelled out in an article about the film: "Imagine you were a Native American, living on a reservation in Shannon County, South Dakota where a century ago, your forbears were mown down by the Seventh Cavalry at Wounded Knee. Firstly, you would be poor. Really ground down by poverty. Your place would be on the bottommost rung of the richest nation in the world. Blacks in Harlem slums and Mississippi shanties

would be better off than you. You would have had a substandard education. You would be unlikely to have a job because your race faces a 75 per cent unemployment rate. Much of your meagre welfare benefit probably goes on gambling and drink. Your children are likely to be born crippled because their mother is an alcoholic. Life expectancy would be below 50, the lowest in the United States" (Perry, 1991, p19). Indeed, life expectancy of an Indian on a reservation is even lower - 45 years. Alcoholism is the commonest cause of death, and Indians have the highest infant mortality, unemployment and rate of drop-out from education of any group in America. The suicide rate is twice the national average, and one sixth of Indian teenagers have attempted suicide.

The first appearance of the term "race" in the English language occurred in 1508 and linked it with unconscious forces. It appeared in a poem on the seven deadly sins by a Scot named Dunbar who referred to those who followed envy as including "bakbyttaris of sindry recis" (backbiters of sundry races (Banton, 1987, p1). If we look at treatises on racism, we find them full of very primitive, Kleinian language. Here is a list of terms I have extracted from a book on the psychoanalysis of racism which stresses the projection of intrapsychic phenomena into the political and treats them largely in terms of diseased or malignant internal objects: foreign bodies, germs, pollutants, contaminants, malignancies, poisonous infections, gangrenous limbs, dirty, suppurating, verminous (Koenigsberg, 1977). This brings to mind the representation of Jews as gutter rats in Nazi propaganda films and the rhetoric of competing political tendencies discussed by Martin Thom in an article on projection in left sectarian rhetoric, in which opponents were characterised as shitty, nauseating and their ideas as spew, vomit, etc. (Thom, 1978).

At a seminar I gave on racism, I read out the long passage by Las Casas which described in excruciating detail the genocide of the conquistadores. A colleague who irritatingly tends to split off compassion from sharp insight said, "I can see why you are upset, but why are you surprised? That's what happens in the unconscious. The question is what allows it to get acted out". He was right, of course. That is the whole point of Freud's essay, **Civilization and its discontents** (1930) and of his theory of civilization. "Man is a wolf to other men" (Freud, 1930, p111), and civilization is a thin veneer which, through taboos and sanctions keeps human destructiveness from erupting even more often than it does (see Gay, 1988, pp543-53). What allows it to get acted out at the supra-familial level is outgrouping, which is most devastating in racism and virulent nationalism. That's not quite adequate, however, since Freud's account makes no distinction between the intrapsychic, the family and groups of different sizes. I think he is partly right

and partly badly in need of some social thinkers and historians to help him out of his swingeing reductionism. Freud's model begins with the rapaciousness and polymorphous perversity of the patriarch. This evokes the creation of civilization by means of the incest taboo, which leads to the Oedipus complex which, in turn, gives us the superego - our only hope when primitive urges are upon us.

What happens in racism and nationalism is that we give our superegos over to the leader, the organisation or group or gang or nation or "the cause". The leaders then sanction destructive acting out and selectively remove the veneer of civilisation. As the Indian cultist puts it in "Gunga Din" (1939), we "kill for the love of Kali". We kill in the name of a cause, often a putatively pure cause. This is captured perfectly in that ghastly phase of the moment "ethnic cleansing". It is easy to make a long and distressing list of situations in which some version of that rationalisation was or is operative. My son recently made a television documentary about Yugoslavia during and after the Second World War. The Croatians set up a fascist republic. During its reign soldiers would go up to children and get them to make the sign of the cross. If they made it in the Russian Orthodox way they were shot then and there. At the end of the war the leaders of the fascist group were protected and smuggled abroad by the Vatican. The priest who organised this escape route later became Pope. The documentary has not been shown in any Catholic country and cannot be re-shown here. It says to me that the church and the military are tied for first place in sanctioning genocide in the name of a higher cause.

Similar events come to mind - Kampuchea, the Holocaust, the Armenian massacre, Adjarbajanis, Gypsies, the Irish, Palestinians, Kurds, the Crusades, the Inquisition, the sweep of Islam across North Africa and as far as southern Spain. But by far the largest persecution and decimation of one set of humans by another extends from 1492 to the present - a continuous policy as Brian Moser has shown in his three-part documentary. It was all done in the name of a civilising mission and under the banner of various versions of Christianity, whether it be Catholicism, Puritanism or even the Church of the racist Latter Day Saints, finding the tablets in upstate New York and trekking to Utah (echoes of the civilising mission of Dutch Christians in Southern Africa).

What on earth can psychoanalysis say to this amalgam of religion and horror? Not a lot, but something. First, it asks us to look steadily at the fact that it is intrinsic to human nature and has occurred thoughout history. Some historians want to confine racism to the capitalist era, but I don't think it will wash. Read your **Bible**. Second, psychoanalysis teaches us that the forces involved are very primitive, indeed, and deeply sedimented. I think it is a

particularly helpful contribution of Kleinianism that we see that the mechanism of projective identification takes us back to the cradle, where Klein describes phantasies which perfectly reflect the behaviours of the soldiers described above. She says that projective identiflcation is "the prototype of all aggressive object relations" (1946, p8). Her depictions of these aggressive phantasies involve tearing, biting, gouging, destroying, forcible entry, decimation, exploding. These onslaughts are oral-sadistic and are conducted by "all sadistic means" (p2). The phantasies are paranoid because they are persecutory and schizoid because fears and feelings about the self are split off and projected into the Other - initially the mother/breast and later to outgroups.

Klein was not particularly interested in groups, but her point of view has been developed by Wilfred Bion, Elliott Jaques, Isabel Menzies Lyth, Bob Hinshelwood and David Armstrong, among others, to show that the psychotic anxieties described by Klein are active in all groups and that defences against them lead to the setting up of group and institutional structures which protect the individual from feeling overwhelmed by anxieties of annihilation. It seems to me, as it did to Bion (1955, pp456-57, pp475-76), that we need to supplement Freud's reliance on id, ego and superego and his analysis of the Oedipal dynamics of the family. What we need to supplement this level with is the ongoing role of psychotic anxieties and defences against them as the key that can unlock the door of racism and virulent nationalism. Freud's analysis did not go deeply enough. I also think his analysis of group psychology did not sufficiently take account of the sheer craziness of what gets projected. Finally, he had no theory of socialisation (Young, forthcoming, ch 2).

I think that the price of admission into a culture is the acquiring of its projective identifications (Young, 1992). That is why racism is historically and culturally contingent. It is quite specific in its utilisation of scapegoating and stereotyping. To understand a particular form of racism is to bring together psychoanalytic understanding with social, cultural and economic history - quite precisely. The profile of a given racist is shaped by his or her culture's history and economic relations. To become a white American, with the rarest exceptions, is to become a racist. To become a member of the dominant group in any nation on that continent - North, Central, South - is to acquire racist attitudes toward the indigenous population of Indians. Once the conquistadors and colonialists had secured their beachhead, the history of North America is one of successive waves of immigrants, each and every one of which has been met with racist attitudes and discriminatory barriers: Germans, French, Italians, Irish, Jews, Poles and other Central and Eastern Europeans, Chinese, Japanese, Latin Americans, Vietnamese, Koreans,

Cubans and - above all and most virulently - blacks. As the percentage of people whose first language is Spanish has grown to a majority in many urban centres, blacks remain the most hated people. Yet they are the people most often entrusted with maternal roles with respect to the children of the dominant population, a situation which also applies in Southern Africa: still needing and still attacking the breast.

Of course, as serious historians have shown, each of these waves of immigration and denigration is central to the story of European conquest. This is obvious with respect to slavery and its aftermath. The stereotyping and scapegoating which are integral to racism are based on economic relationships. Indeed, the immigrants/Jews/blacks, in various improbable alliances and at various times, are thought to be responsible for the economic woes of the rest of the population, and they are raping our women. There were 4 000 recorded incidents of lynching - often in groups - in the decades after the South was left economically decimated by the American Civil War, the conflict of all in history which took the highest percentage of lives on both sides.

In **Killers of the dream**, Lillian Smith offers a fantasy bargain between the rich owner and the white "redneck" (sunburned from working with heads bowed down in the cotton fields). Let us exploit you, and we will give you the black to dominate, scapegoat, sexually exploit and murder. Mr Rich White said to Mr Poor White, "If you ever get restless when you don't have a job or your roof leaks, or the children look puny and shoulder blades stick out more than natural, all you need to do is remember you're a sight better off than the black man ... But if you get nervous sometimes anyway, and don't have much to do, and begin to get worried up inside and mad with folks, and you think it'll make you feel a little better to lynch a nigger occasionally, that's OK by me, too; and I'll fix it with the sheriff and the judge and the court and the newspapers so you won't have any trouble afterwards ... If you once let yourself believe he's human, then you'd have to admit you'd done things to him you can't admit you've done to a human. You'd have to know you'd done things that God would send you to hell for doing ... And sometimes it was like this: You just hated him. Hated and dreaded and feared him, for you could never forget, there was no way to forget, what you'd done to his women and to those women's children; there was no way of forgetting your dreams of those women ... No way of forgetting ... Yes ... they thought they had a good bargain" (Smith, 1950, pp162-65). Once again, we are racist along lines laid down by economic and social stratifications. That's what makes it racism - stereotyping and scapegoating of people as members of groups, rather than treating people as individuals.

Where I grew up in Texas in the 1950s, the Ku Klux Klan was still active as it is again. I unknowingly worked with members - sharecroppers whose farms were uneconomic and who had gone to work in the Ford factory in order to hold onto their homes. They seemed decent people until one of them saw me in friendly conversation with a black janitor, a preacher with a Masters Degree who was trying to keep his church going, a situation parallel to the sharecroppers. The man who worked most closely with me carefully lowering car bodies onto chassis said, "Don't never speak to me again. I don't want to have nothing to do with no nigger-lover". And he never uttered another word to me.

These people, like racists everywhere, acquired their horrid social attitudes by a process of tacit social learning, whereby their infantile psychotic anxieties, feelings all babies have, got channelled into particular channels. I do not think that those rednecks working at the Ford factory were mad or psychopathic, any more than I think my racist father and (rather more genteel) racist mother and sister were evil. As Hannah Arendt has shown us in the case of Adolf Eichmann, it is more banal than that (Arendt, 1963). They were just socialised into the values of that part of the world - just as I was. Otherwise, how could so many young Irishmen, Serbians, Croatians, Kurds, Turks, Germans, Japanese, Russians, Afghans, Conquistadors kill and maim all those men, women and babies? What is horrible about racism is that it is normal in the cultures where it is sedimented.

That does not make it any less wrong or evil. It just means that we will not root it out by means of superficial activities like Racial Awareness Training and appeals to universal human values of civility. What is needed is the reimposition of the veneer of civilisation - sanctions, rules and incarceration to back up moral injunctions. Beyond that, we must address the psychotic anxieties at work in our dealings with one another. One of the closest students of the role of these anxieties, Elliott Jaques, draws very cautionary conclusions. He points out the conservative - even reactionary - consequences of our psychotic anxieties and our group and institutional defences against them. He suggests that as a result of these reflections on human nature "it may become more clear why social change is so difficult to achieve, and why many social problems are so intractable. From the point of view here elaborated, changes in social relationships and procedures call for a restructuring of relationships at the phantasy level, with a consequent demand upon individuals to accept and tolerate changes in their existing patterns of defences against psychotic anxiety. Effective social change is likely to require analysis of the common anxieties and unconscious collusions underlying the social defences determining phantasy social relationships" (Jaques, 1955, p498).

Splitting, projective identification, scapegoating, stereotyping - all in particular cultures at particular points in history, leading to particular profiles of racism with particular anxieties to be patiently unpicked in a context of the sanctions of morality, civility, law and order. The harder the times, the harder this is to contemplate, much less undertake, much less change.

Note: This paper was delivered to the conference on "Psychoanalysis and the Public Sphere", University of East London, October 1992. It is partially derived from a chapter entitled "Projective Space: The Racial Other" in **Mental space**, to be published by Free Association Books, London.

REFERENCES.
(I have included some useful references which are not cited in the text. Place of publication is London unless otherwise specifled.)

Anderson, B (1983) **Imagined communities: Reflections on the origin and spread of Nationalism.** Verso.

Anthias, F (1990) Race and class revisited: Conceptualising race and racisms. **Sociol. Rev., 38**, 19-43.

Arendt, H (1963) **Eichmann in Jerusalem: A report on the banality of evil.** New York: Viking Penguin; revised and enlarged, 1965; reprinted Harmondsworth: Penguin, 1977.

Banton, M (1987) **Racial Theories.** Cambridge University Press.

Berkhofer, R F Jr (1978) **The White Man's Indian: Images of the American Indian from Columbus to the present.** New York: Knopf; reprinted New York: Vintage Books, 1979.

Bernal, M (1987) **Black Athena: The Afroasiatic roots of Classical Civilisation. Volume 1: The Fabrication of Ancient Greece 1785-1985.** Free Association Books.

Bion, W R (1955) Group dynamics: A re-view, in Klein et al (eds) (1955), pp440-77.

_____ (1961) **Experiences in groups and other papers.** Tavistock.

Brown, D (1978) **Bury my heart at Wounded Knee: An Indian History of the American West.** Chatto.

Buscombe, E (1988) **The BFI Companion to the Western.** Deutsch.

Carew, J (1988) Columbus and the origins of racism in the Americas: Part one. **Race & Class, 29(4)**, 1-20.

_____ (1988a) Columbus and the origins of racism in the Americas: Part two. **Race & Class, 30(1)**, 33-59.

Davidson, B (1987) The Ancient World and Africa: Whose roots? **Race & Class, 29(2)**, 1-16.

Dollard, J (1937) **Caste and class in a Southern Town.** Garden City, NY: Doubleday Anchor, 1957.

Ellison, R (1970) **The invisible man.** Harmondsworth: Penguin.

Faimberg, H. (1988) The telescoping of generations: The genealogy of certain identifications. **Contemporary Psychoanalysis, 24**, 99-118.

Fanon, F (1967) **Black skin, white masks.** New York: Grove.

Freud, S (1921) **Group psychology and the analysis of the ego.** Hogarth Press. S.E., Vol. 18.

_____ (1930) **Civilization and its discontents.** Hogarth Press. S.E., Vol. 21.

Gay, P (1988) **Freud: A life for our time.** Dent.

Goldberg, D T (ed) (1990) **Anatomy of racism.** Minneapolis: Minnesota University Press.

Gordon, P (1990) Souls in armour: Thoughts on psychoanalysis and racism. Typescript.

Hinshelwood, R D (1987) **What happens in groups.** Free Association Books.

_____ (1991) **A dictionary of Kleinian thought.** 2nd ed. Free Association Books.

Holland, S, & Holland, R (1984) Depressed women: Outposts of empire and castles of skin, in Richards, B (ed) (1984) **Capitalism and infancy: Essays on psychoanalysis and politics.** Free Association Books.

Ilahi, N (1988) Psychotherapy services to the ethnic communities. Typescript.

Jaques, E (1951) **The changing culture of a factory: A study of authority and participation in an industrial setting.** Routledge & Kegan Paul.

_____ (1955) Social systems as a defence against persecutory and depressive anxiety, in Klein, M, et al (eds) (1955).

Kalikow, T J (1978) Konrad Lorenz's "Brown Past": A reply to Alec Nisbett. **J. Hist. Behav. Sci., 14**, 173-180.

Klein, M (1946) Notes on some schizoid mechanisms, in **Envy and gratitude and other works: 1946-1963.** Hogarth, 1975; reprinted Virago, 1988.

_____ et al (eds) (1955) **New directions in psycho-Analysis: The significance of infant conflicts in the patterns of adult behaviour.** Tavistock; reprinted Maresfield, 1977.

Koenigsberg, R A (1977) **The psychoanalysis of racism, revolution and nationalism.** New York: Library of Social Science.

Kovel, J (1970) **White racism: A psychohistory.** New York: Pantheon; reprinted Free Association Books, 1988.

_____ (1983) **Against the state of nuclear terror.** Free Association Books.

Kren, G (1987) The Holocaust and the foundations of moral judgement. **J. Value Inquiry, 21**, 55-64.

Las Casas B de (1552) **The devastation of the Indes: A brief account.** John Hopkins University Press, 1992.

Menzies Lyth, E (1959) The functions of social systems as a defence against anxiety: A report on a study of the nursing service of a general hospital. **Human Relations, 13**, 95-121; reprinted in Menzies Lyth, E (1988) **Containing anxiety in institutions: Selected essays, Volume 1.** Free Association Books.

Morrison, T (1987) **Beloved.** Chatto and Windus.

_____ (1992) **Jazz.** Chatto & Windus.

Moser, B (1992) Before Columbus - Three parts. Central Independent Television to ITV.

Murray, N (1986) Anti-racists and other demons: The press and ideology in Thatcher's Britain. **Race & Class, 27(3)**, 1-20.

Myrdal, G et al (1944) **An American dilemma: The Negro problem and modern democracy.** New York: Harper.

Paton, A (1971) **Too late the Phalarope.** Harmondsworth: Penguin.

Perry, G (1991) The first face of America. **Sunday Times Magazine**, 3 February 1991, pp19-24.

Sherwood, R (1980) **The psychodynamics of race: Vicious and benign spirals.** Brighton: Harvester.

Slatta, R W (1990) **Cowboys of the Americas.** Yale University Press.

Smith, L (1944) **Strange fruit.** Ace Books, 1959.

_____ (1950) **Killers of the dream.** Cresset.

Thom, M (1978) Anti-racism: Infections of language. **Wedge, 3**, 14-22.

Walker, A (1983) **The colour purple.** The Women's Press.

Wolfenstein, E V (1977) Race, racism and racial liberation. **Western Pol. Quart., 30**, 163-182.

_____ (1981) **The victims of democracy: Malcolm X and the black revolution.** California University Press; reprinted Free Association Books, 1989.

Young, D M (1990) Ratlines. Exposed Film to Channel Four.

Young, R M (1987) Racist society, racist science, in Gill, D & Levidow, L (eds) **Anti-racist science teaching.** Free Association Books; reprinted in Gill, D et al (eds) (1992) **Racism and education: Structures and strategies.** Sage.

_____ (1992) Benign and virulent projective identification in groups and institutions. Paper delivered to the First European Conference of the Rowantree Foundation on "Projective identification in institutions, Wierden, Holland, April 1992.

_____ (forthcoming) **Mental space.** Free Association Books.

Psychology in society (PINS), 1993, 17, 19-34

PSYCHOLOGICAL DISORDERS IN PRIMARY CARE: CROSS-CULTURAL COMPARISONS

Anthony P Reeler
Department of Psychiatry
University of Zimbabwe
Harare
Zimbabwe

INTRODUCTION.

Epidemiological investigations of psychological disorder have had a strong boost in the past decade by the adoption of new methods of epidemiological investigation. The adoption of definitional approaches to the study of psychopathology has clearly demonstrated the high prevalence of psychological disorders, and particularly the high rates of psychological disorder among primary care patients (Goldberg & Huxley, 1980). This general finding has been commented upon in various reviews, with one of the most recent reviews arguing for an increasing focus upon primary care (Shepherd & Wilkinson, 1988).

The high prevalence of psychological disorders in primary care settings has also been shown in many different cultures, which is supportive of the general model developed by Goldberg and Huxley (1980). Cross-cultural comparison has often been a method for establishing the limits of models, and the present paper examines the findings from epidemiology in order to indicate the limitations of the Goldberg model.

Psychopathology in Western Countries

Modern epidemiology has frequently been a useful tool in the understanding of pathology. This has been no less so in the field of psychopathology, where

recent decades have shown a shift in both the methods adopted and the samples of study. The shift in the epidemiological study of psychological disorders, from institutional populations to primary care and community settings, resulted in a much clearer understanding of the pattern and prevalence of morbidity. This change in epidemiological strategy was predicated by the realization that the majority of cases of "conspicuous" psychiatric morbidity never reach the attention of specialist psychiatric services. One of the earliest studies, for example, indicated that, although there was a total prevalence rate of 14% (140 per 1000 persons at risk), the annual inception was a mere 5.2% (52 per 1000 persons at risk)(Shepherd et al, 1966). This discrepancy required explanation, and forced a methodological change.

Reasoning that descriptions of psychopathology derived from cases receiving specialist psychiatric care may represent a highly selected group, workers moved to primary care in order to determine more precisely the pattern of morbidity. As Goldberg and Huxley (1980) have put it: "Knowledge about mental illness and its social correlates has until recently largely been derived by studying those treated by the psychiatric services. This is reasonable for major disorders which are relatively rare and which are likely to reach the psychiatric services, but it is unreasonable for common conditions which often do not reach them. For example, a study that is based only upon those under treatment by psychiatrists cannot possibly demonstrate the importance of a possible social correlate which may itself be associated with a reduced chance of receiving treatment" (p1).

Various methods were developed in order to overcome this probable sampling flaw, generally adopting a definitional approach. The most widely used of the methods developed have been those of Wing et al (1977) and Goldberg & Blackwell (1970). However, despite the variations in methodology, there has been general agreement in the estimates of morbidity. The field has been comprehensively reviewed by Goldberg and Huxley (1980), and it is to their conclusions that I shall largely refer. Goldberg and Huxley (1980) offer a descriptive model, the Filter Model, to account for the Western epidemiological findings. The Model, derived from prescriptive screenings in various settings (community, primary care, and specialist mental health care), shows the progressive "filtering" of cases from community to specialist mental health care, with only the most severe cases reaching specialist mental health care.

It seems apparent that the severe disorders, referred to psychiatrists, will include most cases of psychosis, but is not confined merely to cases of psychosis. The criterion of severity thus includes non-psychotic disorders

such as chronic neurosis, violent behaviour, parasuicide, and depression (Gater & Goldberg, 1991). The bulk of the disorders presenting at primary care level will be the less severe disorders, with perhaps a preponderance of these disorders being composed of anxiety and depression. However, it is clear that these latter are not the distinct syndromes that might be expected, and Goldberg and Huxley (1980) have proposed that these cases represent disorders with a common core of emotional symptoms, with relatively few cases of distinct anxiety or depression, which view has been bolstered by more recent work (Goldberg et al, 1986; Grayson et al, 1988).

These findings cast doubt upon the validity of the existing nosologies, and would suggest that the restricted sampling used in the derivation of these descriptive systems has resulted in classifications unable to account for much of the morbid population. This criticism has been forcefully put by general practitioners (Sharp & King, 1989). This criticism would fall away if it could be shown that samples of patients seen by specialist mental health workers differed from primary care samples only in severity, and not in the frequency or phenomenology of disorder-types.

It is apparent that not all of the morbid cases presenting to primary care settings are seen by medical workers as cases of "conspicuous" psychiatric morbidity. A percentage of the morbid population remain undetected, or "hidden" to primary care workers. Goldberg and Huxley (1980) estimate that a substantial proportion of total morbidity remains undetected to primary care workers, perhaps as much as 50%. A recent Italian study estimated that about 59% of total morbidity was missed by Italian general practitioners (Bellantuono et al, 1987). Goldberg and Huxley (1980) argue, on the basis of several studies, that "hidden" disorders are more likely to be transient, whereas "conspicuous" disorders are more likely to be severe or chronic. This suggests that the filtering process is rational, and that primary care and specialist psychiatric care differ mainly according to severity.

There is also some evidence that prognosis is dependent to some degree on the severity of the disorder. Goldberg and Blackwell (1970) have shown that both severity and social adversity affect outcome adversely, and also that these factors are largely independent of each other. It has also been demonstrated that detection facilitates both a good outcome, and a likelihood of referral to specialist mental health care, in severe cases, but has little effect on the generally good prognosis of mild cases (Johnstone & Goldberg, 1976). This further supports the view of samples from the two settings being distinguished only by severity, and supports the view that current classifications are valid, and further, that the main distinction in the two populations is one of severity.

However, the low rates of detection remains a problem for this argument, and attempts have been made to explain these low rates. That low detection rates are a problem seems self-evident: incorrect diagnosis leads to incorrect treatment, quite apart from the more theoretical problem of why the "detector" does not "see" the disorder. When this problem is considered together with the findings on severity, indicated above, then it is tempting to see the problem of low detection rates as determined by health worker factors, such as level of training. However, one current explanation offered is that low detection rates are produced by the manner in which patients to primary care settings present their problems to health workers.

The presenting complaints of primary care patients have been examined in several studios. Goldberg and Blackwell (1970) earlier demonstrated that patients were more likely to present with physical symptoms. This was corroborated by a more recent study, where it was shown that 58% of the morbid group had mainly physical symptoms as the reason for consultation (Skuse & Williams, 1984). Goldberg and Huxley (1980) have argued that physical presenting symptoms are likely, together with other factors, to contribute to non-detection and the disorder remaining "hidden". The other factors argued to contribute to non-detection are age, being unmarried, and being male. On the other hand, the severity of the disorder, being female, a frequent attender, and having some form of relationship dysfunction have all been shown to contribute to making the disorder "conspicuous".

Amongst the features that contribute to consultation in the first instance are many characteristics that are conventionally assumed to cause disorder. Stressful life events, being lonely, unemployed, and having relationship dysfunctions, are all argued to contribute to consultation. However, this is perhaps not very significant since the majority of cases will consult in any event. All of those features are seen, in the Filter Model, as being due to the "illness behaviour" of patients.

Generally these studies have used a standard method; that of correlating various measures of patients and health workers against the rate of detection. This latter measure, usually a self-report questionnaire and interview, is validated in turn by expert psychiatric diagnosis, using a standardized interview such as the Present State Examination. As Skuse and Williams (1984) point out, agreement between psychiatrists (or inter-rater reliability) is problematic, and there is no satisfactory answer, in social sciences generally, to this problem. It is well to be clear here: there are both empirical and epistemological problems in accepting inter-rater agreement as a standard. Pragmatically, it remains the only standard that we have. Goldberg does not deal with the epistemological problem in any depth, but he and his associates have tackled the empirical issue with some diligence.

Goldberg and Huxley (1980) have advanced two main factors as determining the rate of detection by health care workers: accuracy and bias. These theoretical constructs are operationally defined, and measured against the prescriptive screening procedures. Accuracy can be defined as agreement with an independent measure, whereas bias is defined merely as the tendency to make psychiatric diagnoses. These two factors interact in rather complex fashion, and the interested reader is referred to Goldberg and Huxley (1980) for their-detailed description. Here it is enough to note the factors, and indicate briefly their characteristics.

For example, it has been shown that accuracy (the ability to make diagnoses congruent with patients' symptom levels) is unaffected by the type of setting the patient attends, whereas bias (the tendency to make psychiatric assessments) is clearly affected by the setting. However, variations in detection are not solely a function of the health care setting, and it is also clear that health care workers themselves vary greatly in both aAccuracy and bias, and further that these two factors may operate independently: doctors may have a high bias without being accurate.

In sum, then, Goldberg and Huxley (1980) have offered a model that appears to account for the known epidemiological findings. The Filter Model provides the clearest description of psychopathology and its variation, and its proponents have argued that the Model will hold true in other cultures. As there is now a reasonable African body of knowledge on this field, it is interesting to evaluate these claims against the African findings. Clearly the Filter Model will have even greater applicability if it can be shown to hold in even more widely different cultures than the above, and its proponents argue that the African studies seem generally supportive. It is to these African studies we now turn.

PSYCHOPATHOLOGY IN AFRICA.

The prevalence of psychological disorders in Africa is well-known, and there are a number of studies attesting to the manifest occurrence of such disorders. These studies have been reviewed elsewhere (Reeler, 1991; German, 1987; Reeler, 1986; Egdell, 1983; Giel & Harding, 1976; German, 1972), and I would wish only to emphasize a number of the most important findings.

Firstly, it is clear that the gross rates of disorder reported in Africa are little different to those reported in the West. The prevalence rates do not appear to have changed much over time, which is interesting when one considers the enormous economic and socio-cultural changes that have occurred in Africa

in recent decades. The prevalence rates do not, furthermore, appear to vary according to the setting, and rates seem similar in both rural and urban settings. A recent Zimbabwean study confirmed these findings, and demonstrated no differences in prevalence rates either over time or due to the setting (Reeler, Williams & Todd, 1991). The general point would seem to remain: that, in Africa, psychopathology seems to be relatively constant over time and culture.

Secondly, the composition of the morbid population in Africa bears a strong resemblance to the composition of populations studied elsewhere. Specifically, high rates of neurosis are found, with a rough ratio of neurotic to psychotic conditions of 4 to 1. Among the neurotic population, anxiety and depression predominate, accounting in some studies for as much as 70% of the total morbidity (Hall & Williams, 1987a; Dhadphale, Ellison & Griffin, 1983; Harding et al, 1980).

Thirdly, the rates of disorder would seem to be largely the same whether one examines prevalence in community samples or whether one examines clinic attenders. The general finding in the West has been that the first filter, that between the community and primary care, is relatively permeable, and that most cases of psychopathology seek medical care. This is replicated by the African studies. This is a direct refutation of early work, and in particular the conclusions of Carothers (1948), who had asserted that psychopathology was relatively uncommon in Africa and that rural life had a buffering effect on the acquisition of disorder.

In reviewing African studies on primary care presenting psychological disorders, it is difficult to make many comparisons between studies. Reports describe different aspects of the presenting problem, and clearly many studies have differing aims: few are concerned with detection per se. There is unanimity on the more general aspects of the morbid population: agreement over prevalence, agreement over the rough composition of the morbid group, and agreement over the ratio of neurotic to psychotic conditions. Furthermore, the studies note that patients frequently present with physical symptoms, tend to be frequent attenders of health care facilities, and have had symptoms for a relatively long period of time. And, of course, there are the apparently high rates of "hidden" psychological disorder. Given the various methodological shortcomings, it is interesting still to examine the studies and the general conclusions of these studies.

The most influential to date, that of the World Health Organization's collaborative study (Harding et al, 1980), indicated most of the later findings, and generated most of the hypotheses of the later studies. The WHO study

noted the high prevalence of psychopathology, and also noted the preponderance of undetected minor disorders. Harding and his colleagues noted that physical symptoms predominated amongst the morbid group, leading to the hypothesis that there was an inverse relationship between the number of presenting symptoms and the probability of organic disease: three or more physical symptoms were indicative of psychological disorder.

The frequency of physical symptoms was noted by earlier studies (Giel & van Luijk, 1969; Leighton et al, 1963). A recent Zimbabwean study found again that the morbid group had approximately three somatic symptoms (Reeler, Williams & Todd, 1991), but also indicated that symptoms may not be the best indicator of psychopathology. Here the number of systems (musculo-skeletal, gastro-intestinal, etc) was a more reliable indicator than the number of symptoms. Somatic symptoms are a frequent African mode of presenting for help. The symptoms are usually vague and unrelated to each other, but several studies now suggest that some symptoms are more salient than others. Ndetei and Muhangi (1979) reported the frequency of symptoms per bodily system: central nervous system, musculo-skeletal, eyes; eyesight and gastro-intestinal complaints were the most frequent.

A more recent report indicated that a similar pattern obtained in a Zimbabwean sample (Hall & Williams, 1987a). The most recent Zimbabwean study found the following symptoms in rank order of symptoms per bodily system: musculo-skeletal, neuro-physiological, gastro-intestinal, genito-urinary, respiratory, E.N.T., cardio-vascular and dermatological (Reeler, Williams & Todd, 1991). The first three sets of symptoms were markedly more frequent in the psychopathological group, suggesting that there may be a profile to the multiple somatic complaints of patients with psychological disorders.

The African studies also support the finding from the West that most of the morbid population suffers from the so-called minor disorders. Given the high rates of somatic complaint and the low rates of detection, it is unsurprising that African workers comment that it is difficult to clinically distinguish anxiety and depression (Acuda & Egdell, 1984). This also lends support to Goldberg's view of a more general disorder-type with a core of emotional symptoms. It will be interesting here to attempt a direct comparison with Goldberg's most recent work, which has given empirical support to his earlier assertion (Goldberg et al, 1986; Grayson, 1988).

It would seem thus that there are similarities in African and British patients, and that the method of epidemiology outlined earlier has been fruitful in quite different cultural settings. The findings allow us to make a comparison of the

Filter Model in different cultural settings, and to thus estimate the limits of its generality.

COMPARISON OF FINDINGS.

Perhaps the most significant finding is the comparative similarity of the prevalence rates. This has received considerable comment over the years, as was mentioned above. However, the similarities in prevalence rates have received little theoretical comment, which is interesting when one considers that this finding seems such a direct refutation of the view that culture has a "pathogenic" role in the causation of psychological disorder. That the prevalence of psychological disorder remains constant across culture and over time would not be predicted by many theories: in particular, the group of theories arguing for social causes of individual behaviour.

The proponents of the Filter Model have argued that both severity and social adversity will contribute to poor prognosis, but will do so independently. The implication here is that social adversity has a direct influence upon disorder, which is not the same as arguing that social adversity causes disorder. In Africa, it is difficult to find comparability with the West in what might be considered to be social adversity: life events, relationship dysfunctions, economic deprivation, the number of children under 5 years (for women), and social class have all been offered in the West as indicators of social adversity, or social correlates as Goldberg and Huxley (1980) term this. These social correlates do not appear to have the same effects in Africa. Reeler et al (1991) argue that these factors do not distinguish the psychopathological group from ordinary primary care clinic attenders.

This then adds a different degree of complexity to the debate. If the prevalence studies show no comparative differences between and within cultures, presumably we will have to think more carefully about the role of culture in disorder. If prevalence studies in Africa additionally show that there is no greater social adversity in the psychopathological group, are we then re-introducing a cultural variable? Goldberg and Huxley (1980) argue that the social correlates of stressful life events, unemployment, and relationship dysfunction determine whether patients in the West will consult for their disorders, and yet the African work suggests that these factors do not so determine consultation in African patients. This is only a speculative difference, based upon a single study, but the difference deserves more consideration. Clearly there is a need for more careful descriptive studies in Africa, before we can conclusively assert that there is comparative difference between Africa and the West, and before we can assert that the Filter Model has limited descriptive power.

The prevalence studies would also seem to be further support for the refutation of the Mental Paradise Lost Doctrine (Srole & Fischer, 1980), the view that the prevalence of disorder will increase with acculturation and urbanization. Reeler et al (1991) show very little difference between urban and rural settings, which replicates the general finding in Africa. In general, it would seem that sociological factors have been overemphasised in their importance for the acquisition of psychological disorder, and it would seem that rather more attention should be paid to psychological and biological factors.

There are some other differences between Africa and the West which may affect the generality of the Filter Model. There are differences between the West and Africa in what constitutes "conspicuous psychiatric disorder". In Africa, this term seems synonymous with psychosis, and it would seem that severity too is synonymous with psychosis (Diop et al, 1982)). This would appear to be a difference with the Western studies, where severity seems to include a wider range of disorders than merely psychosis. This observation, about "conspicuous" psychiatric disorder, should be read together with the findings on detection: that few cases of psychological disorder are detected by African primary care workers. Although this finding has received general comment, there are as yet few investigations of detection per se in Africa, and thus the observation must remain tentative.

Tentative as it may be, it is still very interesting that the rates of "hidden psychiatric disorder" are much higher in Africa than they are in the West. This may represent differences in the levels of training of health care workers in these respective cultures, but equally may not. A singular difference lies in the fact that, in Africa, primary care workers are predominantly nurses or medical assistants, whereas, in the West, they tend to be doctors. A recent Zimbabwean study has shown that the detection skills of primary care workers may be improved by training (Hall & Williams, 1987b), but this does not clearly demonstrate that the differences in detection rates are only to be explained by levels of training. The explanation of the low rates of detection will only come from the kinds of careful epidemiological study that have been undertaken in the West. In particular there would seem to be some merit in the examination of accuracy and bias as determinants of detection.

As regard the presenting picture of African as opposed to Western patients, there are some other interesting similarities, and perhaps an important quantitative difference. It does seem that the tendency to present with physical symptoms is found across cultures, and it may be that the only significant difference is merely quantitative. The earlier finding of the WHO collaborative study (Harding et al, 1980), that the number of symptoms is

directly related to the presence of psychological disorder, has been replicated (Reeler et al, 1990), and it is interesting to find a cross-cultural difference, albeit quantitative only, in the midst of a general lack of cross-cultural differences. This finding deserves much more attention than it receives at present. It is interesting that Western studies suggest that Western patients too show a tendency towards "physicalizing" their problems, and a recent study suggests that this may have changed over the years (Gill, 1985). This study indicates the change in presenting complaints of British psychotherapy patients over 40 years, and shows a move from "physicalizing" to "psychologizing", which seems again to implicate a social or cultural variable.

Thus, the findings of epidemiological studies in Africa seem to support the views of Goldberg and Huxley (1980): that the Filter Model seems to have general applicability across cultures. With one quantitative difference, the prevalence studies replicate the findings of the Western studies. This suggests that the Filter Model should be more seriously considered than it is at present. It does not, however, suggest that cultural factors have no role to play, or that we understand fully their contribution to psychopathology.

Kleinman (1987) has recently criticized the disregard within psychiatry for the contributions of social anthropology (and culture), and attempts to argue that culture may have a "pathogenic" role in the genesis of psychological disorder. As I have mentioned, the data do not support this argument, and nor does Kleinman refer to the findings covered by the reviews given above. The findings are unsupportive of Kleinman's suggestion that culture may play a causal role in the genesis of psychopathology, and in fact, there would seem to be only a single study that suggests that culture may have direct effects upon the acquisition of disorder (Murphy & Taumoepeau, 1980). This study, conducted in Tonga, would only support the view that culture may prevent disorder, and additionally, suffers from the flaw of focusing almost exclusively on the major disorders.

The African studies, whilst supporting the Filter Model in many ways, also show some differences, and these differences may indicate some interesting problems for the Filter Model. The problem of non-detection is possibly the most interesting, and the quantitative differences in Western and African settings requires some explanation. If it can be assumed that cultural influences are minimal, then is the problem of non-detection only to be explained by differences in the level of training of health workers? The Hall and Williams (1987b) study would support this view, but this study cannot be accepted as conclusive support of this argument.

Goldberg's own work on detection suggests that detection is a function of three sets of interacting factors: the patient, the health worker, and the health care setting. Each of these factors is very complex in their own right, and the African studies have only concentrated on the patient. It will be important to extend this work to more careful descriptions of health workers and health care settings. Such studies will have to take into account the "illness behaviour" of African patients, which re-introduces an important cultural variable, lay theories of illness. Lay theories of illness may have an important effect on our understanding of health, as Dingwall (1972) has argued, and of course, Kelly (1955) has argued this position strongly for psychopathology and psychotherapy.

Lay theories of illness may also be important in understanding the accuracy and bias of African health workers. Since lay theories of illness in Africa usually involve some spiritual causation, it may be that this becomes an important factor in the bias of African health care workers. Spiritual agency always has a strong relationship to the African family (Chavunduka, 1978; Mavi, Owen &Gelfand, 1983), and thus disorder usually has some familial basis. Health workers may thus perceive the problem as being more appropriately treated within the informal health care system, by traditional healers, and thus "detect" merely the physical symptoms.

Some evidence for this view comes from the observation that primary care workers frequently seem aware of the meaning of vague physical problems, and the concomitant social correlates. However, since they also express an inability to manage these patients, the issue of levels of training is perhaps still relevant. It may well be that the discrepancies in detection rates are related primarily to levels of training in health workers, and hence are to be explained by reference to features of health workers. However, as indicated above, the discrepancies may equally be explained by reference to the wider context, to the social psychological or cultural processes occurring in health care. It is in the explanation of non-detection that some aspects of the Filter Model are wanting, and to simply describe the causes of attendance at primary care clinics as due to "illness behaviour" leaves much still to be explained.

As it stands, the Filter Model treats illness behaviour as a composite of traits, or features, and does not view illness behaviour as the consequence of patients' constructions of their "illnesses", and the manner in which they are managed. Patients are seen as wholly passive, which is at variance with modern conceptions of people and their behaviour. Dingwall (1974), for example, argues that all illness is both a social and a medical construction, and that both sets of reasons will need to considered when explaining illness

behaviour. Many modern theorists take exception to the conception of humans as the passive recipients of experience, and authors who are as distant from each other as Popper (Popper & Eccles, 1977) and Harre (Harre, 1979; Harre & Secord, 1972), are united in their view of humans as active interpreters of their experience. Thus, it is unsatisfactory for the proponent of the Filter Model to accept illness behaviour a feature of a passive organism, and indeed requires specific justification.

This is not a trivial problem, and leaves the behaviour of the patient as unexplained in a very important way. What, for example, are the consequences of non-detection to the patient? Will this lead to increased attendance at primary care facilities, or decreased attendance? Will non-detection lead to chronicity or not? What are the consequences of non-detection on patients' own theories of their illness? These questions will need to be answered if we are to understand the problem of non-detection.

The Filter Model has provided a useful and productive reduction of the phenomena involved in the epidemiology of psychopathology, but it does seem that cross-cultural comparison has shown some of its limitations. The limitations seem most clearly shown by the problem of non-detection, and future work should aim at clarifying this issue. In this process of clarification, it will be very important to pay close attention to cultural variables, and perhaps also to the lay theories of patients.

CONCLUSION.

Thus, there remain important issues in the study of psychopathology, and perhaps a problem of considerable value: the problem of non-detection. The problem of non-detection seems to indicate some difficulties with the Filter Model, which revolve around the understanding of illness behaviour and culture. That culture does not seem to play a pathogenic role in psychopathology does not diminish its pathoplastic role, and the role of illness behaviour may be considerably more important than the advocates of the Filter Model would suggest.

Cross-cultural testing of a theory is often a useful method for establishing the limits to the generality of the theory, and it would seem that, useful as the Filter Model may be, there are problems revealed by cross-cultural comparison. At present, it seems safe to conclude that culture does not protect against psychopathology, but also that culture may have an important role in the manner in which psychopathology manifests itself, and perhaps also in the way in which psychopathology may be treated. This understanding is only possible because of the epidemiological advances of recent decades, as

Goldberg and Huxley (1980) have commented: "There are still large areas of doubt and uncertainty in social psychiatry, but it is our contention that a consistent picture is beginning to emerge from the research of the last decade, made possible by the union of epidemiological method with operational criteria for defining the various syndromes of psychiatric disorder" (p157).

Acknowledgement: This work was founded in part by grant from the Research Board of the University of Zimbabwe, and was presented in a briefer form at the 7th National Congress of the South African Association for Child and Adolescent Psychiatry and Allied Professions, Cape Town, March 1989.

REFERENCES.

Acuda, S W & Egdell, H C (1984) Anxiety and depression and the general doctor. **Trop. Doctor, 14**, 51-55.

Bellantuono, C et al (1987) Psychiatric morbidity in an Italian general practice. **Psychol. Med., 17**, 243-247.

Carothers, J C (1948) A study of mental derangement in Africans and an attempt to explain its peculiarities, more especially in relation to the African attitude to life. **J Mental Sci., 98**, 548-596.

Chavunduka, G L (1978) **Traditional healers and the Shona patient.** Gweru: Mambo Press.

Dhadphale, M, Ellison, R H & Griffin, L (1983) The frequency of psychiatric disorders among patients attending semi-urban and rural general out-patients. **Brit. J Psychiat., 143**, 379-383.

Dingwall, R (1972) **Aspects of illness.** London: Martin Robertson.

Diop, B et al (1982) Diagnosis and symptoms of mental disorders in a rural area of Senegal. **African J Med. Sci., 11**, 95-103.

Egdell, H C (1983) Mental health care in the developing world. **Trop. Doctor, 13**, 149-152.

Gater, R & Goldberg, D P (1991) Pathways to psychiatric care in south Manchester. **Brit J Psychiat., 159**, 90-97.

German, A (1972) Aspects of clinical psychiatry in Sub-Saharan Africa. **Brit. J Psychiat., 121**, 461-479.

German, A (1987) Mental health in Africa: I. The extent of mental health problems in Africa today. **Brit. J Psychiat., 151**, 435-443.

Giel, R & Harding, T W Psychiatric priorities in developing countries. **Brit. J Psychiat., 128**, 513-522.

Giel, R & van Luijk, J N (1969) Psychiatric morbidity in a small Ethiopian town. **Brit. J Psychiat., 115**, 149-152.

Gill, H (1985) Complaints of patients presenting for psychotherapy in 1938 versus 1978. **Brit. J Psychol. Med., 58**, 55-56.

Goldberg, D P et al (1986) Dimensions of neuroses seen in primary care settings. **Psychol. Med., 17**, 461-470.

Goldberg, D P & Huxley, P H (1980) **Mental illness in the community.** London: Tavistock.

Goldberg, D P & Blackwell, B (1970) Psychiatric illness in a general practice: A detailed case study using a new method of case identification. **Brit. Med. J, 2**, 439-444.

Grayson, D et al (1988) The relationship between symptoms and minor psychiatric disorder in general practice. **Psychol. Med., 17**, 933-942.

Hall, A & Williams, H (1987a) Hidden psychiatric morbidity Part I: Study of prevalence in an outpatient population at Bindura Hospital. **Central Afr. J Med., 33**, 239-245.

Hall, A & Williams, H (1987b) Hidden psychiatric morbidity Part II: Training health care workers in detection: A pre- and post-study at Karanda Mission Hospital. **Central Afr. J Med., 33**, 255-258.

Harding, T W (1980) Mental disorders in primary health care: A study of their frequency and diagnosis in four developing countries. **Psychol. Med., 10**, 231-241.

Harre, R (1979) **Social being: A theory for social psychology.** Oxford: Blackwell.

Harre, R & Secord, P F (1972) **The explanation of social behaviour.** Oxford: Blackwell.

Johnstone, A & Goldberg, D P (1976) Psychiatric screening in general practice. **Lancet, 1**, 605-608.

Kelly, G A (1955) **The psychology of personal constructs. Volume 1.** New York: Norton.

Kleinman, A (1987) Anthropology and Psychiatry: The role of culture in cross-culture research on illness. **Brit. J Psychiat., 151**, 447-454.

Leighton, A H et al (1963) Psychiatric disorder in West Africa. **Amer. J Psychiat., 120**, 521-527.

Mavi, C S, Owen, F A & Gelfand, M (1983) The aetiology of illness as determined by divination and methods of treatment by Zimbabwe N'anga. **Central Afr. J Med., 29**, 5-8.

Murphy, H B M & Taumoepeau, B M (1980) Traditionalism and mental health in the South Pacific: A re-examination of an old hypothesis. **Psychol. Med., 10**, 471-482.

Popper, K R & Eccles, J C (1977) **The self and its brain.** London: Springer.

Ndetei, D N & Muhangi, J (1979) The prevalence and clinical presentation of psychiatric illness in a rural setting in Kenya. **Brit. J Psychiat., 135**, 269-272.

Reeler, A P (1991) Psychological disorder in primary care and the development of clinical services: An African perspective. **The Psychologist, 4**, 349-353.

Reeler, A P (1986) Psychological disorders in Africa: I. Issues and prevalence. **Central Afr. J Med., 32**, 298-303.

Reeler, A P, Wiliams, H & Todd, C H (1990) Psychopathology in primary care patients: A four year study in rural and urban setting in Zimbabwe. Unpublished typescript.

Sharp, D & King, M B (1989) Classification of psychosocial disturbance in general practice. **J Royal College Gen. Pract., 88**, 356-358.

Shepherd, M & Wilkinson, G (1988) Primary care as the middle ground for psychiatric epidemiology. **Psychol. Med., 18**, 263-267.

Shepherd, M et al (1966) **Psychiatric illness in general practice.** London: Oxford University Press.

Skuse, D & Williams, P (1984) Screening for psychiatric disorder in general practice. **Psychol. Med., 14**, 365-377.

Srole, L & Fischer, A L K (1980) The Midtown Manhattan longitudinal study versus "The mental paradise lost" doctrine. **Archives Gen. Psychiat., 37**, 209-221.

Wing, J K et al (1977) Reliability of the PSE (9th edition) used in a population survey. **Psychol. Med., 7**, 505-516.

Psychology in society (PINS), 1993, 17, 35-50

MENTAL HEALTH AND DEVELOPMENT IN A SHACK SETTLEMENT: THE CASE OF BHAMBAYI

Inge Petersen
Department of Psychology
University of Durban-Westville
Durban

Sheila Ramsay
Durban

In South African shack settlements, poverty, overcrowding, unemployment and a sense of hopelessness characterise the conditions under which people live. A growing body of knowledge reveals that mental health suffers under these conditions (Lewis and Lewis, 1979; Chambers, 1983; Levenstein, 1989) and is exacerbated by the oppressive political situation and resultant violence which characterises South Africa (Vogelman, 1986; Foster et al, 1987; Butchart and Seedat, 1990).

The purpose of this paper is to evaluate the work of the Community Mental Health Project (CMHP) in a South African shack settlement and to draw out lessons that can inform future mental health programmes in similar contexts. In order to understand the context in which the project has been operating, we begin with a brief description of Bhambayi, the shack settlement in which the project has been located. We then go on to examining the goals and conceptual framework of the CMHP, as well as its structure and its activities. Lessons are then drawn which inform the relationship between mental health and development and increase our understanding of the position of mental health services in deprived communities, particularly shack settlements.

A DESCRIPTION OF BHAMBAYI.

Bhambayi is a shack settlement situated some 30 km north of Durban where 20 000 to 30 000 people live in overcrowded conditions. Most dwellings in Bhambayi are mud, wood and corrugated iron shacks although a few are constructed of bricks and concrete blocks. With the exception of the clinic, there is no piped water to the area and the residents have to queue to buy water from the five communal taps serving the entire community. There is no formal sewage system in the area and the inadequate self-constructed pit latrines often result in sewage flowing in open drains. In addition, until a year ago, there was no waste removal service to Bhambayi which resulted in large amounts of accumulated garbage. A consequence of these living conditions is that diseases and psychosocial problems associated with overcrowding and poverty are prevalent.

Bhambayi incorporates a 40-hectare area, known as the Phoenix Settlement, which was established as a model community by Mahatma Gandhi in 1904. The irony is that this area now epitomises some of the worst living standards in South Africa. The rest of Bhambayi consists of privately owned land and land which falls under the jurisdiction of the Durban City Council. With so many individuals and agencies involved in the area, lines of responsibility for the community are often unclear. This has made administration of the area confusing and inefficient, and hindered development initiatives. For example, the obtaining of security of land tenure for residents, an important requirement for development of the area, becomes highly complicated when so many landowners are involved, as are attempts to get piped water into the area.

Although Bhambayi may be regarded as a geographic community, it is not a homogeneous one. The community is divided along a range of dimensions, four of which are mentioned here. Firstly, although the present population is African, ethnic and political differences amongst and between Zulus and Mpondos who reside in the area are evident.

Secondly, there are many individuals in the area who thrive on the chaotic nature of Bhambayi. Members of the community have varying degrees of commitment to development initiatives. Drug and illegal arms dealing, for example, forms an important source of income for many of the residents and dealers have a vested interest in ensuring that the community remains disorganised as this facilitates trafficking.

Thirdly, a common characteristic of shack settlements is the existence of "lords" who thrive in these areas at the expense of the residents. In Bhambayi, for example, shack "lords" build shacks on privately owned land

and rent them out to tenants, often at exhorbitant rates. In addition, there are other "lords" who have gained control of essential resources in the community such as the water kiosks. There are also the shebeen and spaza shop owners who thrive in the area at the expense of the residents. According to Zingle (1990) these "lords" are likely to resist development initiatives which interfere with their source of influence.

Fourthly, although there is a civic structure which ostensibly represents the whole community, Bhambayi is divided into twelve recognised areas, each with its own name, its unique character and demography, and its own leadership. The civic leadership tends to be male-dominated and appears to be infiltrated by individuals such as drug dealers and "lords", who have a vested interest in maintaining the status quo of the area and who appear to be more concerned with taking care of their own interests than with co-operating for the collective interests of the community as a whole. These individuals often compete with one another for power and control so that the civic leadership structure has proven to be ever-changing and unstable as well as unrepresentative of community interests.

Obviously any intervention in Bhambayi is made difficult by the number of landowners and agencies involved in the administration of the area, the unrepresentative and unstable leadership structures and the presence of individuals and groups who are concerned primarily with taking care of their own interests and not co-operating for the collective interests of the community as a whole.

THE COMMUNITY MENTAL HEALTH PROJECT.

Goals of the CMHP.

The CMHP, launched in 1987, is a project of the Department of Paediatrics and Child Health of the University of Natal Medical School. Located in Bhambayi, it has had the overall aim of developing an understanding of the role of mental health services in deprived communities through research and service work. In contrast to the formal mental health structures which focus on curative treatment, which are primarily located in urban centres and allow no community representation (Vogelman, 1986), the CMHP, with its emphasis on prevention and empowerment, set out to develop a model for community-controlled mental health services.

Conceptual framework of the CMHP.

The activities of the CMHP were based on the concepts of prevention and empowerment. Whilst preventative approaches in mental health are primarily

concerned with the product or end result of intervention (Swift, 1984), empowerment approaches are process oriented and guided by the needs of the community. The CMHP aimed at developing a model of mental health service delivery whereby the goals of prevention, namely, a decrease in the incidence, prevalence and duration of mental disability could be achieved through an empowering process.

Prevention.

Prevention is the concept underlying the mental health model in community psychology. The most widely accepted conceptualisation of prevention in mental health is provided by Caplan (1964) who distinguishes between primary, secondary and tertiary prevention. Primary prevention is concerned with preventing disorders from occurring and efforts are geared towards addressing environmental causes and increasing people's resistance to stress. Secondary prevention focuses on reducing the length and severity of disorders through early detection and treatment, whilst tertiary prevention is concerned with reducing the handicap or impairment that results from a disorder - this being achieved through interventions such as half-way houses and rehabilitation.

Empowerment.

The notion of empowerment underlies a number of community psychology and development approaches (Rappaport, 1977 & 1984; Lazarus, 1988). In contrast to oppression which results in a lack of control over situations and outcomes amongst those who are oppressed, empowerment, as defined by Rappaport (1984), is " .. the mechanism by which people, organisations and communities gain mastery over their lives" (p3). Serrano-Garcia (in Lazarus, 1988) has identified three major dimensions to empowerment, namely, the development of personal power, the development of an awareness of alternative realities, and the development of strategies for gaining access to particular resources in society. Empowerment thus encompasses both personal and political power.

Personal power refers to the feeling or perception that one has control over one's life. Such feelings can occur in the absence of political power or real control over situations and resources. Community participation, and in this particular context, community control of service provision, is seen as one way of achieving empowerment at both the personal and socio-political levels as well as facilitating the development of institutions which meet the needs of those being serviced.

Community control should, however, be distinguished from community involvement and community participation. Nassi (1978) defines community

involvement as reflecting programmes "for the poor" in which professional dominance is maintained and the involvement of the community exists largely for the purposes of fund raising and public relations. She defines community participation as programmes "by the poor" in which there may be shared responsibility for the running of the services. Finally, community control reflects programmes "of the poor" and implies control and power of the community over the health service programmes.

Studies on community participation suggest that projects which focus mainly on the delivery of health services have difficulty in achieving broad and long term community participation, whereas high participation is more commonly associated with an integrated development approach to community priorities not strictly related to health care (Rifkin, 1986). This supports de Beer's (1992) view that all sectors of society should be involved in development. He conceptualises development as being the mobilisation of human, natural and economic resources to meet the needs of the population through community empowerment and economic growth. Health and more specifically mental health, is seen as an important aspect of development.

One would therefore expect that in an area like Bhambayi, which is underdeveloped and where there is no multisectoral development, community participation in a project focusing only on one aspect of development, that is, mental health, would be limited and that the development of community controlled mental health services would become a difficult, if not impossible, task.

Structure of the CMHP.

A multi-disciplinary working committee has been responsible for the administration and progress of the project and has met on a bi-monthly basis. The composition of this working committee varied over time with paediatricians, medical doctors, and psychologists from the University of Durban-Westville and the University of Natal, as well as development professionals from non-governmental organisations being represented. In addition to these professionals, Bhambayi civic representatives were invited to attend the working committee meetings. This they did from time to time, but owing to the changes in leadership, durable representation from the community was difficult. Their poor attendance was exacerbated by the fact that working committee meetings were always held at the University of Natal Medical School during the day, making these meetings largely inaccessible to community members.

The staff of the CMHP comprised one co-ordinator (a mental health professional) and fieldworkers. During the research phase of the project, four

fieldworkers were employed to conduct interviews. The number of fieldworkers was reduced to two and then one following the termination of the research phase and as the CMHP undertook specific intervention projects.

The day-to-day activities of the CMHP were supervised by a supervision committee drawn from the working committee. This committee was effectively given executive responsibility for the project, an arrangement which did not prove to be very successful. Firstly, the members of the supervisory committee were volunteers, employed full-time by other organisations, who did not have the time nor energy to manage the CMHP efficiently. Secondly, neither the supervisory committee nor the working committee had much direct contact with the community and therefore were not familiar with the nature of the problems in Bhambayi. This resulted in tension between the working committee and the staff employed by the CMHP who often felt the working committee did not understand the context in which they were working.

Activities of the CMHP.

The initial target of the CMHP was youth and children in deprived areas, a group seen to be largely neglected by existing mental health services. Consequently, the CMHP began its work in Bhambayi with research into the type, extent and seriousness of mental health problems amongst youth and children. Formal and informal mental health resources operating in the area were also investigated. It was hoped that this research would guide the planning and implementation of mental health programmes in the community. Although many mental health problems such as mental retardation, undisciplined and violent behaviour and sleeping problems, were identified within these groups, the results of this research confirmed that no institutions or organisations were paying special attention to the mental health needs of the youth and children (Motsemme, 1989).

Primary prevention activities.

As community control was one of the goals of the CMHP, the project attempted to start this process by acquiring community support and participation with regard to its administration. The most obvious route to acquire this appeared to be through the civic structure in Bhambayi. While the survey on the mental health status of the community revealed a high level of mental health problems, the needs of the community, as communicated to the CMHP through members of the civic structure, were for multisectoral development that would have an impact on water supply, housing, unemployment and educational problems.

The CMHP soon realised that attaining community support, let alone community participation and control, required the project to respond to the

priorities set by the community. The only other development agency operating in Bhambayi was the Phoenix Settlement Trust which did not have much credibility with the community at the time, having been seen to have failed the residents with regard to development initiatives. The CMHP was therefore obliged to focus its efforts on addressing the need for multisectoral development. The CMHP responded to this task by playing the role of broker, which meant facilitating contact between the civic structure and relevant outside development agencies. One of the major problems experienced by deprived communities, particularly in peri-urban and rural areas is the lack of access to resources which results from a lack of knowledge and expertise required to access these resources. Examples of brokerage activities of the CMHP include negotiating with the relevant authorities with regard to refuse removal services, piped water for the area, and for the reconstruction of the library-museum complex of the Ghandi Settlement as a community centre.

These brokerage activities of the CMHP may be regarded as primary prevention activities as they address environmental factors contributing to mental ill-health. Other primary prevention activities of the CMHP have included organising a creche and a women's sewing co-operative. The creche was established in 1988, and following the empowerment approach, was managed by a parents' committee. Although this creche is still in operation, the parents' committee has disintegrated and the control of the creche is vested in the hands of the creche mother - who has resisted any attempts to revitalise the parents' committee as it interferes with her sphere of influence and control. The women's group was established in 1989 and unemployed women from the community were taught skills like sewing, cookery, crochet and candle-making. Talks by professionals on various health related topics such as AIDS, and child and maternal care were also arranged for the group. This group is still being run successfully despite various attempts to hijack it, and several leadership crises.

Finally there was the establishment of support groups for the care-givers of mentally retarded children. The emphasis was on teaching the care-givers how to cope with the pressures of dealing with a mentally retarded child, how to develop the abilities of the child, as well as encouraging the formation of child-care groups. These groups were run concurrently with special classes for mentally retarded children in the area which are elaborated on in the section on tertiary prevention activities.

Secondary prevention activities.
Secondary prevention activities included providing a crisis counselling and referral service. Attached to the day clinic, this service was established in

1988 in response to mental health problems presenting at the clinic. Clinic staff were trained to identify and refer patients having problems of a psycho-social nature to this service. Due to the nature of the problems which related mainly to housing, unemployment, pension, child abuse and mental retardation, the service operated mainly as an information and advice service. Where possible clients were referred on to the relevant agencies while others were accommodated by activities within the project, for example, the women's group, the care-givers' group, and special classes for mentally retarded children.

This service ran successfully for two years. During 1990, a state run polyclinic was, however, opened very near to Bhambayi which led to the closure of the local day clinic. A consequence for the CMHP was that community support of the crisis counselling and advice service dwindled to the degree that it was not feasible to continue with this activity.

Tertiary prevention activities.

A major activity of the CMHP which falls within the sphere of tertiary prevention was the establishment of a special class for mentally retarded children in 1988. The principal of the local primary school approached the CMHP to assist with mentally retarded children who attended her school in the absence of alternative facilities in the area. The CMHP responded by selecting and training a woman from the community to conduct special classes to teach mentally retarded children basic skills. As already mentioned under primary prevention activities, a support group was also established for the care-givers of these children. These classes and the care-giver support group functioned relatively well during the first year. This indicated that mental retardation was an issue for the care-givers to the extent that they were prepared to attend weekly support group sessions for several months. When the local school was closed towards the end of 1990, attendance of these special classes dropped off dramatically. It was established that the reason for the decline in attendance was because previously the mentally retarded children had been brought to the classes by siblings or neighbour's children attending the local school. As most of the care-givers of these children were working, they were unable to bring the children to the school themselves when the school closed down.

In addition to the above activities the CMHP has played an important role in providing community-based experience for Masters' students studying clinical/counselling psychology at the University of Durban-Westville. The students (in their first year of the Masters degree) have been required to undertake a project through the CMHP for the last three years. Examples of projects undertaken by the students include the development of the training

programme which was used by the "teacher" who ran the classes for the mentally retarded children as well as a method for evaluating the progress of the mentally retarded classes both by the "teacher" and their care-givers.

LESSONS FROM THE EXPERIENCE OF THE CMHP.

This evaluation provides an overview of the difficulties the CMHP encountered in attempting to develop a model for community controlled mental health services that emphasise prevention and empowerment in Bhambayi. Lessons are drawn from the experiences of the CMHP which may inform future community mental health initiatives in deprived communities and increase our understanding of the relationship between mental health and development.

Lesson One: Mental health services are more likely to be utilised in deprived communities when integrated into and linked with a primary health care system.

Even though there was a high rate of psychological and social problems in Bhambayi, the residents did not voluntarily present with these problems at the crisis counselling and advice service provided by the CMHP. Most of the clients were referred to this service by the local clinic whose staff were trained to detect mental health problems. When the clinic closed down, the number of clients dwindled to the extent that the need did not warrant continuing with this service.

The experience of the CMHP indicates that in deprived communities people do not voluntarily seek help for psycho-social problems. This supports Broughton's (1986) findings that people living under conditions that exist in shack settlements tend to accept symptoms of stress and mental ill-health as "normal". People living under these conditions do, however, seek help for physical health problems and the primary health care system presents as an attractive option for identifying and referring mental health problems.

Lesson Two: A certain level of development is required for the implementation of community controlled mental health services.

In response to community priorities, much of the work of the CMHP has focussed on broad multisectoral development in Bhambayi which undoubtedly falls within the sphere of primary prevention and therefore would impact positively on mental health. Nevertheless we would argue that the mental health professionals employed by the project, given their mental health skills base, could have been more efficiently utilised in other communities where

development initiatives and agencies are already involved in addressing basic material needs. Mental health services are more likely to be prioritised once these needs have been addressed. The experience of the CMHP therefore suggests that community participation in mental health service delivery is only likely to be achieved if such initiatives are attached to broad development programmes which allow for community priorities not related to mental health care to be addressed. This experience confirms Rifkin's (1986) research which indicates that community participation in health service delivery is more feasible when associated with an integrated development approach.

This view also seems to be shared by the World Health Organisation (WHO): "Much of the preventative work should be done by the general health services and through the intervention of other agencies such as community development, agricultural extension and education services." (WHO, 1990, p17).

"It is important to help communities develop their own responses to mental health needs, using existing resources and community strengths ..... In encouraging this form of self-help, (mental) health workers must not see themselves as striving alone to mobilise community action; partnerships should be formed between health workers, between health and development workers, and between health workers and local voluntary and non-governmental groups. These partnerships are a vital ingredient in dealing with mental health problems at the primary health care level." (WHO, 1990, pp29-30).

Lesson Three: Community controlled development is hindered by the lack of a sense of community and by individuals and groups acting in their individual or group interests as opposed to the collective interests of the community as a whole.

The experience of the CMHP in Bhambayi indicates that although poverty can sometimes create a sense of community amongst people, it can also be a very divisive force. The residents of Bhambayi, in their struggle for survival, would often act in their own individual interests rather than for the common good of the community. This is well illustrated by the dissolution of the parent management structure of the creche and concentration of control of the creche in the hands of the creche mother.

In addition, shack "lords" and other "lords", that is, individuals who have gained control of essential resources, had infiltrated the civic structure and were found to resist development initiatives in the area as these initiatives

were seen to interfere with their source of influence. The CMHP's efforts to create multisectoral development in the area were in fact hampered by certain leaders spreading rumours about the lack of credibility of the project staff who were criticized for having been affiliated with an earlier leadership structure. Consequently, the CMHP had great difficulty in gaining support for and participation in development initiatives from the civic structure which was ever-changing and dominated by individuals who had a vested interest in the community remaining unstable and violence ridden.

Added to the problem of "lords" in Bhambayi was the existence of a thriving drug economy which provided the means of subsistence for a large proportion of the area's population. To the extent that development threatens the drug economy and therefore the subsistence of a large number of families, development initiatives are unlikely to be supported by this constituency.

The experience of the CMHP is supported by Rifkin (1986) who suggests " .. that particularly in areas of poverty, individual concerns often over-ride community goals" (p244). As Brown (1978) comments: "Ultimately there can be little community control in a society where social class is so strongly defended and where true communities hardly exist" (p391).

Lesson Four: Community control of mental health services, requires the development of organisations which can represent the interests of those sectors of society who have a vested interest in this aspect of development.

Civil society is made up of all those organisations and institutions outside of state structures which represent the interests of their members (de Beer, 1992). They are regarded as highly important for community controlled development in that they provide the vehicle for empowerment of communities or particular constituencies to express their interests, as well as to participate in decision-making with regard to the allocation of resources.

Following from lesson three, geographic communities are rarely homogeneous and therefore community organisations very rarely represent the interests of an entire geographic area. The civic structure in Bhambayi was, for example, male-dominated and infiltrated by "lords" who did not support development initiatives. One cannot therefore place control of resources for development in the hands of such a body. Due to the multisectoral nature of development and the existence of competing interests in geographic communities, community controlled development initiatives require the development of organisations which represent particular constituencies who have a vested interest in particular aspects of development. It is through institutions which represent a particular sphere of

interest, in this instance mental health, that community participation and community control of development will flow.

Lesson Five: Non-governmental organisations in the mental health sector should facilitate the development and empowerment of community organisations which are best suited to advocating the needs of those requiring mental health services.

Following from lesson four no single community organisation, such as a civic organisation, will represent the interests of all groups in a community (de Beer, 1992). And the experience of the CMHP in Bhambayi was that the civic structure did not represent the interests of those for whom mental health services were an issue. While the CMHP persisted in attempting to gain community support and involvement through the civic structure as this was thought to be politically appropriate, it would have, perhaps, been more appropriate to facilitate the development of organisations which represented the constituency for whom mental health was an issue. In attempting to establish community control of mental health services, we would argue that non-governmental organisations in the mental health sector are well placed, in view of their relative neutrality, to facilitate the development of such organisations. A key function of these community organisations would then be to enter into partnerships with state structures with regard to the allocation of resources for mental health services.

Lesson Six: Women form a particular constituency for whom mental health services are a priority and thus should be specifically targeted for organisation and empowerment.

Due to women's traditional care-giving role, health, and more specifically mental health, is far more likely to be an issue of concern for women. As civic structures are generally male-dominated it seems unlikely that the need for mental health services would receive much consideration when it comes to the allocation of resources.

Following from lesson four, it is therefore appropriate that in the quest for the development of community-controlled mental health services, women and other users or potential users of mental health services should be specifically targeted for organisation and empowerment by non-governmental organisations in the mental health sector.

Lesson Seven: Management of community service organisations needs to be aware of the social conditions of the communities which are being serviced.

The CMHP was, in effect, managed by the working and supervisory committees who, due to their lack of contact with the community, did not have an adequate understanding of the social conditions in Bhambayi. In addition, working committee and supervisory meetings were held at academic institutions and were thus largely inaccessible to community members. This served to further alienate the management of the CMHP from the community. For example, understanding of the social conditions of Bhambayi, such as the control of the shack "lords", would have facilitated more strategic planning around the role of the CMHP in the development of Bhambayi and perhaps obviated some of the problems that the project experienced.

CONCLUSION.

The experience of the CMHP provides us with a number of valuable lessons which inform our understanding of the relationship between mental health and development in deprived communities. These lessons suggest that firstly, given that mental health is not a priority in most deprived communities, mental health services should be integrated and linked to the primary health care system. Furthermore the implementation of community-controlled mental health services requires a minimum level of development and location within a broad multisectorial development approach which allows for the community's material priorities to be met.

Secondly, certain features of shack settlements inhibit development, and hence the possibility of community controlled mental health services. These features include the problem of security of land tenure which is an important requirement for community-controlled development and which is linked to the problem of individuals/groups opposing development initiatives which interfere with their sphere of interest. This leads to community divisions and a lack of a sense of community which is essential if development is to be community controlled.

Thirdly, civic structures are often unrepresentative of all the interests of a community, especially the interests of women as they are generally male-dominated. Mental health is unlikely to be a concern for everyone in the community. Consequently, the development of organisations which represent the interests of those for whom mental health services are a priority may need to be facilitated by non-governmental organisations. Such organisations could be responsible for advocating the needs of this constituency, and it is through

them that community control of mental health services might best be achieved.

Fourthly, and most importantly, those responsible for the management of community service organisations need to be aware of the social conditions that characterise the communities in which their organisations are working, in order to plan stategically for their intervention.

We conclude our paper by echoing Maforah's (1989) claim that full community participation is important for the success of community mental health programmes.

"In order for preventive and promotive programmes to be successful, the communities' participation is vital. Communities should be involved right from the planning stage of programmes. They should be encouraged to identify their own mental health needs and priorities, and be advised on how they themselves can solve their own mental health problems" (Maforah, in Levenstein 1989, p69).

The lessons of the CMHP in Bhambayi do, however, indicate that although it is easy to pay lip-service to the notion of community participation, involvement and control, in reality these are difficult goals to achieve.

REFERENCES.

Broughton, M H (1986) Psychosocial and mental health problems in black children in and around Durban. Unpublished masters thesis, University of Natal, Durban.

Brown, P (1978) Political-economic and professionalistic barriers to community control of mental health services: A commentary on Nassi. **Journal of Community Psychology**, 6, 384-392.

Butchart, A & Seedat, M (1990) Within and without: The social construction of in-betweenity, in Nicholas, L J & Cooper, S (Eds) (1990) **Psychology and Apartheid.** Cape Town: Vision Publications.

Caplan,G (1964) **The principles of preventative psychiatry.** New York: Basic Books.

Chambers, R (1983) **Rural development: Putting the last first.** London: Longman Scientific & Technical.

de Beer, C (1992) **Towards a framework for national development.** A Development Research Group document.

Foster, D, Sandler, D & Davis, D (1987) **Detention and torture in South Africa: Psychological, legal and historical studies.** Cape Town: David Philip.

Lazarus, S (1988) The role of the psychologist in South Africa: In search of an appropriate psychology. Unpublished PhD thesis, UCT, Cape Town.

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

Lewis, M D and Lewis, J A (1979) Community-based mental health training. **Journal of Community Psychology**, 7, 95-103.

Motsemme, L (1988) Analysis of mental health needs in Bhambayi. Unpublished paper, Community Mental Health Project, Durban.

Nassi, A (1978) Community control or control of the community?: The case of the community mental health centre. **Journal of Community Psychology, 6**, 3-15.

Rappaport, J (1977) **Community psychology: Values, research and action.** New York: Holt, Rinehart and Winston.

Rappaport, J (1984) Studies in empowerment: Introduction to the issue, in Rappaport, J et al (Eds) (1984) **Studies in empowerment: Steps towards understanding and action.** New York: The Haworth Press.

Rifkin, S (1986) Lessons from community participation in health programmes. **Health Policy and Planning, 1(3)**, 240-249.

Swift, C (1984) Empowerment: An antidote for folly, in Rappaport, J et al (Eds (1984) **Studies in empowerment: Steps towards understanding and action.** New York: The Haworth Press.

Vogelman, L (1986) **Apartheid and Mental Health.** Conference Proceedings of OASSSA First National Conference. Johannesburg: OASSSA.

World Health Organisation (1990) **The introduction of a mental health component into primary health care.**. Geneva: World Health Organisation.

Zingle, J (1990) All dressed up to kill and nowhere to go: Violence in Natal. Unpublished paper, Institute for Social and Economic research, University of Durban-Westville, Durban.

Psychology in society (PINS), 1993, 17, 51-58

INTERPRETING THE STRESS OF WORK

Arvin Bhana
Department of Psychology
University of Illinois
Champaign-Urbana, USA

Yogan Pillay
School of Public Health
John Hopkins University
Baltimore, USA

INTRODUCTION.

The study of the psychosocial work environment has burgeoned over the last two decades, much of which has been concerned with the detrimental effects of the work place on physical and mental health. It has also been recognized as one of the most important sites of social and psychological well-being (Johnson & Johansson, 1991).

The use of interpretative methods in understanding the complex relationships between worker and work settings has seldom been employed, either as a research strategy, or as way of developing a participatory agenda between researcher and subject. This paper reflects the use of an interpretative methodology in understanding the work environment of union organizers and its place in developing a model for participatory research.

THE PREMISE OF INTERPRETATIVE METHODS.

A basic premise in the use of an interpretative approach is that the subjective elements of individuals' lives are given meaning through a process of valuing

certain interpretations over others (Denzin, 1989). This is clearly a radical departure from the positivist assumption that knowledge exists independent of the actor and which awaits discovery. In using an interpretative method, it becomes possible to illuminate the meaning of work and work related conditions of stress through the way it is constructed by the primary actors.

By formulating the research act in this manner, two purposes may be served. The first is that it helps reduce problems of communication between the researcher and the actor. This is accomplished by illuminating the actions of the actor in his/her context and thereby facilitating dialogue and communication between interested parties (Carr & Kemmis, 1986). Second, interpretative methods may influence the way in which individual actors comprehend themselves and their situations. "Although life is not a narrative, people make sense of their lives and the lives of others through narrative constructions" (Richardson, 1990, p10).

In adopting an interpretative stance, the positivist-empirical viewpoint that creates a split between the subject and the object is eschewed in favor of allowing the characteristics of the relationships between the union organizers and the researchers to establish itself as an important part of the process of interpretative methodologies (Armistead, 1974; Ingleby, 1981).

PARTICIPATORY RESEARCH.

Participatory research has as its basic premise the idea that the production of knowledge should at least be in part accredited to those on whose behalf it presumes to speak. Control of the production of knowledge is unlikely to pass from the hands of the scientific elite without attempts at restructuring such relationships. Specifically, traditional notions of research continue to perceive the "subject" as a source of error variance, with prediction and control as its watchwords. A collaborative research process has the promise of creating competencies within the system to engage in the cyclical process of diagnosing and analyzing problems, and planning, implementing, and evaluating interventions aimed at meeting identified needs. It is potentially an empowering process, through which members of an organization gain increased control over their own lives (see Kieffer, 1984 for an example of participatory research as an empowering process).

The purpose of this study is to understand how "stress" is experienced by union organizers. In keeping with the stated goal of interpretative methods, the nature of what constitutes stress for these workers was not predetermined. Instead, it was allowed to emerge in the ongoing relationship between the organizers and the researchers. In general, however, stress is conceptualized

as a process that encompasses the interaction between person and environment. This relationship is a complex one that includes the influence of moderating factors such as social support, participation in and control over decision-making, control over time spent at work, well-defined job descriptions, the function of recreation and interpersonal relationships in work and non-work situations. Thus, multiple factors need to be incorporated in understanding such relationships (see Israel, Schurman, & House, 1991 for a full development of this theme).

METHOD.

Participants.

The participants included four male organizers and one female organizer, all of whom were employed by the same union. They ranged in age between 26 and 38 years old, with a mean of 30.8 years. One had completed a high school education while the remainder had tertiary education (range: Standard 8 - Masters degree). Two respondents were single, one was married, and two were divorced. Only those who had married had children; on average 3 children each. While two of the respondents lived with their children, the children of one of the participants lived with their paternal grandmother. In respect of living arrangements, two of the participants lived with their immediate family, two lived alone and one lived in a commune. Three of them considered their accommodation to be unsuitable. Two of the five had shop steward experience prior to joining the union as organizers.

Procedure.

The nature and broad content of the research process was negotiated with union officials who had invited the authors to investigate the problem of stress among their organizers. After obtaining the consent of each of the organizers to participate in the study, each participant was interviewed twice. On the first occasion the Norbeck Social Support Questionnaire and an open ended questionnaire were employed. Respondents were given the opportunity to restructure questions and add any they believed were important to ask. On the basis of responses to these instruments, a draft report was written. A second interview was initiated to determine the reliability of the recording process at the level of shared meaning. The initial responses were read to each respondent who was asked if the information was recorded as intended. Participants were also given an opportunity to comment on the composite report. This procedure elicited further information which was then incorporated into this report. This procedure is consistent with the ethnographic methods suggested by Armistead (1974), Denzin (1989) and others.

Materials.

The Norbeck Social Support Questionnaire was used to measure social support. However, the living arrangements of the various participants precluded any meaningful conclusions from being drawn from this assessment device. Thus, an organizer may indicate a significant network of people from whom social support is available, but nevertheless reports low levels of social support. This was related to the fact that some workers live great distances from their families who may be living in a rural area. Contact between the organizer and his social network on a reasonably frequent basis was then impractical.

Instead of developing an interview schedule that we would then use to frame our questions, we chose to develop a questionnaire that would focus on what the organizers perceived as relevant to their experience. While we provided a basic structure for the type of questions that we thought would be important, the participants had an opportunity to add comments and questions which they felt were important to understanding the nature of work related stress. Such an approach also has the advantage of tapping into the culture of the context. We assumed a model that focused not only on work settings, but also the transactions that flow between non-work and work settings.

The work of Erickson (1986) was instrumental in helping us initially structure the questions that we wanted to address. These are briefly reviewed here to give the reader some understanding of our motivation in including these particular questions. All references to settings are specific to the ones that union organizers are likely to find themselves in, but clearly, these questions can have applicability to a wider range of settings.

1. What is happening in the settings?
2. What is the meaning of the events (happenings) for the people involved in them?
3. How are these events organized in patterns of social organization and learned cultural principles in the conduct of everyday life?
4. How are the events at the level of this setting related to events at other system levels outside (personal relationships, friendships, family life) and inside the setting (worker relations, accountability to workers, to the leadership of the union).

There are substantial advantages to employing this method as; 1) it helps define the problem both for the researcher and the participants in terms of local conditions; 2) it initiates a democratic process of collaborating and participation; 3) it establishes processes that will remain after the research process is completed; 4) the short and long-term effects of the proposed intervention can be continually evaluated to meet changing needs; 5) it helps

ease future relationships with both worker leadership and workers for the purpose of retraining in learning alternative coping strategies; 6) it demystifies the research process.

RESULTS AND DISCUSSION.

The average number of people per network was seven (range 2-10). In terms of the composite scores for the three components of social support used in the Norbeck (i.e. affect, affirmation, and aid), the respondents scored on average 3.59 (on a 5 point scale). This suggests at least moderate levels of social support.

Work stress.

In view of the inherent stressors of working in a predominantly black union in South Africa, we considered it important to illuminate the reasons organizers provided for working for this particular union. Not surprisingly, all of them gave ideological (political) reasons for joining the union. However, it became apparent that for some it also meant the availability of a job at the time. While working within an environment that is ideologically consonant with one's own beliefs may help to ameliorate work stressors, it is also likely that being able to work had just as much significance, if not more so.

Of the various dimensions addressed in this study, the long hours of work and a lack of control over the time spent on work-related events was universally interpreted as having a negative impact on their lives. On average, the organizers worked 10 hours per day. The work hours were irregular and frequently included working over weekends. While the long work hours were claimed to negatively effect both work and non-work life, the effects of irregular work hours appeared to have a more pronounced negative effect. All workers reported increased irritability, decreased sensitivity to the needs of others, and lowered levels of efficiency at the work place. Significantly, none of the organizers felt that they had no control over their lives, though they often felt pushed and pulled in many different directions.

Other work pressures included the lack of an adequate job description which, when considered in relation to the long hours of work, meant that some organizers felt uncertain about the work they had to do. An added issue was the lack of training in legal issues regarding worker rights. All of the organizers believed that further training was important in instilling greater confidence in themselves in negotiating with management officials. The perceived lack of adequate training was considered to be an important stressor because it could lead to a failure to adequately represent the interests of workers in negotiations. Additionally, the fewer "victories" won on behalf of workers may diminish the sense of accomplishment for organizers.

Interestingly, interpersonal relationships in the work place were perceived as being positive and supportive, in part because they all felt the pressure similarly, but also because of non-hierarchical working relationships among the organizers. Conflicts that arose in the work place were then seldom related to interpersonal difficulties, but were more the result of ideological differences.

Non-work stress.
The effects of long and irregular hours also meant that few activities could be planned with families and friends. All of the respondents reported a decrease in social interactions either as a function of being tired or simply being unable to allocate specific time for interacting with friends and family. Inevitably, the lack of attention paid to interpersonal development produced tensions among the married individuals and aroused feelings of suspicion among partners of the single organizers. In addition the number of demands made upon organizers in respect of the large number of meetings they had to prepare for and attend added considerably to feeling stressed.

Possible coping strategies.
At the level of the individual organizer, it would appear that increased control over time spent on various projects (as in time management); the number of hours worked in a day; more well-defined descriptions of the work to be completed; the number of meetings attended in any particular day; and the frequency and intervals of vacations in a given period; may help considerably in ameliorating the effects of work stress. In addition, there is a need to secure adequate and affordable accommodation closer to the work place.

One of the ways in which some of the organizers dealt with irregular hours was to negotiate more fixed times, though this could lead to resentment among others. Alternatively, deliberately setting aside times for specific activities such as interacting with children and making this known to all the other organizers appeared to have a reasonable prospect for succeeding. However, it also became apparent that more rigid time schedules would fail to meet the less structured time needs of the workers and union members. In addition, complaints of the long hours by the organizers may be misconstrued as being uncomradely or shirking ones duty.

While the organizers appeared to have a number of structures that helped them cope with stressors, there appear to be times when these mechanisms fail to provide a sufficient buffer against a stressful work environment as evidenced by one organizer being hospitalized and another wishing to quit.

CONCLUSION.

In adopting an interpretative approach to the problem of stress among union organizers, the quality of the information that we shared with them rested not so much on the questions that we asked of them, but more on their willingness to share interpretations of their lived reality. By allowing the participants to structure the events in their lives around the notion of "stress", their actions could be understood not only in respect of their conscious intentions but also their social context. The elaboration of valued meaning then becomes possible without prefiguring it.

In recognizing that every human situation is novel, emergent and filled with multiple, often conflicting, meanings and interpretations, the development of rapport and a trusting relationship was facilitated. Moreover, it was assumed that the language of ordinary people could be used to explicate their experiences. Thus, the organizers felt comfortable in complaining about union bureaucracy and in one instance openly discussing the effect of work on the marital relationship.

The collaborative nature of this study served to underscore the idea of " ... creating partnerships and linkages between social scientists and citizens (which) can improve the quality of social science research, enhance the potential for the utilization of research, encourage public support for social science, and help people help themselves" (Chavis, Stucky, & Wandersman , 1983, p424). As a consequence of this study, the respondents (as a collective) undertook to use the report to create a healthier working environment.

This approach does raise the issue of generalizability of findings. It may be tempting to argue that the small sample size precludes generalizing the findings of this study. However, it is because we deliberately sought to develop thick descriptions of lived experience that we have a limited sample which permits a reader to share vicariously in the experiences that have been captured (Denzin, 1989). Through this process the reader can naturalistically generalize his or her experiences to those that have been captured (Stake, 1978). It creates verisimilitude.

Note: This paper is the product of a collaborative effort. There is no primary author.

REFERENCES.

Armistead, N (1974) Experience in everyday life, in Armistead, N (Ed) (1974) **Reconstructing social psychology.** Harmondsworth: Penguin.

Carr, W & Kemmis, S (1986) **Becoming critical: Knowing through action research.** Victoria: Deakin University Press.

Chavis, D M, Stucky, P E & Wandersman, A (1983) Returning basic research to the community: A relationship between scientist and citizen. **American Psychologist, 38(4)**, 424-434.

Denzin, N K (1989) **Interpretive interactionism**. Beverly Hills: Sage Publications.

Erickson, F (1986) Qualitative methods in research on teaching, in Wittrock, M C (Ed) (1986) **Handbook of research on teaching.** New York: MacMillan.

Ingleby, J D (1981) Understanding "mental illness", in Ingleby, J D (Ed) (1981) **Critical psychiatry: The politics of mental health.** Harmondsworth: Penguin.

Israel, B A, Schurman, S J & House, J S (1991) Action research on occupational stress: Involving workers as researchers, in Johnson, J V & Johansson, G (Eds) (1991) **The psychosocial work environment: Work organization, democratizatiion and health.** New York: Baywood Publ. Co.

Johnson, J V, & Johansson, G (1991) Work organization, occupational health, and social change: The legacy of Bertil Gardell, in Johnson, J V & Johansson, G (Eds) (1991) **The psychosocial work environment: Work organization, democratizatiion and health.** New York: Baywood Publ. Co.

Kieffer, C (1984) Citizen empowerment: A developmental perspective, in Rappaport, J, Swift, C & Hess, R (Eds) (1984) **Studies in empowerment.** New York: The Haworth Press.

Richardson, L (1990) **Writing strategies: Reaching diverse audiences.** Beverly Hills: Sage Publications.

Stake, R E (1978) The case-study method of social enquiry. **Educational Researcher, 7**, 5-8.

Psychology in society (PINS), 1993, 17, 59-64

Social psychology goes local

Book review
Foster,D and Louw-Potgieter, J (eds) (1991) **Social psychology in South Africa.** Johannesburg: Lexicon.

Catherine Campbell
Department of Psychology
University of Natal
Durban

Foster and Louw-Potgieter have produced an important book, long overdue in South Africa, namely one which provides a coherent and unified account of existing research into what is loosely referred to as the field of "inter-group relations" in South Africa. In the past, teachers and students of social psychology in this country have tended to rely on inappropriate European and American texts. Researchers have been faced with the wearisome task of tracking down local social psychological scholarship, scattered about in an unwieldy mass of books, chapters and journal articles, many of which were difficult to find. Against this rather inconvenient background **Social psychology in South Africa** provides timely and welcome relief.

With some notable exceptions, however, several of the book's less adventurous contributions will disappoint its more radical readers. Such readers might have hoped for a less gentle treatment of the social psychological establishment in this country, particularly in the light of the conspicuous failure of the inter-group relations tradition to make a significant contribution to current political debates about race, class and gender relations and the possibilities of social transformation.

The book consists of 14 chapters, authored by South African social psychologists drawn from seven universities, and the Human Sciences Research Council. The editors have chosen social identity theory as the linking thread that unites the chapters. Each author sets up a dialogue between his or her particular area of interest and social identity theory. This is a useful strategy and one which gives the book a degree of unity often lacking in those textbooks that consist of collations of disparate chapters on discrete topics. The chapters give a reliable and thorough account of the bread-and-butter issues that have dominated mainstream social psychology both abroad and locally and which form the essential starting point for any student of social psychology: social identity; language and identity (where Louw-Potgieter highlights the potential of the currently neglected area of language for the task of developing social psychology in SA); attitudes; social cognition and attributions (a chapter which includes Finchilescu's most recent and interesting developments of attribution theory within a South African context); relative deprivation; the contact hypothesis; majority and minority influence; and prejudice and racism (including Duckitt's important new contributions to the authoritarianism debate).

Four chapters are singled out as extending the book beyond the limits of a conventional social psychological text. The first of these is Foster's introductory chapter (Chapter 1), which locates the sub-discipline of social psychology within its broader historical and geographical context and alludes to some of the controversies and dilemmas that plague the inter-group relations tradition. This chapter is a particularly useful teaching device. It serves as a brief and accessible warning to the beginner that the field is a contentious and problematic one, and that there are no easy solutions to its dilemmas. This is a welcome change from those glib textbook introductions that gloss over the problematic nature of the material that is to follow.

Foster's awareness of the shortcomings of mainstream social psychology, as well as his enthusiastic vision of future possibilities of the sub-discipline are everywhere evident in all six chapters of the book that he has written or contributed to. His chapter on crowds and collective violence (Chapter 13) illustrates his interest in evaluating the range of available social psychological theories, mostly European or American in origin, in the light of their ability to account for concrete social phenomena in South Africa. The chapter is constructed around accounts of the 1985 killings of municipal policeman Lucas Sethwala (leading up to the "Upington 26" trial), and Nozipho Zamela, a young woman who had allegedly slept with a policeman (leading up to the "Queenstown Six" trial). Foster pits a range of social psychological and sociological theories of crowd behaviour against these accounts, evaluating

these theories in the light of their ability to account for concrete instances of collective violence in South Africa.

Psychology textbooks generally fail to examine the way in which the construction of knowledge serves to sustain (or, less often, to undermine) the interests of the dominant social order. Against the background of the historical and social amnesia characterising many texts, Louw and Foster's chapter on the history of the study of intergroup relations in South Africa (Chapter 3) is a welcome one. Laying bare many of the skeletons in social psychology's cupboard, it reads not only as a history of social psychology but also a fascinating chapter in this country's social history. It includes an account of the key role played by psychologists, such as Hendrik Verwoerd, in the development of apartheid policies, as well as a number of revealing case studies: the 1950s state embargo on Sherwood's doctoral thesis on African civil servants (an embargo which still holds); the alarm and consternation caused by the inferior IQ-test performance of Afrikaans-speaking children compared to their English-speaking counterparts; and the suppression of numerous Human Sciences Research Council studies that failed to support government policy.

In his chapter on ideology (Chapter 11), Foster reviews an array of general theoretical notions of the concept (ranging from classical Marx to Miles) before examining a number of South African ideologies, including for example Afrikaner nationalism, militarism and patriarchy. Foster's reference to patriarchy is a welcome one in a volume that tends to be conspicuously gender-blind and class-blind. Too few contributors have taken the opportunity of highlighting the neglect of gender and class relations in existing research in this country, or of suggesting ways in which social psychologists might begin to fill the gender and class vacuum.

Foster's chapter on ideology is probably the book's most important contribution to the task of extending the narrow field of local inter-group relations research, too deeply influenced by conservative mainstream European and American thinkers, into a more critical and more distinctively South African social psychological tradition. At least two challenges are involved in this task: (i) the broadening of social psychology's focus beyond the intra-individual and inter-individual levels of analysis, and (ii) the breaking down of the artificial boundaries that have traditionally separated social psychology from other disciplines in the social sciences. The concept of ideology provides a valuable conceptual tool for meeting both of these challenges.

Having relied on this book extensively for both teaching and research purposes in the past year, three critical comments are offered. The first

comment is that several of the chapters are more useful as resources for qualified researchers and post-graduate students than as textbook material for under-graduates. This is a pity, since under-graduates inevitably form the bulk of the readership of a text of this nature. Certain chapters are too densely packed with detailed and sometimes confusing accounts of minor research studies. These chapters often do not make enough concessions to the bewildered student, who searches in vain for more detailed commentaries and syntheses of a proliferation of bitty little studies (some of which are alarmingly obscure). Several contributors might have devoted attention to a more explicit structuring of their chapters around more clearly elaborated central themes.

My second critical comment refers to the book's handling of social identity theory (SIT). Despite the editors' excellent choice of this theory as a central theme of the book, the work would have benefitted from a unified chapter giving an up-to-date account of SIT. Such a chapter would, for example, include more recent developments of the theory that developed in the second half of the 1980s, reviewed in works such as Turner (1987), Hogg and Abrams (1988), Skevington and Baker (1989) and Abrams and Hogg (1990). De la Rey outlines the historical background of SIT, as well as some of Tajfel's early work in this area, in a chapter notable for its lucid and accessible writing style, and its tight critical comment. Several other contributors refer to more recent developments of the theory, such as Louw-Potgieter's review of Giles' work on the social psychology of language, and Foster's references to self-categorisation theory and the process of referent informational influence in his chapter on crowd violence. However these more up-to-date references, as well as potential extensions of SIT and self-categorisation theory for the South African context, are unsatisfyingly scattered about and never adequately pulled together. In short, ironically, the book does not do full justice to the very theory it singles out as social psychology's most useful conceptual tool for the South African context.

The book might also have benefitted from a greater degree of skepticism about SIT. While both De la Rey and Foster do offer criticisms of the theory, these tend to be brief, and most of the other contributors tend to embrace SIT rather too unproblematically given its controversial status. While the theory has been welcomed by many as "social psychology's first truly general theory with paradigmatic potential" (Duckitt, 1991, p193) it has also come under heavy fire from a range of critical social psychologists (e.g. Henriques et al, 1984; Potter and Wetherell, 1987) who have condemned the theory for its allegedly narrow and asocial cognitivism. While I would argue that many of these critiques are at best inadequately developed and at worst quite unconvincing, they do need to be engaged with rather than simply ignored, particularly in a text that uses SIT as its central theme.

Thirdly, and perhaps the greatest disappointment of the book is its handling of research methodology. Social psychologists, both locally and abroad, have long bewailed the discipline's state of crisis, characterised in terms of its narrowly individualistic focus as well as its lack of relevance to a critical understanding of existing power relations and the possibilities of social change. There is universal agreement that a central reason for the crisis is social psychology's dependence on limiting and inappropriate positivist research methodologies.

The editors' obvious commitment to the development of a more critical and socially relevant social psychology is not reflected in the book's disturbingly conventional and unimaginative methodology chapter which is located firmly in the very positivist research tradition that led social psychology up the garden path in the first place (with less than two token pages on the importance of taking the "socio-historical context" into account). This total absence of attention to the large body of existing work into alternative methodologies, and the potential of these methodologies for extending South African social psychology, is particularly glaring. Foster himself is politely apologetic about this chapter in his editorial introduction, pointing out that this chapter fails to take account of "the emergence of alternative hermeneutic or interpretative approaches which utilise qualitative methods" (p19). This limitation is not only apparent in the methodology chapter however. Thus, for example, discourse analysis is accorded no more than a one-page account in Foster and Nel's chapter on attitudes (the book's index does not contain any reference to discourse analysis), despite the fact that it emerged as the major challenge to mainstream attitude research in the 1980s (e.g. Potter and Wetherell, 1987).

Despite these reservations, **Social psychology in South Africa** will serve as a useful and stimulating text for both its critics and its admirers, as well as an indispensable resource for student and researcher alike. Furthermore, warts and all, it constitutes a significant and timely contribution to the challenge of developing an appropriate tradition of local social psychological work in a country which has tended to rely far too heavily on uncritical overseas theories and sources.

REFERENCES.

Abrams, D & Hogg, M (1990) **Social identity theory: Constructive and critical advances.** Hemel Hempstead: Harvester Wheatsheaf.

Duckitt, J (1991) Book review. **South African Journal of Psychology, 21 (3)**, 193-194.
Henriques, J, Hollway, W, Urwin, C, Venn, C & Walkerdine, V (1984) **Changing the subject.** London: Methuen.

Hogg, M & Abrams, D (1988) **Social identifications: A social psychology of intergroup relations and group processes.** London: Routledge.

Potter, J & Wetherell, M (1987) **Discourse and social psychology: Beyond attitudes and behaviour.** London: Sage.

Skevington, S & Baker, D (1989) **The social identity of women.** London: Sage.

Turner, J (1987) **Rediscovering the social group: A self-categorisation theory.** Oxford: Blackwell.

Psychology in society (PINS), 1993, 17, 65-69

Youth and political violence

Book review

Straker, G with Moosa, M, Becker, R, & Nkwale, M (1992) **Faces in the revolution: The psychological effects of violence on township youth in South Africa.** Cape Town: David Philip, ISBN 0-86486-203-2. Ohio: Ohio University Press, ISBN 0-8214-1040-7.

Kerry Gibson
Education Department
University of the Witwatersrand
Johannesburg

Much of the psychological literature on political violence has tended to tell us more about the ways in which psychiatrists and psychologists categorise, code and evaluate the responses of the victims than about the people who are actively living through, making sense of and fighting against these things. Straker et al's **Faces in the Revolution** has managed the much more difficult task of transmitting something of the psychological complexity of the lived experience of youth during the repression of the 1980s.

The book can be read at two different levels: firstly as the story of South African youth in revolutionary times, and secondly as a psychological analysis of the effects of their exposure to violence. I read it initially as a narrative. At this level it describes a community, Leandra: a microcosm of township life in the mid-eighties. The same threads of discontent that ignited townships across South Africa led to its own resistance against the State. The threat of forced removal, poverty, housing shortages and dissatisfaction with

schooling, as in many other areas, became the grass-roots basis of "struggle" which was initiated largely by the youth. Also as in other townships, splits developed between those who clung desperately to their meagre power under the status quo and those who sought change. This created an atmosphere of suspicion and outbreaks of internal aggression which in turn were exploited and fuelled by the State in a campaign of increasing repression against the resistors. The comrades whose stories are the basis of this book were forced to flee the township after the conflict exploded in the murder of a community leader and a revenge killing of a vigilante. The Wilgespruit Centre where the group were first interviewed, was only a nominal refuge from the violence. Relations there (including those between the subjects and counsellors/researchers) mirror the political divisions, hostility and suspicion of the revolutionary environment. In addition, the centre itself was targeted for police harassment and offered no real measure of safety for the displaced youth who had fled there.

The first stated intention of the **Faces in the Revolution** is to contextualise the diversity of trauma arising out of repression. While it might appear glaringly obvious that it is necessary to understand this context in order to understand the ways in which people have responded, it is surprising how often in the psychological literature this has been accorded less significance than it deserves. In the interests of research clarity there has been a tendency to oversimplify the context of political violence by splitting it up into discrete events which are coded according to objective characteristics. While ostensibly this appears to reflect the context, it does not capture the way in which the events stand in a meaningful relation to one another or how they are given meaning by those experiencing them. The approach in this book does not make the pretence at reducing violence to a set of events, nor does it treat these as having a discrete impact on people's responses. Instead, to its credit, it recognises how people are entrenched in particular ways of making meaning out of their environment and how they constantly interact with their environment in ways which alter it and transform themselves.

This contextual back-grounding provides a solid basis for the discussion of 300 hours of interviews with politically active youth. This coincides with the second intention of the book which is to explore in depth the personalities and lives of those interviewed. It is illustrated throughout by rich case material which has actually managed to evade the psychiatric "case presentation" stereotyping often present in psychological literature. The authors are able to sketch a very real sense of each person and as I read it for the first time I found it had been capable of eliciting a whole range of emotional responses: hopes and fears, in relation to the material. While this is obviously not the primary task of an academic text, there is still a great deal to be said for a

text that is able to connect readers on this level. **Not either an experimental doll** (Marks, 1989) comes to mind as an example of a heart rending book that has done more to develop an understanding of the history of education in South Africa than many other weightier academic tomes. I must confess to a little disappointment when I read the methodology section at the back of the book and discovered that the very convincing case studies had in fact been constructed by the authors as an illustration of a `type'. Nevertheless it is clear that the book succeeds well as narrative. The material is rich, accessible and emotionally convincing.

These things however are not all that is required of a psychological text on political violence and certainly the authors intend that it should also be a rigorous psychological analysis of the characters and contexts they describe. Two intentions are specifically outlined in this respect: to examine the vulnerability and resilience of youth in war and finally to critically examine the psychological basis of the popular claim that violence begets violence. Both of these aims address the interests of the specialist reader. The first question deals with issues which are widely accepted to be a part of the domain of psychological theorising on the issue of stress. The second aim adds a level of critique to the analysis. This is not just directed at common sense thinking but also on the widely held psychological thesis that violence must necessarily be pathogenic and frequently results in a cycle of aggression where those who are victimised become victimisers.

My second reading was undertaken with more attention to these theoretical concerns. The authors work with a broad distinction between those who cope with their experience of repression (are resilient) and those who do not (are vulnerable) and within this they describe a range of possible roles that those in the "struggle" might enact: the leader, the hero in search of a script, the conduit, the follower, and so on. Each sub-category is exemplified with one or more case studies which are in turn analysed to extract features of vulnerability or reliance. The case study method used here was effective in reflecting the complexity of factors involved in coping: the person's background, the degree of social support they receive, family relationships, previous experiences, personality styles and so on. The cases demonstrated how particular responses emerged out of a subtle interaction of all of these factors rather than as the necessary corollary of any one. Even beyond this the broad roles in terms of which the cases were defined were also recognised to fluctuate. Although this kind of idea has been discussed fairly extensively in the literature on political violence, the attempt to avoid over-simplification is sometimes difficult to follow through successfully in the analysis of actual case material. In trying to account for the complexity of relationships between the many different kinds of factors in the experience of violence it is a

challenge not to resort to a wishy-washy brand of eclecticism. While the over-all theoretical foundation of this book is clearly psychodynamic, there is still some lack of coherence between the different ideas that emerge from within the varied ranks of this body of theory. It is recognised for example in some of the case analyses that constitutional factors may play a part in responses to violence, that early loss might be a significant dynamic factor and that social support can bolster a failing ego. All of these make sense independently (in more or less sophisticated ways) but the problem is that all of these factors engage at different analytic levels. The authors do not give an adequate explanation for how these different levels relate to one another nor for how they might be integrated into a unifying theoretical understanding. This lack of theoretical coherence gave a slightly confused and piecemeal quality to the case analyses that might have been avoided by the inclusion of an earlier chapter which explained the theoretical basis of the analysis more rigorously.

In spite of this shortcoming however, the book takes us substantially beyond a reductionistic, one-dimensional consideration of the psychological effects of political violence and gives a tantalising glimpse of how things might be understood differently. In particular, it allows us to break away from the image of the passive victim of a violent event to a recognition of agency in the process of coping with and making sense of experiences of violence. The authors note that while 50% of their study group could be described as psychological "casualties", what was remarkable was that the other 50% had survived. On a less positive note however the study raised some illuminating questions about what in fact constitutes real coping and whether showing little sign of psychological disturbance may itself not be pathological in the long term. The argument here becomes a potentially very powerful critique of other research on the psychological effects of violence which has tended to equate symptoms with pathology and lack of symptomatology with health.

The last section of the book deals with the question of whether violence begets violence. In order to do this it offers an account of the actions of the youth while at the Wilgespruit Centre as well as their moral perceptions of violence obtained in interviews some three years later. It also draws from material obtained in interviews with other subjects who participated in violent incidents (necklacing), but who were not a part of the Leandra group. This particular question is one which is voiced over and over again in popular forums, but has seldom been addressed directly in the psychological literature on violence. Its neglect is, I believe, not mere coincidence, but reflects some degree of reluctance on the part of researchers to move away from the comforting image of the child victim of violence, to an investigation of the active perpetrator of violence. This is perhaps due to both the political

sensitivity of questions around the morality of involvement in violence as well concerns about the possibility of pathologising the warriors of the "struggle". That these authors have been able to walk all over this previously sacred ground might be attributed to changing political circumstances which have allowed greater dissension within the progressive circles, but remains nevertheless a courageous development on the part of the authors.

Essentially, the argument of the book is that participation in violence does not seem to lead inevitably to moral decay and further random acts of violence. Instead, violence appears to be contained within an over-riding set of moral justifications for violence which is seen to be serving particular kinds of just ends. At the same time however the authors caution against a Fanonesque view of violence as healing the wounds of repression (1963). While they argue that there is no evidence to suggest that the youth in their study had become amoral or insensitive there was no reason to suggest that their participation in violence had been helpful to them on a psychological level. Thus, the authors offer a challenge to two common sense visions of the effects of violence, the first which envisages violence as a step on the road to inevitable moral decay and the second which romanticises the violence of war.

This is by far the most interesting section of the book. It raises a whole range of theoretically exciting ideas as well as practical questions which are becoming more and more pertinent as political violence continues in our country. It starts to open up a very important area in terms of understanding the long term effects of violence. This is however just a start. As much as the ideas contain the germs of a whole range of possible psychological ideas, they remain largely at the level of illuminating speculations rather than well based conclusions. There is also, as previously, a slight unevenness in the quality of the analysis which varies from extremely sophisticated ideas to ones that appear to be relatively simplistic. In spite of this however there is a quality of insight within these speculations that is a powerful introduction into a new set of questions about violence. Perhaps it is appropriate that at this point in the development of psychological knowledge on violence there should be a focus on opening up questions and debates rather that providing answers.

REFERENCES.

Marks, S (1989) **Not either an experimental doll.** Johannesburg: Ravan Press.

Fanon, F (1963) **The wretched of the earth.** Harmondsworth: Penguin.

Psychology in society (PINS), 1993, 17, 70-74

Why gossip is good for you

Book review

Masson, J (1991) **Final analysis: The making and unmaking of a psychoanalyst.** London: Harper Collins, ISBN 000215 7187, pp202 (Addison Wesley, 1990).

Jennifer McCaul
Durban

A recent edition of **New Scientist** contains an article entitled "Why gossip is good for you". Gossiping, the author argues, serves the purpose of providing a sense of social cohesion to human relationships. It is a sophisticated form of the nit-picking that goes by the name of grooming in primate groups. Jeffrey Masson has assigned himself just such a task in his book **Final analysis**. He aims to expose the lice-infested body of psychoanalysis to the world, through an extended gossip about his "making and unmaking as a psychoanalyst".

The first chapter opens with a conversation between Masson, a bright-eyed, bushy-tailed Professor of Sanskrit at Toronto University, and a training and supervising analyst at the Toronto Psychoanalytic Institute, Dr Bergman*. (* Masson offers his hosts the discretion of a pseudonym indicated by an asterisk above their names. It would appear that this small tribute to anonymity is all that he is prepared to offer.) The event described is Masson's initial interview for a position as an analyst-in-training at the Institute.

"Have you ever been unfaithful to your wife?" asks Dr. Bergman as his opening gambit. Why is the authorial tone so enticing, the mood so irresistible?

Simply because it's so familiar from the back pages of the Sunday newspapers and the glossy covers of popular magazines. It's a cosy invitation to take a voyeuristic peep into the seamy side of life we nice folk don't usually get to see. Masson's studied ingenuousness in relating the shock the question aroused in him, sets the tone of his ongoing revelations about his experiences at the hands of the psychoanalytic establishment and it makes for easy reading.

On the basis of this and other interviews Masson was accepted and began his training analysis in 1971. He was placed with a training analyst by the name of Schiffer and from his account, the training analysis which took place daily for fifty minutes and lasted for five years, was extremely unorthodox. Schiffer was invariably late, he took personal calls during sessions, he passed offensive opinions about his other patients (fellow students of Masson's), and he gossiped.

Masson writes: "I was a gossip. I still am. I got pleasure from it then, I get pleasure from it now. I provided Schiffer with a great deal of amusement when I recounted the foibles of my colleagues and mentors ... so when I would provide him some good gossip about another ridiculous remark by one of his colleagues, he would howl with laughter and then proceed to tell me his own favourite story" (p64).

Schiffer's failings were legion and while he did not heal his patient he informed him about the clinical practice of analysis. When the analysis concluded five years after it had begun, Schiffer promised Masson that he would tell the analytic committee that it had been a good analysis and that he was fit to graduate. However, some time later while Masson was concluding other sections of his training, he and Schiffer met. Masson presented Schiffer with a summary of a psychoanalytic paper he and his wife were preparing. At this, Schiffer fell into a blind rage, accused Masson of stealing his work and threatened to revoke his decision about Masson's training analysis unless Masson acknowledged him as co-author. After some hesitation Masson informed him that he would (in fact he never did) and thus did not have to return to analysis.

Masson concludes his reflections on his own training analysis by suggesting that Schiffer was no better or worse than any of the other training analysts. All suffer from the fatal flaw of being human.

The other aspects of training - the supervised cases and the seminars - proved as imperfect as the training analysis. The patients Masson acquired were problematic; the supervisors inadequate. The seminars were boring and the only interest they held for him was to reveal the various schisms in the Institute between analysts who held different theoretical positions.

Masson intricately interweaves his personal account of his experiences with information about the psychoanalytic process. He is well versed in both psychoanalytic theory and technique, having worked his way through all the available literature in English that he could lay his hands on. However the weave is not as loose as one would wish it. The personal, gossipy tone of not-quite-invective that runs through the book contaminates many of his observations and makes it difficult to treat his comments with the seriousness that some of them deserve.

His story culminates with the now often-told tale of his dramatic rise through the psychoanalytic hierarchy to Project Director of the Freud Archives, and his equally rapid fall.

From early in his training Masson made a concerted effort to cultivate friendships with analytic luminaries. His most dazzling success was with Kurt Eissler, the keeper of the psychoanalytic ark. The two men became friendly in 1973 and continued a passionately intellectual contact which was crowned by Eissler's invitation to Masson to replace him as Director of the Freud Archives in 1980.

Masson had already decided that the clinical practice of psychoanalysis was not for him. He found it boring. However he was enthralled by the idea of historical research and was particularly interested in pursuing a line of thought that he had in the back of his mind for some years. He was convinced that contrary to the analytic position, neurosis is caused by the experience of actual trauma rather than repressed sexual fantasy. The chance to gain access to the various documents that Eissler had collected over many years and to which other scholars were denied access, was thrilling. In addition, he was promised residence in Freud's house in Maresfield Gardens, London, once Anna Freud no longer required it.

Masson's tenure as Projects Director of the Archives proved brief. In the August of 1981, nine months after beginning his new job, Masson's views on Freud's abandonment of the seduction theory of neurosis were published for all to read in the **New York Times**. However, he did not content himself with a presentation of his argument. He went further and impugned Freud, calling him a coward and blaming him for the sterility of psychoanalysis. Shortly

after this, he was called before the Board of Directors of the Archives, and informed that his contract would not be renewed.

Masson filed a law suit against Eissler, Muriel Gardener and her son-in-law, as representatives of the Archives for 13 million dollars on a number of charges, one of which was wrongful dismissal. The case was settled out of court and Masson was paid 150 000 dollars on condition that he return Dr. Eissler's tapes and documents to Anna Freud. The law suit, the settlement and Masson's theft of Eissler's tapes are not mentioned in **Final analysis**. One has to read Janet Malcolm's book **In the Freud Archives** (1984) to find the conclusion to this part of the story.

Soon after the settlement of this case, his membership of the International Psychoanalytic Association was terminated, because Masson had not paid his dues. Masson tells this part of the tale with a naivete that is hard to believe. He claims that he had no idea that the analytic community would respond in such a way to his revelations and presents himself as a helpless victim of the monolithic cult of the members, all of whom are vindictive and vengeful in their desire to protect their wealth and power. Yet in an interview with Janet Malcolm some months later he says: "I'm writing a book called **The assault on truth: Freud's suppression of the seduction theory**. And when my book comes out there is not a patient in analysis who will not go to his analyst with the book in hand and say, `Why didn't you tell me all this? What the hell is going on? I want an explanation. This man is telling me that there is something wrong at the core of psychoanalysis. Jesus Christ! If this is really true, what am I doing here?'" (p14).

Later he says, "There is no possible refutation of this book. It's going to cause a revolution in psychoanalysis. Analysis stands or falls with me now". The book is an expansion of the thesis he offered to the public in the **New York Times** newspaper articles and there can be no doubt that his intentions were as explicit then as he expresses them later.

Masson points many fingers during the course of the book. He criticises analysts for personal failures of integrity, including sex with patients, backbiting, nepotism, gossiping and small-mindedness. While there are undoubtedly individuals within various psychoanalytic institutes who are guilty of these faults, Masson's attempt to discredit the entire analytic enterprise based on the argument that the individuals who practice it are mere mortals, is spurious. There is a mistaken belief at the heart of this book, that if Masson can vilify enough people associated with psychoanalysis, especially Freud himself, he will create enough doubt in peoples' minds about its efficacy.

While gossip may facilitate sociability, slander does not. **Final analysis** is a book that tempts the reader with its casual, quasi-intimate tone of secret revelation but at its core it is profoundly dishonest. Masson's presentation of himself is extremely questionable. One wonders why someone with such belief in his powers of insight took such a long time to see through to the heart of the psychoanalytic myth. He writes that at the conclusion of his initial interview in 1970 his doubts were strong and growing. Why did it take so belligerent a person a further ten years to act on these doubts?

Masson claims to be intent on setting the world right about psychoanalysis. One would have thought his two previous books would have been sufficient for that task. It's difficult not to believe that this text, **Final analysis**, is simply getting even with the individuals who had the misfortune to know him during those years. Thinly disguised by asterisks, individual identities must be glaringly obvious to those who recognise either themselves or others.

Should you read this book? It's an easy read. One's eyes fly across the pages. Its gossipy tone is enticing. But the substance is vexed. While there are moments of insight and revealing criticism of psychoanalysis, the spiteful, vengeful pitch is overwhelming.

Read it with a careful eye on the not-so-hidden agenda.

Psychology in society (PINS), 1993, 17, 75-80

Holistic health care

Book review
Schlebusch, L (ed) (1990) **Clinical health psychology: A behavioural medicine perspective.** Halfway House, Tvl: Southern Book Publishers.

Shirley Tollman
Department of Psychology
University of Natal
Durban

The publication of this the first South African text dealing with Clinical Health Psychology is well-timed in view of the changing health care delivery system emerging within a "new" South Africa. Professor Schlebusch's longstanding professional concerns with "whole-person" hospital care to replace the prevailing biomedical approach (which ignores the impact of psychological and social forces upon disease, illness, and the healing process), as well as the proper application of psychological expertise by the health care team are addressed extensively in this publication. For example, he writes: "Comprehensive health care involves both psychological and physical care, which are inseparable" (pxix). Furthermore Schlebusch and Lasich point out that "Clinical health psychology, behavioural medicine and consultation-liaison psychiatry are intimately associated with the biopsychosocial approach to patient care, particularly in general hospitals and related settings, and have become well established in recent years in industrialized and developed countries" (p326). But South Africa does not conform to this designation. At the present time it is a country in turmoil, a land grappling with the consequences of its own history, populated by an

unique and complex mosaic of people who live somewhere within the extremes of rural and industrialized development, and whose lives range between poverty and wealth, privilege and deprivation, and who have grown up within diverse environmental, cultural and sociopolitical systems. Clinical health psychology in South Africa has now to address itself to the specific requirements of all its people.

This text is a competent reflection of the state of the art at the present time, a necessary first step for the evolution of a Clinical Health Psychology for South Africa. It is clear that although Schlebusch and each of the contributors to the book emphasize that sociocultural and environmental factors impact upon psychological and physical functioning, the way in which they are intertwined still largely eludes us. Furthermore, although Schlebusch has initiated enquiry into some specific South African concerns, much remains unchartered. The theoretical foundations and practical applications of **Clinical health psychology** rest upon work on affluent people in highly industrialized settings with their particular complex of illnesses. There is an urgency for us to identify the needs of all the communities within South Africa, to validate the existing "First World/Western" techniques on each of these communities, and wherever necessary either to transform or to generate novel psychological assessments, and preventative and curative interventions which will be appropriate for each target group. A survey of published data on health status, health services, research and training in South Africa revealed that "Health status is influenced by the interaction between socio-economic and political factors. The World Health Organization (WHO) has described three broad groups of health conditions - diseases of poverty, industrialization and social instability. All three disease patterns are found in South Africa. The problem lies in that there is an inverse relationship between South African Health Service priorities and the prevalence of these disease patterns. The bulk of the health budget and services is devoted to tertiary care aimed at health conditions related to industrialization, while the majority suffer from diseases associated with poverty and social instability" (MRC, 1991, p9).

Schlebusch has produced a well-organized, comprehensive and useful text, which is favourably comparable, in the breadth of its subject matter, to recently advertised publications from abroad [eg **Health Psychology: Challenging the biomedical model** (in press) by Sheridan and Radmacher; and **Health Psychology** (1991) 2nd edition by Taylor]. Schlebusch and Lasich identify that "Two areas, however, have been inadequately covered in the past. These are the relationships of clinical health psychology, behavioural medicine and consultation-liaison psychiatry to medical education as well as to clinical functioning in Third World countries. ... This book addresses some issues and concepts in this regard in an attempt to reflect a broader

orientation of these established subspecialities. It further differs from available texts in that it stems from years of clinical and teaching experience within a cross-cultural setting in a developing country. It is also designed to introduce the contributions of clinical health psychology to behavioural medicine and consultation-liaison psychiatry to those who are interested in comprehensive health care in the Third World" (p326).

Schlebusch, in his Introduction outlines realistically, and with clarity, the rationale, the objectives and some of the problems with the current status of Clinical Health Psychology. "Written primarily for students concerned with the interface between medicine and psychology, this perspective on behavioural medicine provides up-to-date reading of the essentials at the nexus between these fields, supplying a basic groundwork" (pxix). In order to achieve his objectives, apart from his own considerable contribution (ten out of 25 chapters), Schlebush invited professional practitioners to write chapters in fields in which they were expert. "Thus because the book consists of a collection of chapters written independently, it can be consulted either in its entirety or selectively" (pxx). There is a wealth of material in this text augmented by many tables and figures and "to further enhance the book's teaching potential and to encourage review and discussion, Main Ideas and Review Questions are included in each chapter" (pxxi). Schlebusch also points out that "Each of the contributions is dependent on the skill and knowledge of the specific author, and the attempt at `marrying' First and Third World concepts underpins the importance of reading chapters critically and relating the contents to personal experience. This is particularly valid in view of our limited knowledge of the applicability of many of the concepts of Western psychology to Third World and developing communities and the need to evolve `home-grown' models" (pxx). The importance of these statements are emphasized because the teachers and the professional practitioners of **Clinical health psychology** belong in the main, to only one sector of the South African community. The authors of the present text, selected on the basis of their experience and expertise all belong to an affluent and urbanized group, and are therefore in no way representative of the composition of our South African population. Although it is both explicitly stated and evident by their approach that these specialists are sensitive to the requirement of a holistic approach in the understanding of illness behaviour, their exclusivity points to a need for training a broader spectrum of our society, introducing a wider range of persons to inform theory and models and for the re-evaluation and development of appropriate assessment, and preventive and curative psychotherapeutic techniques. Biopsychosocial is an interdisciplinary approach in which the psychologist is central to the integration of biological and social influences in the behavioural expression of illness and health. In this regard Schlebusch has included a suggestion that

traditional healers should play a role. Arendse (1992) agrees that " .... traditional healers and their patients tend to share the same culture and very importantly experience the same negative sequelae of urbanization which are thought to cumulatively contribute to the mental ill-health of people living in communities undergoing rapid urbanization. They therefore better understand the psychosocial and cultural dynamics underlying certain mental illnesses and can better treat them" (p48).

The twenty-five chapters of the book have been divided into three parts entitled "Basic issues in Biopsychosocial health care"; "Applications of Clinical health psychology to specific areas in health care"; and "Psychological assessment and management of medical patients". Although many of the topics dealt with have books devoted to them, the authors serve to introduce the reader to their subject, to highlight the relevant psychological principles as presently understood, and point the way to further reading. A comprehensive overview of the present practice of Clinical health psychology has resulted, and the book establishes that the application of psychological principles in the pursuit of health are integral.

Schlebusch was aware that constraints were necessary for him to bring the book to fruition. For example, he states that "Because of the intended readership, the emphasis here differs greatly from that of other texts on psychology. Medical relevance is its focus and many of the more traditional content areas of the parent discipline of psychology have been omitted or are given tertiary attention" (pxxi). He refers to a strategy of "applied critical thinking" which aims at getting students to apply knowledge by actually "taking it with them". Schlebusch writes that this "present book has a similar aim and further emphasizes that psychiatry is not the only setting suitable for humanistic medical practice". On the issue of theory: "Likewise in my own enthusiasm for clinical health (medical) psychology and behavioral medicine I have attempted to avoid burdening the reader with lengthy discussions on theoretical issues underpinning these developments". He also points out that "No standard syllabus or total uniformity exists on exactly which aspects of psychology should be taught to non-psychologist health care professionals exposed to already overburdened schedules and courses ... ". In this regard the specific applications of Clinical health psychology selected for Part Two of the book are wide-ranging, and consist of chapters on cardiology; heart disease and coronary bypass surgery; chronic pain; dental medicine; nephrology; neurology; obstetrics and gynaecology (commendable for its inclusion of cross-cultural studies which illustrate the impact of socialisation on crucial behaviours such as menstruation, contraceptive usage, pregnancy and parenthood, and which established the necessity for these variables to be accounted for if the expression of illness is to be understood and healthy

living is to be promoted). The other chapters deal with orthopaedics; paediatrics (very short); psychiatry; sexually transmitted diseases (especially AIDS); and "other areas of medicine". The focus of attention ranges from relatively rare and expensive hospital cases such as kidney transplants, to those that involve all sectors of our population such as AIDS - a main concern - and suicide which in South Africa is "the third biggest cause of death concerning 15-24 year olds (SAIRR Survey 1989/90)" (MRC, 1991, p30). "Stress management" and "death and dying" are embedded within further chapters, while practical concerns include consultation-liaison between and among professionals and patients, and even current and future teaching concerns.

Schlebusch's assertion that the book "not only provides an overview of the current state of the art in Southern Africa but, as a first in this regard, lays the groundwork for further development in the field" (pxxii) needs to be noted. Clinical health psychology is in its infancy in South Africa, and so its further development has to address the unique combination of needs of the people of South Africa. The "truth" of the assertions of (South Africans) Miller and Swartz (1992) that "Contributions from social science have not been integrated into health care and have failed to change the fundamental practice of biomedicine, what they have achieved is the appearance of concern with psychosocial issues" (p45), or of Nell (in Matthews, 1992) that "Western neuropsychological performance models and the norms these models expect are frequently invalid even within these countries" (p421), need to be examined. For as Craig (1992) points out the "attempts at transformation must confront the meanings surrounding persons and their beliefs, projects and lives" (p60).

In his Introduction Schlebusch complains of "the dearth of relevant data applicable to Third World and developing communities (as found in Africa, especially Southern Africa)" (pxx). This book enables us now to move forward and to structure a Clinical health psychology appropriate for the specific needs of our own South African community. Thus, for example, epidemiological studies are necessary to identify the composition of individuals in our hospitals and clinics, their particular disorders (including those flowing from social instability, violence, poverty, repression, and industrialization), and the proportion of people afflicted by each so as to ensure that the allocation of resources such as skilled personpower, expertise and finance are brought into phase with the demands. We need to incorporate sociocultural influences into the models that inform our interventions, and we need to address the provision of preventative and follow-up structures, because the care of all the people of South Africa, in all their conditions, is the concern of Clinical health psychology.

REFERENCES.

Arendse, R (1992) A cursory look at mental health as a neglected area within urbanization, and traditional healers as an untapped resource, in **Urbanization and Health Newsletter**, National Urbanization and Health Research Programme, MRC. Cape Town.

Craig, A P (1992) The limits of a (critical) realist account of the beliefs, projects and life of self and others. **South African Journal of Psychology, 22(2)**, 59-70.

Matthews, C G (1992) Truth in labelling: Are we really an international society? **Journal of Clinical and Experimental Neuropsychology, 14**, 418-426.

Miller, T & Swartz, L (1992) Psychology and epidemiology: An incompatible alliance? **South African Journal of Psychology, 22(2)**, 52-59.

MRC (1991) **Changing health in South Africa: Towards new perspectives in research.** Cape Town: MRC. MRC report based on a survey of published data on health status, health services, research and training, and interviews for the Henry J. Kaiser Family Foundation, California.

Sheridan, C L & Radmacher S A (in press) **Health Psychology: Challenging the biomedical model.** New York: Wiley.

Taylor, S E (1991) **Health Psychology.** Lexicon Publishers.

Psychology in society (PINS), 1993, 17, 81-84

How green is my politics?

Book review
Cock, J and Koch, E (eds) (1991) **Going green: People, politics and the environment in South Africa.** Cape Town: Oxford University Press.

Carolyn Baker
Department of Zoology
University of Durban-Westville
Durban

Going Green sets itself out to inform its readers about some of the most urgent environmental issues within the political framework of South Africa, both historically and at present. The editors, Jacklyn Cock and Eddie Koch and seventeen other contributors ranging from ecologists, through journalists to trade unionists have collectively addressed ecological/environmental problems facing South Africa, and attempted to show the atrocious damage done to our environment and in particular as a result of apartheid politics. There are seventeen chapters and ten profiles on some of the more active people within South Africa's green movement. Each page has bold type quotes extracted from the text and highlighting some of the more startling perspectives in each chapter. Profiles are brief but informative and serve to introduce readers to some of the people who have contributed to the green movement in South Africa. Selected references for each chapter follow at the end of the book.

Reading this book is not a particularly pleasant experience, not because it is superficial or lacking in fact, both of these things it definitely is not, but

because of the constant realisation that every aspect of our South African landscape has been irretrievably damaged through the ravages of apartheid. Each of the contributors has addressed their area of expertise with an understanding of the inextricable link between the environment and the people within it. It is this approach which constantly reminds us that despite the understanding of environmental processes and ecological dynamics within a human oriented world, the environment is continuing to suffer under ongoing and unrelenting stress, and will continue to do so for some time to come. In this respect the editors have achieved their goal - to provide a host of facts which are aimed at engendering ongoing concern. There are few solutions offered, but rather a clear set of do's and don'ts.

Some of the chapters (for example by Jacklyn Cock, Eddie Koch, Marianne Felix, Rod Crompton and Alec Erwin) concentrate mainly on the relationship between people and the environment, in contrast to those (by Mark Gandar, Henk Coetzee, David Cooper, Francis Manuel, Jan Glazewski and John Ledger) which examine some of South Africa's natural resources more specifically. It is the former approach which is particularly useful for readers interested in environmental problems as there is a constant confrontation between the environmental resource and the human population, and suggestions are made about how the two can work compatibly. However it is essential for readers to be informed of some of the basic ecological factors that affect the South African people, and the two approaches are well integrated.

There are constant reminders that caring for the environment does not only mean saving endangered species (the importance of this work cannot be denied), but also caring for those basic resources that improve the quality of life for all South Africans. Mark Gandar in his chapter concerning the sources of power/energy in South Africa, notes how wasteful South Africa is regarding energy usage and says "it is only possible to have true energy conservation in a resource-conscious society". He comments that it is essential to examine new relationships between energy, development and the environment, at the same time remaining aware that the sustainability of the economy rests on the ways that energy and other resources are used. Similarly Henk Coetzee and David Cooper emphasise the generally poor water supplies in the country and also the appalling levels of pollution within those waterways that are used as waste disposal avenues. John Ledger reviews the status of South Africa's flora and fauna, and appeals for the conservation of biodiversity, particularly in the light of criticisms that have been levelled at conservationists who apparently have more concern for wildlife than the very people who populate our country. The proposed removal of people in the Mbangweni Corridor that lies between Ndumo

Game reserve and Tembe Elephant Reserve is such a case in point. It is argued that the consolidation of these two reserves would be to the benefit of the wildlife, and especially the elephants as they would have access to the large stretches of water that occur within the Ndumo Reserve. However since the initial controversial removals took place that allowed for the creation of the Tembe Elephant Reserve, some kind of understanding is emerging in some of the more progressive conservation bodies, which seeks to include local communities in the conservation movement. This would preclude removal of people from land which is historically their own. David Fig documents the community struggles in Namaqualand, and outlines the process by which the Richtersveld became established as a community Reserve. Here the local people are involved in the management of the area and receive the benefits from conservation directly. This trend is also followed in Namibia where communities are being included in the maintenance of wildlife reserves. Margaret Jacobsohn outlines some of the difficulties faced in this region where local people were threatened by wildlife and apparently viewed the desert elephants in particular, as enemies fighting for similar resources. Consequently the Purros Project was set up to reconcile the development of the Reserve (and consequently the tourist trade) with the needs of the local communities.

John Ledger believes that it is critical for all South Africans to "create some kind of consensus ... concerning the environment that must sustain this and future generations, irrespective of what political dispensation may prevail". He further outlines the IUCN's Ethical Basis for conserving Biodiversity, and emphasises the clause, "All persons must be empowered to exercise responsibility for their own lives and for life on earth. They must therefore have full access to educational opportunities, political enfranchisement, and sustaining livelihoods". It is some of these sorts of issues that are the focus of the chapters by Eddie Koch and Marianne Felix. She focuses on some of the community consequences of living in the vicinity of asbestos mills, and the manoeuvring of big companies such as GENCOR, when evidence of asbestos related diseases began to trickle out. The continued lack of awareness and also helplessness of the affected communities is highlighted. Eddie Koch looks specifically at the development of "rainbow alliances", the phenomenon where communities rally around an ecological problem, and comments on the need for more permanent organisations to lobby around environmental issues and their effects on people.

The problems of an ever-increasing urban population are addressed by Lesley Lawson. She notes that one of the most effective ways of dealing with these problems lie in the development of active civic organisations. The common belief that overpopulation is the causative agent of environmental degradation

is examined by Barbara Klugman. She argues that both colonialism and apartheid have together destroyed the balance between economic resources and population growth, with the resulting environmental degradation. In order to overcome some of these problems adequate health care and education are vital, thus allowing women in particular, to take control of their lives and promote a reduced fertility.

Rod Crompton and Alec Erwin take a very careful look at the environment within the context of labour. After situating the environment for the vast majority of South Africans within industry, they show that separation of the "work environment" from the "environment" is false. Crompton and Erwin outline the COSATU position which aims to "address basic problems of poverty, unemployment and shortages of basic social infrastructure such as housing: to increase employment, wages and incomes from small-scale business enterprises: to re-integrate our manufacturing sector into world markets on a competitive basis; and to upgrade the skills and capacities of our human resources". The concern for the environment is not ignored and they stress that economic development can only go as far as the environmental limits.

It is clear that **Going Green** does not answer the multitude of environmental problems that face South Africa, but simply outlines some of them. As one of the first South African books to attempt an eco-political evaluation of the environment, it will be of immense value to both environmentalists and green politicians. All too often the struggles faced by communities are buried in special reports which are not available to the general public, or they receive brief newspaper coverage. Similarly the efforts of conservationists are seldom presented to the general public outside the ambit of expensive coffee-table volumes. In **Going Green** there is an attempt to link these two aspects, and to present them for general consumption in a relatively inexpensive collection.

Psychology in society (PINS), 1993, 17, 85-87

Designing research

Book review

Oppenheim, A N (1992) **Questionnaire design, interviewing and attitude measurement.** (2nd Edition) London: Pinter Publishers, ISBN 1 85567 044 5 (pbk), pp303, R94.87. ISBN 1 85567 043 7 (hbk).

Steven J Collings
Department of Psychology
University of Natal
Durban

This new edition of Oppenheim's classic text has been revised and updated, as well as expanded to include chapters on research design and sampling, pilot work, questionnaire planning, and statistical analysis. As before, the opening chapters are given over to a practical and down-to-earth introduction to research design. The logic, stages and methodologies of design are outlined in a clear and systematic fashion, and the chapter on descriptive designs has been expanded to include a section on sampling and sampling procedures.

The section on questionnaire design and administration - undoubtedly the strong point of the text - has been extended to include chapters on pilot work and interviewing (both exploratory and standardised), while issues relating to questionnaire planning and construction are, as before, dealt with in a detailed and systematic way. Problems of validity and reliability are emphasised at all stages, and special issues in questionnaire design (e.g., respondent bias, response/refusal rates, attitude measurement and scaling) are comprehensively addressed.

The text concludes with an overview of data processing and data analysis. The chapter on data processing, which has been significantly updated and extended, provides the reader with a "user-friendly" introduction to data coding, data cleaning, and problems relating to missing data. As is the case throughout the book, key issues are illustrated through the frequent use of instructive examples and extensive references (which are both directed and evaluated) are provided.

Despite these improvements, however, I believe that this book, like the proverbial curate's egg, can best be described as being "good in parts". The chapters on questionnaire design and questionnaire wording - the primary focus of the original text - are excellent, and for this reason alone I would recommend the text to any person (student, professional, or researcher) who is likely to be involved in evaluating or carrying out social surveys. On the other hand, Oppenheim's attempt to extend the text to encompass both research design and statistical analysis fails to do justice to either topic.

With respect to research design, much of what Oppenheim has to say is directed towards an understanding of a particular form of survey: that is, the large scale survey in which population parameters are known, in which research questions and hypotheses are unilaterally determined by the researcher, in which the research questionnaire is the preferred form of data collection, in which the primary aim of research is either description or the identification of cause-effect relationships, and in which quantitative rather than qualitative methods of data reduction are preferred. As a consequence of this somewhat "conventional" focus a number of important issues in survey design are either ignored or simply glossed over. The assumption, for example, that surveys need necessarily be linked to a single technique for data collection precludes a discussion of innovative methods of data collection such as observation, content analysis of media reports, or post-coding of tape-recorded interviews (Marsh, 1982; Finch, 1986).

Other important issues in survey design, which are either ignored, or receive only cursory attention, include: (a) the philosophical basis underpinning the research process (e.g., positivist versus interpretative epistemologies); (b) models of research relationships, e.g., the researcher as "detached expert" versus the researcher as "cooperative" or "participating" inquirer (cf, Reason, 1988; Whyte, 1991); and (c) the value and relative methods of different forms of explanation (descriptive, causal, or meaning-based).

In addition, the debate surrounding the use of qualitative versus quantitative methods of data analysis (Wortman, 1983; Finch, 1986) is not touched upon, and no discussion is provided on the relative merits of experimental versus

PSYCHOLOGY IN SOCIETY (PINS)

Box 17285, Congella 4013, South Africa

RATES FOR 3 ISSUES

Southern Africa:

Persons: R33-00
Institutions: R60-00

Britain: SURFACE AIR

Persons: £10 £15
Institutions: £20 £30

N. America & rest of world: SURFACE AIR

Persons: $18 $30
Institutions: $36 $60

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

Cheques and postal orders should be made out to PSYCHOLOGY IN SOCIETY (PINS)

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

DONOR SUBSCRIBERS:

- ☐ **R**
- ☐ **R50**
- ☐ **R100**

CONTRIBUTIONS

Psychology in society (PINS) 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.

Cover designed by: Graphicos, Durban

PSYCHOLOGY IN SOCIETY 17 1993

CONTENTS

BOOK REVIEWS