

IN SEARCH OF TRANSFORMATIVE COMMUNITY PRACTICE

Swartz, L, Gibson, K, & Gelman, T (eds) (2002) **Reflective practice. Psychodynamic ideas in the community**. Cape Town: HSRC. ISBN 0-7969-1996-8. Pages xi + 124.

*Inge Petersen
School of Psychology
University of KwaZulu-Natal
Howard College Campus
Durban 4041*

Community psychology in South Africa emerged in the 1980s in response to a need to provide more appropriate and accessible psychological services to the vast majority of the population who could not access such services. It also provided a legitimate approach for psychologists to engage in social change activities under the apartheid regime to address socio-political factors impinging on the mental well-being of people and communities. Community psychology in South Africa has, however, recently been criticized for adopting an ameliorative rather than a transformative agenda under the new democratic dispensation. In the face of the continued paucity of mental health services for disadvantaged communities, and in the context where the legacy of apartheid, poverty, and more recently HIV/AIDS have serious consequences for people's emotional lives, the need for psychotherapeutic interventions for traumatized communities remains an imperative. It should, however, not overshadow continued efforts to transform the structural and material bases of mental ill-health. The current challenge for community psychology is thus to strive towards increasing access, as well as providing community oriented mental health interventions, in a way which contributes to an ongoing transformative agenda in South Africa.

Reflective practice: Psychodynamic ideas in the community edited by Swartz, Gibson and Gelman (2002) takes a step towards providing us with some direction as to how this challenge could be met. Consultation and training of community caregivers working directly with those in need, has been used in South Africa as a strategy to facilitate greater access of stressed communities to mental health care for quite some time. With the integration of mental health care into primary health care having been identified as a mechanism for increasing accessibility to mental health care within the public health care system by the Department of Health, the need for this approach is further amplified. Furthermore, the incumbents of the newly created community psychology service posts are well placed to take on this consultation and training role in relation to primary health care personnel. This approach does, however, demand an expansion of the traditional roles of mental health care specialists towards including consultation, training and supervision of community care-givers. For community psychology to retain its transformative agenda of addressing structural factors impinging

on the mental well-being of people and communities, a critical empowering approach to this endeavour is also required.

Reflective practice provides a modest but useful collection of experiences for practitioners on how psychodynamic thinking can be used in the practice of community psychology to achieve these ideals. These experiences are based on interventions and work emanating from the University of Cape Town's Child Guidance Clinic over the past two decades. In particular the use of psychoanalytic concepts in promoting empowerment and healing through the consultation relationship is given prominence, moving the use of psychoanalysis beyond traditional boundaries of individual therapy and strengthening the argument that psychoanalysis can make a valid contribution to mental health in South Africa.

A central theme, which runs through a number of chapters is the issue of how racial and class differences in particular, impact on power relations between consultants and consultees, between colleagues and between supervisors and trainees. Given South Africa's peculiar apartheid history, the need to reflect on how our different socio-political histories influence our intra-psychic processes and impact on our interpersonal relationships, as well as community and organizational dynamics, is emphasized. Gibson (chapter 2) and Long (chapter 10) both argue that this process of reflexivity is central to facilitating the healing of traumatized communities in a way that also promotes the empowerment agenda of community psychology.

Chapters 5 and 7 are particularly useful for providing practitioners with examples of the application of psychoanalytic theory to community work. In Chapter 5, van den Berg provides a vivid illustration of the importance of "containing the container" in assisting care-givers of abandoned children to cope with the anxieties and emotions evoked by this task. A detailed account of the relationship between care-givers and the children, consultants and care-givers, and consultants and their supervisors, and in turn their support structures is provided, emphasizing the importance of a chain of containment in consultation work.

van der Walt (chapter 7) provides an example of the application of psychoanalytic concepts to understanding organizational change. In particular Bion's work on psychological processes in small groups is used to understand defences employed by nurses within TB clinics in the public health sector. The author argues that making additional demands on primary health care personnel, such as patient-centred care, needs to be accompanied by organizational efforts to contain anxieties that this different nursing approach may engender. This understanding has particular implications for the integration of mental health into the health care system, which demands that in addition to caring for patients' physical problems, primary health care personnel take on the additional burden of caring for patients' mental health needs as well. The success of such a policy shift is, inter alia, likely to be highly dependent on ensuring containment of the anxieties and emotions that such work evokes, with community service psychologists possibly being able to assist in this regard.

Chapter 8 (Watermeyer) is of particular interest for practitioners working with people with disabilities, but has broader implications for community interventions with stressed and traumatized communities. Watermeyer suggests that the systematic exclusion and

discrimination of people with disabilities by society constitutes an experience of trauma, which warrants psychotherapeutic resources in community-based disability social services. He suggests the need to adopt a critical conscientization model that facilitates the debunking of internalized oppression and which channels energy into self-advocacy. This approach is relevant to all interventions dealing with traumatized communities and central to building individual and community competence to challenge the structural bases of trauma.

Tomlinson and Swartz (chapter 9) challenge the somewhat naïve conceptions within community psychology that “giving Psychology away” is empowering of community members or that the “community always knows best”. Using an example of a mother-infant project, the authors advocate a position where power associated with professional knowledge, in this case accumulated scientific knowledge on child rearing practices that promote beneficial social, emotional, and cognitive development, is acknowledged. The task of professionals then becomes to impart such knowledge within a contained space which allows community members to reflect on their own meanings and ways of doing things and to renegotiate, where necessary, more health enhancing approaches to certain issues, such as child rearing.

Reflective practice contributes to the growing number of local texts that are emerging in the field of community psychology in South Africa and begins to fill a gap on process issues that need to be considered to ensure transformative community practice. In a context where the role of mental health practitioners is expanding to include the provision of consultation, training and support to primary care-givers, the need for reflexivity in understanding interpersonal and organizational issues is highlighted. This process is understood to obviate the perpetuation of historical power relationships and promote a facilitative space where healing and empowerment can occur. Furthermore, as highlighted by Watermeyer, the experience of trauma warrants psychotherapeutic interventions at a community level, which empower community members to challenge the structural roots of their mental ill-health.

Given the critique that community psychology is emerging as a mainstream ameliorative field of Psychology in post-apartheid South Africa, there could have been greater reflection on how the different contributions in this book collectively contribute to increasing our understanding of how to engage in transformative community practice. In this regard, the need to adopt a critical empowering approach to intervening with stressed communities, as suggested by Watermeyer, could have received greater emphasis. The adoption of this approach together with reflective practice by community oriented practitioners would hopefully lead to the development of more health-enabling communities, competent in challenging the structural and material bases of mental ill-health. This, in turn, would enhance community psychology’s capacity to meet the challenge of increasing access to mental health care in a way that remains true to an ongoing transformative agenda in South Africa.