CHAPTER SEVEN: DISCUSSION

7.1: Context of Discussion

Introduction.

This study aims to make a contribution to the ongoing debate that has followed on from the Psychoanalytic Trust Conference held in Cape Town in March 1998. This conference represented a turning point for psychoanalytic thought and practice in South Africa. At this conference important questions were placed on the table concerning the relevancy, effectiveness and appropriateness of psychoanalytic work in post-apartheid South Africa. Certain critics (*Cape Times* article 26/09/02) have implied that psychoanalytic psychotherapy is not a suitable treatment modality for the vast majority of South Africans. The assertion has been tabled that this approach is an inadequate model of treatment for the psychological concerns of the poor as it is imbued with the western-centric cultural values of a White middle-class society.

Whilst it is fully acknowledged that financial status currently precludes the vast majority of South Africans from accessing psychoanalytic treatment, it is also true to say that previous economic imbalances along racial lines are currently being addressed and many Black South Africans are now expressing interest in western treatment resources for their psychological concerns. It is also true that traditional African forms of psychosocial treatment rely on collectivist action-oriented treatment procedures, which are contradicted by the western/individualist insight-oriented approaches to treatment. However, due to the fact that South African society is in a process of rapid social transition this study cannot support the perception that the practice of psychoanalytic theory is irrelevant to a new and developing South Africa whose people are increasingly adopting western ideals.

In order to examine these contentions more closely, the practical application of psychoanalytic psychotherapy to non-western individuals was explored. The analytic attitude as described by Ivey (1999) was applied to a specific cross-cultural context involving three Black South African women from an urban environment.

The **research question** under exploration in this study was:
- How does the therapist and each participant under study make use of the conceptual and practical framework of psychoanalytic psychotherapy comprising the analytic attitude and its counterparts the analytic task, process and setting?

The study **propositions** underlying this research question were:

- The conceptual and practical framework of psychoanalytic psychotherapy in its current form is inappropriate to non-western urban-dwelling individuals.
- The conceptual and practical framework of psychoanalytic psychotherapy requires modification in order to meet the cross-cultural needs of non-western urban-dwelling individuals.

In terms of the research question and its related propositions above the usefulness of psychoanalytic psychotherapy in a cross-cultural setting was explored using a case study method that focused on the analytic attitude, which incorporates the basic underlying framework through which psychoanalytic psychotherapy is practiced. The central focus of the study comprised the therapeutic dyad, involving the therapist and participant. The way in which each responded to the elements of the analytic attitude and its counterparts the task, process and setting was closely examined.

Foci of discussion.

In order to facilitate a comprehensive discussion of the findings it was decided to organise the material into five areas of focus that emerged naturally from the study. These five areas include:

- A) Discussion of the use of the analytic attitude in this study,
- B) Discussion of the use of psychoanalytic theory in this study,
- C) Discussion of relevant cultural factors that emerged in this study,
- D) Discussion of new pathways for psychological treatment in South Africa, and
- E) Discussion of the use of a case study methodology in this study.

This discussion is located in the material and theoretical stances outlined in the first three sections of this study. It takes into account the current use of psychoanalytic practice in South Africa and discusses the potential for further application and research.

7.2: Discussion of the Use of the Analytic Attitude in this Study

7.2.1: Study Findings

Analytic setting.

The maintenance of a secure analytic frame was for the most part uncomplicated. All three participants readily accepted the constraints and conditions of the analytic setting: this involved a one-on-one relationship with an older White male of a different cultural background; the

understanding that they were expected to divulge intimate thoughts, feelings, and beliefs without equal disclosure on the part of the therapist; and the concept that despite a high degree of emotional intimacy, this was a professional relationship that was bounded by time, space and financial commitment, demarcated by a set of relationship rules, and could not extend beyond the therapy room. The therapist was well aware that such a relationship would to some extent be felt as unnatural by any participant in psychoanalytic psychotherapy; he expected that individuals coming from the tradition of a collective self would have even more difficulty in adapting. The expectation that participants from a different cultural background would have to be educated into the nature, the expectations and the parameters of this form of treatment was unfounded. All three participants appeared entirely comfortable with this framework of treatment and no serious difficulties were encountered with the analytic setting.

As with all the elements of the analytic attitude the therapist had to be very clear about rigorously maintaining the parameters of the setting. Despite a general adherence to these parameters, the frustrations of such a setting for the collective component of each participant's sense of self were evident to the therapist. Participants occasionally expected the therapist to intervene in matters outside the therapy room, for instance in social, familial and occupational matters. However, the therapist was at all times able to maintain the boundaries without disruption to the therapeutic process.

Analytic task.

The analytic task involves providing a setting in which participants are able to think about and speak of their concerns. It was noted that participants entered the process at a high level of emotional engagement. Each participant was well aware of a strong emotional dimension to the difficulties and issues troubling her, and each appeared to be quite clear about the goals she wanted to achieve in therapy. This acknowledgement served to assist the therapist's task in that all three participants were already in the process of trying to access and think about their feelings. However, they initially had difficulty in articulating thoughts and feelings around emotional issues. By maintaining the elements of the analytic attitude the therapist was able to facilitate exploration of these emotional issues on two levels. The one level was in enabling the participants to explore ways of expressing these feelings; the other was in providing the analytic space in which to explore resistances, thereby confronting and integrating repressed material. This material was ego-dystonic and was therefore resisted or avoided initially. The therapist successfully sustained his task in establishing a setting of "concerned understanding" that was non-judgemental, with no expectations, no intrusive display of emotion on his part and which

showed a trust in each participant. The participants were thus able to achieve their own insights that increased conscious awareness of previously denied aspects of themselves.

Analytic process.

The analytic process refers to the maintenance of the analytic task and setting in such a way that participants achieve insights and acknowledgements of aspects of self that were previously resisted or not understood. The process is the product of participant and therapist working mutually to give rise to a third entity that transcends both of their individual contributions. Using these criteria to judge the analytic process, the outcomes achieved in these therapy processes reflected an acceptable measure of success. All three participants initially perceived themselves as victims of circumstance and partially powerless to take control and change their situation. Through the analytic process, all three were capable of recognising their own responsibility in the alleviation or maintenance of their difficulties, and further showed that they were able to recognise ways of redefining their concept of self, thereby accepting their degree of autonomy in changing their situation.

The therapist was able to create and maintain an interactive space between himself and the participant in which new insights were acknowledged and expanded upon. This interactive space reflected movement from resistance to negotiation. Initially participants were fixed in their neurotic certainties and unwilling to change underlying belief systems: they resisted input from the therapist and opportunities to explore the symptoms associated with their neurotic certainties. In the safety of the space provided in the therapeutic setting as part of the therapist's task, participants were able to negotiate beyond the margins of these fixed certainties.

Generative uncertainty.

The attitude of generative uncertainty was found to be particularly useful in the context of cross-cultural psychotherapy as it provided a mental attitude through which meaning could be considered from the point of view of the participant rather than the therapist. In this study the therapist was aware that the cultural meanings of certain symbols were not immediately available to him. Any attempt on his part to assign meaning from his own cultural background would have been potentially misleading or prone to over-simplification. By focusing on the participant in the here-and-now, without giving precedence to pre-conceived ideas, the therapist was able to adopt a relativist approach which encourages an attitude of open-mindedness that moves beyond the framework of theoretical knowledge; he was thus able to assimilate from context some insight into the meanings which participants assigned to various ideas and symbols.

Another challenge that emerged in the attitude of generative uncertainty related to the fact that participants were by culture inclined to look externally - to their community - for the answers to their questions and their difficulties, rather than search for such answers within themselves. Similarly in the therapeutic encounter they often looked to the therapist to provide answers. Generative uncertainty, rather than providing guidance, provides ambiguity; rather than providing answers, encourages further questionings; and rather than providing assurance provides uncertainty. Participants were therefore often thrown back on themselves and encouraged to generate their own solutions, understandings and answers. This position of focusing within went against a general inclination to search for meaning in the collective.

<u>Neutrality.</u>

Whilst generative uncertainty is about staying with the participant in the here-and-now, maintaining a stance of ambiguity and allowing her to search for her own potential meanings, neutrality relates more to what the therapist is thinking and feeling about the participant, and his attempts to work out potential meanings embedded in his own experience of her. In this study the therapist found that he was constantly negotiating internally with his own desire for understanding by searching for a theoretical "home" for the data that emerged. Neutrality requires the therapist to remain equidistant from the id, ego and superego. An appreciation of the different cultural configurations of id, ego and superego was necessary in order for this stance to be effective. The therapist was aware that his western background pre-disposed him towards a particular understanding of this structural model of the psyche. Unlike the pattern in western culture, superego needs were not necessarily the main regulator of behaviour: instead the ego ideal of the community with its reciprocities and hierarchical relationships was more likely to influence conduct. Similarly the western notion of the individual ego at the centre of consciousness had to be re-thought in terms of the participatory nature of the individual within a collective ego.

Neutrality was an aspect of the analytic attitude that required rigorous attention and consistent internal negotiation on the part of the therapist. The active practice of neutrality was particularly relevant with material of a cross-cultural nature. There were times when the therapist found that he was unsure whether certain material and stated beliefs that arose in the sessions were appropriate or in fact aberrant. Often if such material was placed into a western framework it would be considered aberrant; however, when placed into a non-western framework it was entirely appropriate. The therapist was required to shift between these modalities in order to reach his own understandings. The answers to such questions were often unclear and the therapist was forced to sit with the ambiguity of not knowing. In the context of cross-cultural psychotherapy

neutrality afforded the therapist recourse to a space of internal negotiation that was crucial to the unfolding of the analytic process. It allowed the therapist to hold thoughts, feelings and judgements, to question, organise and differentiate these impulses into their appropriate frames of understanding.

Abstinence.

Abstinence was the element of the analytic attitude with which participants experienced most difficulty. It was through the stance of abstinence that the collective aspect of the expanding self in all three participants was most obvious to the therapist. These collective needs required of the therapist that he assume a position of authority. This transference need of perceiving the therapist as an "elder" presented some difficulty for the participants, especially when he abstained from assuming this role. The therapist's efforts not to close the transference gap by falling into this role forced participants to consider themselves as their own authority. This role caused some tension as participants appeared uncomfortable in assuming this position and furthermore they initially found it difficult to verbalise their needs when forced back on their internal resources. This difficulty was not due to an inherent failure on the part of the participants but rather that their collective value system placed little emphasis on independent self-evaluation.

Participants tended to place their emotional welfare in the hands of the therapist. They openly asked for advice, support and guidance; efforts on the part of the therapist to resist these requests were at times disruptive to the therapeutic alliance as participants experienced difficulty in accommodating to this shift.

The need for support both in and out of the therapy room was best understood in terms of a central dynamic that was present for all three participants. This dynamic related to strong feelings of separateness and alienation arising out of a perceived lack of connectedness to the family of origin. The attempts to elicit support from the therapist were in effect a compensation for these feelings of separateness. The therapist's awareness of these strong feelings and needs challenged his position of abstinence. It became clear that some modification to this aspect of the analytic attitude were necessary.

Another challenge to abstinence presented itself in the manner in which participants elicited sympathy from the therapist through displaying high degrees of emotionality. This was understood in a cultural framework that places an emphasis on expressed rather than introverted displays of emotional experience.

In order to safeguard the therapeutic relationship, the therapist initially gave in moderately to such needs. However, with time this became less and less necessary. This modification to the practice of abstinence was recognised as a necessary adaptation to the analytic attitude that arose in direct response to the participants' cultural backgrounds. "Concerned understanding", the key concept in the stance of abstinence, was not enough for all three participants in the initial part of the therapy process: they required a stronger level of support. In spite of this adaptation, abstinence remained a very necessary part in the therapeutic process and served its purpose in that by the end of 40 sessions of therapy all three participants were expressing a much higher degree of self-evaluation than they had been able to do previously.

Countertransference receptivity.

Countertransference and transference communications occur on an unconscious level. The therapist found that he was able to identify and respond to such unconscious communications with relative ease. Although participants initially experienced difficulty with consciously reflecting and discussing their emotions, their unconscious feelings were more discernable. Through a rigorous awareness of his own emotional responses the therapist was able to identify the ways in which participants manipulated him into transference usage and identified the roles that they required of him. Countertransference receptivity allowed the therapist to be responsive to the emergence of unconscious archetypal meanings that went beyond the overlays of culture and associated cultural images of expression. The meanings emerging from such communications transcended the complications of cultural difference that occurred in other aspects of the analytic attitude. Ritual, rites of passage, bewitchment beliefs and the presence of ancestors were archetypal frameworks that were constantly evident throughout the therapy processes. The therapist could recognise these entities on one level as archetypal and transcending specific culture; he was, however, also aware that these entities had for the participants a far more immediate and less esoteric reality. The impact of these beliefs was not, in fact, problematic. While certain practices raised countertransferential feelings, the therapist was careful in his assessment of these and was able to internalise his response. An example of this was Participant Two's attitudes to her father's death which she saw not as a removal but as a translation of their relationship.

The therapist found that he was able to develop a strong sense of each participant's internal object world. Understandings that emerged through this level of communication rose above the limitations of language and conscious self-reflection. Transference and countertransference communication contributed significantly to the analytic process as it provided access to meanings that were less accessible through conscious communication.

Personal countertransference factors that emerged were largely based on cultural difference. The therapist was aware of many personal feelings relating to prejudice and stereotype, inculcated through his own experience of growing up as a White individual in Apartheid South Africa. Furthermore, his own cultural views of individualism were strongly challenged by the established norms of collective belief concerning sex role stereotypes, male dominance, authoritarianism and other values that place the community before the individual. By being receptive to these internal cues and working with them the therapist was able further to develop his own cultural sensitivity and acceptance of difference.

Resoluteness.

Resoluteness allows for resilience and faith on the part of the therapist that even if he loses his way in the cultural differences a stance of consistency will ultimately ensure a re-balance. Working cross-culturally inevitably raises ambiguities and anxieties in the therapist that may not occur in other settings. An attitude of resoluteness was particularly useful in this context as it provided the therapist with the assurance that the feelings of discomfort and tension that arose from his own uncertainty would ultimately contribute to the process in so far as he was able to endure such feelings. In the initial part of therapy all three participants showed a strong tendency to concretise and externalise the source of their difficulties. Furthermore, difficulties with language, verbal expression of emotions, and internal self-reflection left the therapist with feelings of doubt concerning the progress of therapy. The therapist found that in the cross-cultural context of this study he was unable to rely on the usual signposts and guidelines to gauge the progress of therapy which he had access to in a more western setting. Symbols, events, behaviours and conscious reasonings that would be taken for granted with western patients could not be taken for granted in this setting. As a result the therapist was more frequently faced with the "unknown". He could not be certain of his participants' reactions and was at times unable to gauge whether the analytic attitude was in fact serving its purpose optimally. When participants repeatedly returned to the same themes from session to session he was unsure whether this was in fact due to a specific failure on the part of the analytic attitude or whether it was a measure of the depth of the participants' neurosis. In the face of such uncertainty the therapist was required resolutely to trust that his continued use of all elements of the analytic attitude would ultimately be beneficial and effective and that the process would unfold in its own time.

7.2.2: Summary of the Effectiveness of the Analytic Attitude in this Study.

In a close analysis of the therapeutic dyad and the units of analysis, it was found that participants did not show much difficulty in adapting to the analytic stance. In the three cases under study the

analytic attitude was found to be both useful and effective. The findings of this study therefore refute the initial propositions that this framework, namely the analytic attitude and its counterparts the task, process and setting, require extensive modification and adjustment in order to meet the cross-cultural needs of this particular group. It was generally found that no serious problems were encountered. In fact this study showed that when used rigorously the analytic attitude provided a way of working that was effective not only as a treatment frame, but also as a framework for the ongoing revision of psychodynamic theory.

By adhering to the basic ground rules implicit in the analytic setting, it was possible for the therapist to sustain a therapeutic environment through which the analytic process could unfold. All three participants showed that they were able to develop insights and endure the concomitant emotionality that gives rise to change. Debilitating depressive conditions lifted and significant behaviour change occurred. Furthermore all three participants remained in therapy for over a period of two years, well beyond the 40 sessions included in this thesis. In this sense the analytic task of assisting participants towards increased psychological insight was deemed successful.

During the course of therapy the concept of generative uncertainty represented an area of intense negotiation with all three participants, who initially showed a strong inclination to hold on to their neurotic certainties. These certainties often derived from a collective-self need to locate the source and solution of emotional difficulty in the external world rather than the internal world. The stance of neutrality - whilst requiring some modification - was particularly useful in this cross-cultural setting. It had to be exercised more rigorously than in a more western based setting as the therapist was compelled repeatedly to check and re-check his own western-based assumptions against the culturally specific meanings of his participants' experiences. However, it provided the therapist with an internal space, a place for negotiating and differentiating cultural meanings from his taken-for-granted western mindset.

Most aspects of the analytic attitude proved adequate for the cultural context to which it was applied; abstinence was an element which required overt modification, especially in the initial part of therapy. The degree of emotionality in the early stages of each participant's therapy process was extremely high; consequently a strong need for emotional support required the therapist temporarily to suspend his position of abstinence by offering appropriate compassionate responses that went beyond concerned understanding. Abstinence requires the therapist to abstain from action although not from feeling. Overt utterances of sympathy should therefore not be made. However, considering the cultural context of the participants in this study, which primes them to seek direct external and practical support for their emotional difficulties, a failure to

provide overt support was at times interpreted as a failure of understanding and care. It became clear through the course of the study that the abstinence element of the analytic attitude strongly reflects a western ideal that promotes insight, self-determination and validation on an individualised level. This stance was contradicted by the collective need inherent in all three participants for connectedness to the family, community and ancestors which is sought through external validation.

This modification to a more active demonstration of sympathy and understanding, mainly expressed through utterances, was in part driven by the strong emotional displays to which the therapist was subjected. This was understood as culture-appropriate in that the therapist became sensitised to the fact that internal suffering in individuals of collective culture tends to be expressed more overtly than in a conventional western setting, and seeks a more overt response.

In a cross-cultural setting a therapist is faced with many doubts and anxieties generated through "not knowing". Such anxieties were significantly higher in this non-western setting as the therapist was aware of his own lack of knowledge of the cultural framework of his participants. A stance of resoluteness provided a frame in which such anxieties could be contained throughout the process. Countertransference receptivity added a dimension to the analytic process that was very useful when working across culture in that it offered a level of unconscious communication and understanding that transcended some of the constraints encountered on the level of conscious communication present with other elements of the analytic attitude, such as difficulties with language.

The results of this study therefore serve to reinforce an understanding that, if used in the correct way, the analytic attitude - as described by Ivey (1999) - represents a relativist/constructivist approach that is highly successful in different cultural contexts. It encompasses a frame for treatment that does not impose judgement or direction but rather aims to provide a secure environment within which the unique meaning world of the participant can emerge. It offers a framework that not only allows the therapist to be sensitive to cultural difference, but also allows for such differences to be processed. The analytic attitude is by definition an attitude of self-reflection on the part of the therapist that contains inherent checks and balances to ensure that he is mindful of his own pre-suppositions and assumptions. Such a framework is very appropriate to cross-cultural work, where a high degree of vigilance is required to avoid universalistic judgements. In this study it was found that the various elements of the analytic attitude offer the psychoanalytic psychotherapist a sophisticated tool with which to monitor, evaluate and observe

his own and his participant's conscious and unconscious processes: it allowed the therapist to not only listen to his participants but also to listen to himself.

<u>Therapeutic gain as a measure of effectiveness</u>

All the subjects in this study experienced trauma in childhood and early adulthood. A common theme related to the fact that all three participants were separated from their parents in childhood. Participant one was sent to a child minder, participant two was sent to a White middle class boarding school and participant three was sent to live with her aunt in the Transkei. Feelings of separation were further exacerbated by the fact that all the participants had fathers who were physically or emotionally absent and mothers with whom they experienced complicated relationships. Feelings of abandonment, rejection and neglect were therefore presented as prominent themes. During the course of therapy participants were able to recognise the impact of these earlier experiences on their current level of emotional and inter-personal functioning. Neglect in childhood had left them with identity concerns, feelings of mistrust, inferiority and low self worth. As a way of compensating for feelings of low self-worth Participant One placed a strong emphasis on academic achievement and a constant search for the love that she felt deprived of. Participant Two compensated for such feelings by trying to gain acceptance through developing a "likeable" persona. Participant Three compensated by desperately searching for concrete evidence to establish a sense of identity and a sense of belonging.

During the course of therapy all three participants were able to recognise that the prism through which they viewed the world was strongly constructed around defences and ways of coping that had served a purpose in childhood but were no longer necessary in adulthood. In fact these defensive coping styles, which were organised around the protection of painful feelings of hurt and neglect, were responsible for all three participants feeling that their current difficulties were caused by others. Over time all three participants were able to shift away from "blaming" and feeling "let down" by others towards a more fluid understanding of how their own issues with trust, abandonment and rejection influenced their expectations of others.

In the process of therapy participants were also able to recognise the conflict they experienced between their western values of individualism and their traditional collective values. A strong need to be independent was frustrated by a simultaneous need to belong to the family and to conform to family expectations. These ambivalences were evident in the transference and were interpreted. Subsequently, all three participants were able to relax their defences and move towards an acceptance of their dependent needs. An acknowledgment of these previously unfulfilled needs for love and acceptance facilitated the transition from a position of conflict

towards a position of reconciliation with principal others and family members. These external reparations reflected a level of consolidation in each participant's interior world. As a result all three participants stated that they felt more empowered and more in control of their life circumstances.

7.2.3: The Analytic Attitude as a Relational Two-Person Model

The analytic attitude used in this study is that drawn from Ivey's 1999 paper *Thoughts on the "analytic attitude"*. This model reflects the relational two-person model of psychoanalysis that is in keeping with postmodern developments in psychotherapy. It is important to note that the analytic attitude has over time adapted to accommodate new theoretical and clinical insights with changing epistemologies. The classic analytic model of psychoanalysis that derives from a 19th century Vienna reflected the scientific ethos of the time. The scientist's task was to observe the patient's mind from a distance in the same way that he would approach any other phenomenon in the natural sciences. Freud's Drive Theory understood the entire basis of emotional difficulty and neurotic symptoms to be located intrapsychically within the patient. Such conditions were the result of internal conflict over instinctual impulses. Given this understanding pathogenesis was best understood through the therapist's remaining distant (Altman, 1995), in that such a position allowed him objectively to observe and interpret these intrapsychic processes: the scientist's subjective reactions were seen as a hindrance to this method of observation and every effort was made to avoid "contamination", by remaining outside the field of study. This classical psychoanalytic perspective was fundamentally orientated towards a one-person model. Psychological freedom was understood to have been achieved in as far as the patient became consciously aware of his unconscious impulses and conflicts. This one-person theoretical model strongly informed the way in which psychoanalysis was practised through the analytic attitude and its related techniques.

The analytic attitude as it was used at this time reflected this dominant positivistic epistemology. A position of anonymity, distance, refraining from gratification, and being reserved, was consistent with the positivist worldview. The therapist's interventions were confined to interpretation, which was not seen as an interpersonal act but rather as a way of informing the patient of the workings of his unconscious. Transference wishes facilitated through the frustration created by abstinence and anonymity provided the basis for such interpretations. The presence of the therapist was not seen as relating in any real way to the patient's reactions.

It is the assertion of this study that many of the criticisms surrounding the usefulness of psychoanalytic psychotherapy in a South African cross-cultural context derive from

misunderstandings of how the analytic attitude is currently used. Practitioners often have a tendency to view psychoanalytic psychotherapy as an approach that promotes a cold and detached stance towards the patient. Such a perception is more in keeping with a classical one-person model than the relational two-person model used in this study. This perception generally does not take into account that the theoretical understandings and practical techniques of psychoanalytic work have moved far beyond a one-person model. Whilst it is true that certain aspects of the classical stance have been maintained and the inevitable elements of dualism still exist, it is no longer possible to understand the concepts of abstinence, transference and neutrality today in the same way that it was described in the classical model. Transference for instance is not seen as emerging in isolation to the influence of the analyst, and countertransference is now given equal importance to transference. The inter-subjectivity of the encounter is emphasised; and the interpersonal processes of projection, projective identification and unconscious communication go far beyond the polarised understandings of the therapeutic encounter that belong to a classical mindset. Altman (1995) describes this development as the relational two-person model. He proposes that such a model offers a dyadic (rather than individual) perspective of the encounter incorporating a much deeper and broader understanding of the process. He states, "Contemporary relational theory seeks an integration of one and two-person models, of intrapsychic and interpersonal dimensions of the analytic situation" (Altman, 1995, p. 56).

7.2.4: The Analytic Attitude in Post-Apartheid South Africa

This study maintains that the analytic attitude deriving directly from the classical positivistic model is inappropriate and unable to access the nuances of cross-cultural work in South Africa. This is largely because the strict dualisms of the classical model imposed a universalistic framework that perpetuated a belief in the possibility of an objective, unbiased observer. In doing so it was unable to assimilate cultural differences or reflect on its own cultural assumptions. Working from within a classic model therapists were not encouraged to reformulate psychodynamic theory or even to question their own interpretations or role in the therapy process. For instance, in this paradigm feelings arising in the patient that relate to race, social, class, gender and power issues would be reduced to an intrapsychic level and would be understood in terms of a drive defence model of conflict. However, in a two-person model such feelings would incorporate the interactions about both the therapist's and the patient's subjectivities thereby providing a much broader set of meanings that relate to the cultural beliefs, attitudes and symbolic understandings of both participants. This use of the analytic attitude, situated in a postmodernist relational paradigm, is therefore far more suitable to cross-cultural therapeutic work.

As stated above the framework of the analytic attitude used in this study reflects a postmodernist epistemology, which is increasingly relational, moving away from the old traditions and beliefs. However, it must be recognised that the nature of this model still maintains some aspects of the dualistic structure. So long as western society promotes the individual, psychotherapy must reflect this fact. The postmodernist stance recognises that it is impossible fully to separate "self" and "other": the self will always interpret the other through its own biases. However, the therapist, although aware of the impossibility of being unaffected by his patient, will still attempt to provide a neutral setting and interpretive framework to further his patient's insights. The most important development in postmodernist psychotherapy is the therapist's recognition of his own thoughts, feelings, beliefs and interactions affecting his interpretations and attitude to his patient. The analytic attitude as it is used in this study provides a means for the therapist to reflect constantly on his own role as well as on the participant's responses within a two-person relational dyad. The relational model encourages the therapist to be aware of the impact of his own race, culture, gender and social class on the therapy process in ways that were not recognised as important in the one-person model.

However, it is also important to point out that in order for the analytic attitude to be used successfully it is necessary for clinicians to recognise its limitations. Psychoanalytic psychotherapy in both theory and practice derives from and is strongly situated in the social context from which it emerged. Not only does it reflect the dualisms of western thought such as self/other and subject/object but it also reflects the dominant principle of individuation in western culture through the precepts of differentiation, self-actualisation and transformation.

The entire framework of the analytic attitude and its theoretical backdrop is located within the framework of individualism. The analytic setting relies on a boundaried one-to-one relationship. Within this relationship pressure is placed on the subject to take responsibility and individual control for personal fantasies, thoughts, feelings, attitudes, behaviours and actions. Such an approach reflects the value that western society places on independent self-control, self-analysis, self-determination and self-reliance as a measure of good psychological health. Furthermore the analytic attitude operates on a principle of differentiation. For instance the transference-countertransference continuum is inherently about working out what belongs to the therapist and what to the subject. The entire process of the analytic attitude and its ground rules aim constantly to enforce a sense of differentiation so as to create a potential space for meaning to emerge. Abstinence, neutrality and generative uncertainty aim to ensure that the therapist does not identify too closely with the subject's internal world, refrains from closing the gap between both parties by offering advice or reassurance and in Ivey's words "not just tolerates ambiguity but actively

courts it" (1999, p. 7). This emphasis on differentiation causes a necessary state of tension and frustration with all subjects of western mindset but is particularly difficult for subjects who have an inherent collective self where the boundaries of self and object may not be as clearly delineated. As Ulmer (2003) states, "illness [in traditional collective culture] is addressed by [an entire] family approaching a healer, and would never be the concern of only one person" (p. 66). Not only is the one-to one treatment setting bounded by confidentiality an unfamiliar one, but also the level of personal responsibility enforced through differentiation goes against traditional directive-and-advice-giving styles of treatment.

As is suggested by the above there exist historical, political, social, race and gender concerns which are implicit in the practice and theory of psychoanalytic psychotherapy in South Africa. This study shows that the practice of psychoanalytic psychotherapy across culture is to some extent constrained by these parameters and if this approach is to be used effectively in a non-western setting it needs critically to re-examine these powerfully embedded social constructs. When referring to the practical use of psychodynamic theory in South Africa Swartz states that "Psychodynamic theory as a body of knowledge is universalising rather than context sensitive" (1999, p. 45).

In spite of these limitations this study shows that the analytic attitude situated in a relational model offers a framework through which these deeply rooted understandings can be challenged. As stated by Kareem and Littlewood (1992) "Intercultural therapy should never be allowed to become some specialised psychotherapy, to be targeted at Black people, but simply therapy which takes into account these issues" (p. 12). The analytic attitude therefore provides a framework that can assist clinicians in their ongoing attempts to develop culturally sensitive understandings. These new understandings will contribute towards challenging and ultimately revising the universalistic and etic[5] approaches that have previously been so prominent in the application of psychological treatment models across culture in South Africa. This study therefore supports the view proposed by Kim and Berry (1993) that a derived etic is both desirable and possible when working in a specific cross-cultural context. Further it proposes that the analytic attitude provides an excellent framework through which these derived etics can emerge, thereby informing and adapting existing psychoanalytic theory to the cultural context in question.

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[5] See Chapter Three page 57

The therapist was very aware from the outset of this study of the therapeutic challenge offered by having Black female participants who had all grown up in Apartheid South Africa. Initially the therapist was concerned about the fact that he was attempting cross-cultural psychoanalytic therapy. He was aware of his own complexities and sensitivities around issues of race, culture and ethnicity. Similarly, he expected that his participants would carry feelings and attitudes, conscious or unconscious, about the fact that he was White and a South African male. His main goal, therefore, in the initial stages was to establish a therapeutic alliance. That these three participants had chosen to attend therapy with a White male was considered significant from the outset and had implications for the therapeutic alliance.

As therapy progressed it became clear that all three participants were willing to maintain a satisfactory alliance and that the expected issues above were less intrusive than had initially been anticipated. The analytic attitude, with its emphasis on self-reflection for both parties, allowed the therapist room to encounter and work with his own personal counter-transference relating to race, culture and ethnicity. No overt concerns were raised by the participants on a political, social or gender level. The therapist was, however, aware that his maleness was culturally significant to the participants on an unconscious level in that he was incorporated into the collective structure involving "elders" and male dominance.

The therapist found that in his interaction with the participants that none of them seemed concerned with his "Whiteness"; they were more concerned with his cultural difference rather than his racial difference. While it is impossible to judge how much of an impact this factor might have had on an unconscious level, at no stage did it intrude overtly into the therapy process – despite the therapist's expectation that it would. It was evident that all three participants showed a strong awareness of cultural differences and verbalised this in a variety of ways. Participant One said "It is a cultural issue – you won't understand"; Participant Two claimed that she felt shy in speaking of cultural beliefs as she felt the therapist would "laugh at her", and Participant Three tried to educate the therapist about certain aspects of her culture, such as saying "In my culture a woman is expected to be a wife and a worker by my age".

The most obvious challenge to the success of the therapy for these three participants was the therapist's lack of in-depth knowledge of their culture. The analytic attitude allowed the therapist to perceive his lack in this regard, and he was therefore able to address it by reading literature on the topic. The therapist considered the implication of Black therapists working with Black patients in that such a relationship would be free of many of the cultural factors that emerged in

this study. However, his reading of the literature suggests that there may be many other dynamics in such a relationship (Palmer, 2002).

7.2.5: The Analytic Attitude as a Research Tool

Not only does the analytic attitude as used in this study provide a framework through which individuals can be understood in their own context, but it also offers a very sophisticated strategy of enquiry for ongoing research to those clinicians practicing psychoanalytic psychotherapy across culture.

As stated above the modifications required of the analytic attitude in this setting were minimal. If used correctly this approach proved to be highly capable of dealing with alternative cultural settings. The use of the analytic attitude in this study revealed two important considerations, Firstly it provided a sophisticated, open and disciplined framework of observation into the unique "meaning world" of each participant, her values and her cultural background. Secondly, by gaining access into this world the therapist was able to recognise not only the innappropriacy of his western-based assumptions of psychological health and development but more importantly the adequacies and inadequacies of psychodynamic theory in such a setting. The universalising and culture specific nature of development and conflict theory in psychoanalysis were strongly evident. In spite of this there were certain fundamental principles of psychodynamic theory that were relevant, but it was clear that these theoretical assumptions needed to be de-contextualised out of the culture of individualism and re-contextualised into a culture of collectivism for their full meaning to emerge.

7.3: Discussion of the use of Psychoanalytic Psychotherapy theory in this Study

The purpose of this study was limited to focussing on the applicability of psychoanalytic psychotherapy to a particular emerging group of South African women. In order to research this applicability this study focused on the analytic attitude, which represents the framework through which psychoanalytic psychotherapy is practised. However, the analytic attitude incorporates a particular mindset that involves not only an "attitude" but also a theoretical framework that underpins such an attitude. Whilst it is beyond the scope of this thesis to make recommendations on how the central concepts of psychoanalysis need to be adjusted, it is important to point out where certain such concepts arose that may need to be modified and re-contextualised within the cultural framework that it is being applied to.

Western-centric understandings concerning the healthy development of an individual who moves from symbiotic unity towards separation and individuation are deeply embedded in

psychoanalytic theory. The healthy development of ego resources, superego regulators for behaviour and an independent identity are expected to occur at specific age-appropriate levels. Similarly pre-oedipal anxieties and the passage of the Oedipus for boys and girls are expected to follow universal patterns. These concepts clearly reflect specific western values such as individual ego autonomy. They do not take into account kinship patterns existing in collective communities that place autonomy in the hands of elders who often exist at the centre of group consciousness and fulfil an ego function for this group. Kinship rules incorporating family expectations and hierarchical layers of authority (often patriarchal) are significantly different to western notions of family (Ulmer, 2003). Similarly spiritual beliefs and a reverence for ancestors incorporating rituals that mediate constantly between the living and the "living dead" are not well reflected in western notions of psychology. In such cultures disease, illness and misfortune are construed very differently and are often understood as a failure in kinship and ancestor relations and are treated accordingly. Whilst it is true to say that many of these traditional understandings have undergone considerable transformation, it is also true to say that they exist as a reference point in the collective element of self for most Black South Africans regardless of whether they belong to traditional societies or have adopted a more western lifestyle. Therefore, when applying psychoanalytic concepts across culture these understandings need to be re-contextualised into existing theoretical standards that accommodate psychological development in the context of family, kinship, and spiritual belief.

During the course of this study it became clear that the cultural specificity of psychoanalytic theory requires ongoing revision in order to be truly reflective of the needs of the cultural group that it is being applied to. Bracero (1994) states that such modifications to theory need to take into account the fundamental definitions of selfhood, experience of self in time, and values around separation-individuation that are specific to western middle class culture.

Challenging the central tenets of psychoanalytic theory is a necessary but difficult task. In the context of ongoing clinical training and research in South Africa Swartz states:

> To ask trainees not only to master psychodynamic theory sufficiently to be able to do a competent formulation, but also to modify that theory to take account of non-western values, might seem to be a tall order at this point in our history. However, it may also be the kind of challenge which will free us from the colonial past, and put us into a more fluid and enlivening relationship to psychodynamic knowledge (Swartz, 1999, p. 46).

Having established that certain psychodynamic formulations need to be revised, the question of whether psychoanalytic theory is able to accommodate such changes is raised. As stated earlier,

psychoanalytic theory is fundamentally mutable and flexible. Psychoanalytic theory was born out of a multicultural, multilingual environment and in fact has always shown a strong capacity to adapt to the social needs of society. Contrary to certain beliefs psychoanalytic theory has never been a static monolithic philosophy, it is flexible and is able to incorporate cultural difference to good effect. Whilst the necessary revisions to such theory cannot be attended to overnight the analytic attitude offers clinicians a way of checking and re-checking established theory and challenging universalistic assumptions with what happens in actual experience and, over time, suggesting changes.

This study supports the view that a universalistic approach to understanding and treating individuals across culture is inseparable from the social history of South Africa. As social transformation occurs there is an increased need to be critical of the taken for granted assumptions that previously obscured cultural difference. Efforts to reformulate the universalistic assumptions and theoretical understandings that belonged to a colonial mindset have been undertaken In fact psychoanalytically informed programmes are becoming well established in many cross-cultural community programmes (Swartz, 1999).

7.4: Discussion of Cultural Factors Emerging from this Study

As South Africa emerges out of its colonialist and apartheid past so the cultural identity of many South Africans is shifting and changing. As stated by Kareem and Littlewood (1992) cultural identity is not a fixed entity: "it is a dynamic re-creation by each generation, a complex and shifting set of accommodations, identifications, explicit resistances and re-workings" (p. 8). However, unlike many other multi-cultural societies, the natural process of social change in South Africa was deliberately skewed. Segregation was effected through legislation that enforced the continuation of separate identities along racial lines. Non-White individuals were encouraged to maintain a traditional way of life and were denied access to western political, educational and economic institutions. This apartheid system ensured that strong divisions were maintained between racial groups; hence many groups still live traditional rural lives, maintain strong collective values and speak only their mother tongue. As a result many South Africans are only recently emerging into a society that models itself on the western principles of democracy and places the emphasis on the individual. A new political dispensation that is structured in terms of a liberal western constitution and a bill of rights that protects the individual has had a strong impact on individual self-perception. Individuals are expected to take responsibility for their education, welfare and health through free economic enterprise, the legal system and educational and health care structures, all of which emphasise the rights of the individual (Ulmer, 2003). Similarly, other influences such as media and advertising have also contributed to these changing self-

perceptions. As a result it is becoming increasingly less appropriate to discuss South African culture in terms of the binary opposites of western and non-western.

In South Africa there is now a vast emerging group of individuals, especially amongst urban communities, who can now be construed in terms of an expanding self that incorporates traditional-collective and western-individual values simultaneously. A good example of this blend of values is reflected through changes that have taken place on the level of spirituality where elements of traditional ancestral belief and Christian belief are interwoven through Zionist churches that incorporate the Christian Holy Ghost and the ancestors into one interactive unit (Ulmer, 2003). This blending of traditional collective values and western individual values in terms of spiritual need is also occurring on the level of psychological need and different treatment structures are being sought that reflect these changing psychological needs. As South Africans continue to reformulate their cultural identities along these lines so issues concerning class, gender, health, status and power are also being reformulated. Similarly, the pathways followed for health care reflect shifting perceptions of health, illness and treatment. Any form of psychotherapy practiced in South Africa has to acknowledge the powerful historical connotations of the past and needs to accommodate the enormous social and psychological changes that are currently underway.

7.4.1: The Expanding Self

The participants who participated in this study represent a group of individuals that can be psychologically construed in terms of an expanding self. This emerging group is different to both the western and traditional groups and treatment strategies need to take this into account. The theoretical and practical aspects of psychoanalytic psychotherapy that are applicable to a western group are not wholly applicable to this emerging group and require certain adjustments. This study revealed that specific aspects of the participants' collective selves did not accord well with the analytic attitude and some modifications were necessary. These individuals have adopted the western values of individuation but unlike the western group they bring into the analytic setting an inherent learnt collective structure that was inculcated from birth. If psychoanalytic psychotherapy as practised in South Africa ignores this inherent structure then it will commit the error of universalising a western treatment strategy to a group that is in fact moderately different and requires different strategies for treatment. The tendency to overlook differences and to believe that all people are the same can therefore be counter-productive to developing appropriate strategies for treatment (Gibson, Swartz, & Sandenbergh, 2002).

The very fact that individuals in this group are using this form of treatment indicates that their needs are changing and, as in other areas of their lives, they are adopting western structures that reflect these changing needs. They actively sought out a western treatment modality that reflected their need to find personal solutions rather than collective/familial solutions for their difficulties. Psychoanalytic psychotherapy is a well accepted and widely used treatment strategy for western middle class individuals. It is not a useful strategy of treatment for individuals who are configured purely in terms of a collective traditional self as it is based on a set of expectations antithetical to traditional structures for healing, which do not place much emphasis on individual autonomy in the healing process.

7.4.2: Discussion of New Pathways for Treatment in South Africa

It is therefore not the contention of this study that psychoanalytic psychotherapy is readily adaptable for all groups. If the analytic attitude derives from western notions of the individualised self then it could be argued that it is only really suitable to those individuals who are adopting western values of individualisation. In this study the therapist was aware that he was working within the paradigm of the 'individualised self' drawn from his own culture and his theoretical training. However, he was also aware that all three participants wanted to work within this paradigm. In fact all three participants felt strongly about their own individuality and were grappling with a negotiation between the collective/familial demands of their cultural background versus their individual needs of self-determination. As mentioned previously, it became apparent through the process of this study that the 'collective self' in its traditional form is not suitable to the analytic attitude, which demands a high degree of self/other differentiation expressed through a learnt capacity to be self reflective: an ability to stand back and express feelings, thoughts and opinions deriving from a set of individual values, ideas and beliefs.

This research study highlights the fact that there is a growing need for a type of therapy that meets the needs of individuals who find themselves between the traditional (collective) world and the western (individual) world. As has been shown in this study when individuals from this group are faced with specific emotional difficulties they are beginning to recognise that the solutions to such difficulties cannot always be alleviated through traditional modalities of treatment. For this reason an increasing number of Black South Africans are seeking out other forms of treatment that coincide more closely with their western values and are more likely to place the emphasis on internal individual solutions rather than external collective solutions. In other instances these individuals also find that there are specific life problems that cannot be adequately addressed through the western treatment structures of psychotherapy and in such cases they may

concurrently choose to use traditional modalities of treatment, such as consulting the ancestors through a traditional healer.

7.4.3: Working across Culture

As Buhrmann (1984) states:

> It is so self-evident and yet it must be stressed: no one can understand, respect fully or enter the inner world of another, be that other a person of his own culture or from another culture, without knowing the history of his people and their world-view, or how that person experiences and interprets personal and historical events (p. 24).

Whilst this statement is true, it is also true to recognise when working cross-culturally that differences do exist and that in spite of good intentions there will always be things that divide people (Gibson et al., 2002). Practitioners in South Africa may tend to be especially uncomfortable with the notion of difference because historically "ideas about difference" have been used to oppress and subjugate people (ibid). Recognising the possibility of difference is not the same as using difference as a weapon against people. As Kareem (1978, cited in Kareem and Littlewood, 1992) states, psychotherapy must take into consideration the whole person's life: it cannot deny consideration of his race, culture, gender, or social values. Racial differences between therapist and patient must also be considered, although it is acknowledged that such differences can be counter-therapeutic when they are institutionalised in systems of power. Kareem provides the following definition of intercultural psychotherapy:

> A form of dynamic psychotherapy that takes into account the whole being of the patient – not only the individual concepts and constructs as presented to the therapist, but also the patient's communal life experience in the world – both past and present. The very fact of being from another culture involves both conscious and unconscious assumptions, both in the patient and the therapist. I believe that for the successful outcome of therapy it is essential to address these conscious and unconscious assumptions from the beginning (cited in Kareem and Littlewood, 1992, p. 14).

7.4.4: The Analytic Attitude as a Culture-Sensitive and Sensitising Tool

The importance of initially accepting that differences do exist and then processing these differences is paramount. In this study the therapist had to acknowledge his own concerns about his difference as a White therapist working with Black participants. He had to take into account, not only his identity as a post-apartheid White South African, but also his education, upbringing and his own western beliefs that would consciously or unconsciously affect the way in which he worked with his patients. Being a White therapist and from another culture had its obvious drawbacks, mostly relating to a lack of knowledge about cultural norms, and the perceived political legacy of being South African. However, this distance at times had a positive effect in

that it seemed easier for participants to discuss certain issues that would be considered taboo, or at the very least difficult to discuss with someone from their own culture. This sentiment was verbalised by Participant Two when she said, "It's easier to talk to some-one who's not from my culture [about these issues]". The therapist recognised that by his belonging to a different culture the participants felt they would not be judged from within their culture, as he was not a part of it. This made communication on certain themes easier. The analytic attitude afforded a space for these acknowledgements of difference to be absorbed through the concept of neutrality. Furthermore the analytic attitude was able to accommodate what is referred to in (Gibson, 2002) as "cultural countertransference – which involves a collection of feelings about culture and difference that practitioners may hold towards the people they work with; and cultural transference – the way in which subjects react to practitioners" (p. 86).

Gibson et al. (2002) introduce the concept of a "working misunderstanding" which derives from anthropological insights concerning working across culture. This concept maintains that it is not necessary to aim at complete understanding when working across culture - in fact this is not possible. The best that can be achieved is to recognise that differences exist and that for both parties such a relationship will always be imperfect. As Gibson states, "It is all right not to know – any process of counselling is a process of discovery for both the client and the counsellor" (p. 87). In terms of the analytic attitude this concept is well established. In fact the idea of balancing the tension of on the one hand "not knowing" and on the other "concerned understanding" is central to the analytic attitude. Together these concepts reflect the notion of a "working misunderstanding" which has as its basis a recognition of the inherent difficulties of working across culture but also the value of such a relationship within these limitations. Whilst the analytic attitude provides an "attitude" of openness, which makes way for a necessarily unobstructed view of the individual, it is also important to recognise that such a view can never achieve a full understanding of the other.

In this study the therapist found that there were instances when he did not understand his participants' reactions and communications. For example the therapist's understanding of death from the cultural perspective of Participant Two was incorrect. His expectations around her emotional response towards the death of her father were western based. He made specific misinterpretations which arose from his attempt to apply universal validity to his western concept of death. Similarly the therapist's approach to dreams from a symbolic perspective was insufficient as participants tended to see their dreams in a more literal framework. For example when Participant Two dreamt about her deceased father, she understood this as an actual visit from her father. Abstinence, neutrality and resoluteness afforded the space to internally negotiate

these instances on an ongoing basis. Generally the culturally specific meaning of such reactions emerged with time and insight was assisted through having a basic knowledge of concepts such as universalism, individualism, dualism and collectivism. This knowledge of different conceptualisations of self and the participant's attempts to negotiate an individualised self with its concomitant expectations assisted the process enormously. A basic understanding of the cosmology, especially the role of ancestors, the place of the individual, the literal meaning of dreams, and the tendency to objectify internal objects in the external world was extremely useful to the process. This study demonstrates that such basic knowledge should be a part of the training of all individuals working cross-culturally for two reasons: firstly it assists the therapist to challenge his own individualistic assumptions and secondly it enhances his understanding of some of the choices, goals, tensions and conflicts that he is bound to witness in his patients.

7.4.5: Language and Communication

From the outset of therapy participants were able to access feelings and emotions with relative ease. However, as English second language speakers they were not always able to articulate these feelings and find the appropriate words to describe their inner experience. Whilst some of the subtle nuances may have been lost, in general it was felt that language differences were not an obstruction to communication. Participants were rarely at a loss for a word and the underlying sense of meaning always emerged in spite of language constraints. At times the therapist found himself being stimulated into offering different word options if participants were at a loss. Generally participants would pick up on one of the words offered and would internalise the word, often using it later. Whilst the therapist recognised that his introjections created the possibility for a distortion of underlying meaning of the participant's experience, he also recognised that it was at times necessary in that it brought some relief to the participant and assisted the flow of conscious expression.

The therapist realised the importance of attempting to understand the way in which the participant was using a word. Rather than adopting a prescriptivist/universalist position, which maintains that there is a fixed universal meaning to a word, he was encouraged to take a more relativist position, focusing on the particular usage of a word for each participant.

The fact that English was a second language for the participants of this study was therefore an important consideration. In a setting involving first language speakers the therapist would be inclined to place more emphasis on the choice of the word. This would be based on his understanding that certain words carry specific meanings and that the choice of one word may deliberately be carrying connotations that the choice of another word would exclude. In a second

language setting it was not possible to place the same emphasis on the word itself. Rather than listening to meaning encapsulated in word choice the therapist had to place the emphasis on meaning that was transmitted through other forms of communication, particularly the affective exchange.

7.5: Teaching and Training in Cross-Cultural Psychotherapy

Swartz, (1999) states that psychodynamic teaching and training in South Africa has historically been associated with White institutions. As a result most clinicians working in a psychodynamic oriented framework tend to be White. Furthermore these clinicians almost exclusively establish themselves in practices that serve a White middle class population - which is precisely the population that psychodynamic theories assume as the norm (ibid). In the recent past therapists were not compelled to encounter the needs of the greater population, therefore there was little incentive to challenge ethnocentric and classist assumptions that characterise the theory and practice of psychodynamic treatment. As transformation has occurred in South Africa there is an increasing pressure to revise this stance. Swartz states that much of the literature on psychodynamic thinking assumes a uniform model of the development of the unconscious, of conflict and of defence. She states further that, "one of the benefits of working in a culturally diverse country is that there is ample opportunity to challenge those values which conflict with the cultures of our patients, and to modify theory where necessary" (1999, p. 46).

The therapist in this study was a White South African male who was working with Black South African females. Certain factors became evident to the therapist during the course of this study that could be useful for other therapists working under similar cross-cultural circumstances. An important factor was that cross-cultural work requires considerable conscious effort. When working with a patient of the same cultural background, education, socio-economic status and cultural heritage there is an element of shared meaning that can be taken for granted. In the cross-cultural setting nothing can be taken for granted and the therapist is required constantly to assess and re-assess his own responses and those of his patient. The cultural and historical differences that currently exist between a White therapist and a Black patient in South Africa are significant and must not be understated. It is only through having a full appreciation of these differences - historical, cultural, socio-economic and political - that the therapy can proceed. Denying such differences would only serve to obscure the very attitude of openness that the analytic attitude attempts to achieve.

The therapist became acutely aware of the importance of critically evaluating the tools of treatment. An appreciation of the concepts of individualism and dualism and the way in which

these concepts inform the theory and practice of psychoanalytic work was extremely beneficial. Furthermore, it was important to have an understanding of the cultural worldview of the patients he was working with. The single most important understanding which assisted the therapy process enormously related to the way in which "self" is configured in traditional communal living. An appreciation of the fundamental fact that in a collective culture the group, its needs, goals and expectations are more important than the individual's needs and aspirations assisted the therapist with a much deeper understanding of concerns relating to reciprocity, hierarchy, dependency, accepted roles and family expectations that participants brought with them into the therapeutic encounter. This configuration of self is strongly reflected through language. For instance in the Xhosa language the expression "Umtu Ngumntu Ngabantu" can be literally translated as: "a person is a person through (or because of) other people" (Ulmer, 2003). The inherent need to maintain a sense of identity that was community and family based was present in all three participants despite the fact that they were also aspiring towards a sense of individual autonomy. The need to belong to the family, and to maintain strong links most often through material assistance and financial support, became clearer to the therapist when considered in terms of the collective self. Identity is powerfully related to belonging. The immense fear and lack of meaning that comes with severing family ties through increased urbanisation and translocation was represented as a central concern for all three participants.

By understanding that participants had been born into patriarchal systems where the expression of individual needs, especially for women, are generally subordinated to the needs of the group, it became much easier to understand why participants sometimes found difficulty in expressing certain emotions, such as anger to parents (which would generally not be tolerated in traditional households). Furthermore it became easier to understand why participants succumbed without question to certain rituals and expectations that were enforced on them by elders. Most importantly, however, such an understanding alerted the therapist to the intense difficulty that participants were experiencing by adopting western values of self-determination. These values often existed in direct opposition to the learnt principles of their collective upbringing. It also became clear to the therapist that the subject/object boundaries that are taken for granted in western culture such as life and death, self and other, individual opinion versus group opinion were not as strongly delineated. The principle of subject-object unity in collective culture giving rise to a group ego identity explained why the participants at times found it difficult to express and verbally articulate inner thoughts, opinions and feelings. Whilst all three participants had become sufficiently individualised to stand back and express themselves from the position of an individual ego identity this new emphasis was learnt rather than inculcated from birth. A strong understanding of the internal negotiations and conflicts inherent in this configuration of self - the

expanding self - which included both collective and individual elements, was of paramount importance to the therapy process.

It has become increasingly evident that the use of psychoanalytic models for treatment across culture in South Africa is often viewed with suspicion. As stated at the outset of this study, the couch - and by implication, psychoanalysis - is viewed as an inappropriate tool for helping the previously disadvantaged deal with their problems (*Cape Times* article 26/09/02). Such an opinion is held not only by professional bodies who inform psychological practice but also by individual practitioners who, for their own unconscious reasons, may hold particular transferential beliefs towards the analytic attitude itself, seeing it for instance as comprising a set of rules representing a punitive superego (Ivey, 1999) or a controlling parent. On the contrary the therapist found that a full grasp of the concepts incorporated in the analytic attitude when used as a two-person model, such as neutrality, generative uncertainty et cetera, allowed for a form of treatment that transcended many of the boundaries and constraints of other psychological approaches. However, he also recognised that in order to maximise the benefit of this approach cross-culturally it was necessary for practitioners to have a full grasp of the relational quality of these concepts and the way in which technique has developed beyond the classical one-person model belonging to a positivist epistemology. It is only through a full appreciation of the inter-subjectivity and relativity of this approach as well as its internal checking mechanisms for overcoming a natural inclination towards universalising that the full benefit of this framework for cross-cultural work in South Africa can be realised.

7.6: Discussion of the Use of a Case Study Methodology in this Research

The aim of this study was to examine how the therapist and each participant under study makes use of the conceptual and practical framework of psychoanalytic psychotherapy comprising the analytic attitude and its counterparts the analytic task, process and setting. The case study approach served to provide a unique insight into the relational aspect of the therapeutic dyad. Ironically, the very focus of enquiry, the analytic attitude itself, assisted the research process both in that it was not only the focus of enquiry but also the means of implementing the enquiry. The particular use of this qualitative method from the standpoint of a postmodernist epistemology provided the researcher with a framework that allowed for a more substantial and unbiased access to the material under study. It also provided a way of overcoming some of the shortcomings of similar case-based studies conducted in the past.

An important concern in this study related to establishing the legitimacy of the research. Case studies have often been criticised for lacking confirmability – that is, rigorous controls against

researcher bias. As stated by Edwards (1998, p. 61), "Enthusiasm for a particular interpretation or desire to make a particular point can lead to writing case synopses that are distorted by the aims and assumptions of the writer". This point is further emphasised in Edwards (1998) who points out that whilst the brilliant and pioneering psychotherapy case studies of Freud served as the foundation for the development of psychoanalytic theory, studies such as these have been criticised for lacking validity in terms of bias and selection effects that detract from the genuineness of the data collected. This study uses a postmodernist perspective which offers a critical epistemology that aims at developing new ways of seeing, interpreting, arguing and writing. It is mindful of the bias inherent in all representations of research data and by acknowledging these concerns it alerts the researcher to the difficulties that are involved with any form of qualitative investigation. These difficulties include the almost impossible task of claiming objectivity when reporting events, and the difficulties involved in developing a set of criteria to evaluate the legitimacy of the results. An awareness of these concerns (referred to as the crisis of representation and the crisis of legitimation) has allowed the researcher to ensure that the research design included measures of control in an attempt to overcome, as far as possible, these potential threats to credibility through observer bias.

By situating the study within a postmodern framework the researcher was in a better position to decide on the most suitable research design. It also provided him with the awareness that there is no single design which has precedence over any other. He was not constrained by a need to situate the study in any particular paradigm, but was free to utilise guidelines for data collection that evolved from a postmodernist position, such as incorporating verbatim material from the participants, as well as his own personal responses, into the data collection. In the data analysis he was able to incorporate a more disciplined approach, drawn from a more scientific mindset. Further, when evaluating the emergent data the researcher was not obliged to adhere to the conventional positivist standards for establishing study credibility - such as validity and reliability - but rather, by not laying any claim for absolute objectivity, was able to use other more realistic measures to ensure that the study was trustworthy, disciplined and rigorous.

The aim of the study was not primarily to generalise to a physical population but rather to a theoretical body of psychoanalytic knowledge on the analytic attitude. The transferability or generalisability of the research findings depended on the level of credibility achieved in this study. The researcher used a number of methods to ensure credibility. Triangulation involved of collecting data on the therapist's experience as well as on the participant's experience and verbatim responses. Further it was of the utmost importance to contain this study within the parameters of the elements of the analytic attitude which comprised the principle focus and to

apply these parameters to each step of the processes of data collection, data analysis and data interpretation (Edwards, 1998). Other methods of establishing credibility involved attempts to be rigorous by outlining a protocol for procedure and ensuring that the data collection did not incorporate extraneous or selective information. This was enacted through a process termed data reduction which was a measure to safeguard against over-generalisation of the material. This method of data reduction also allowed the large quantity of data to be organised into manageable units within the elements of the analytic attitude.

This study does not lay claim to the findings being directly representative nor does it claim that a similar study would draw the exact replicable conclusions. However, it does claim that the findings within the study can be reproduced and are therefore dependable. This dependability and thus legitimacy of results are substantial enough to add to and further inform a general body of theoretical knowledge on the analytic attitude.

By using Ivey's (1999) model of the analytic attitude, applying it to a particular cross-cultural setting and using strong measures to control for credibility, it follows that the results obtained can be used to inform new theoretical perspectives on this attitude. The response of the therapist and the participants to the analytic attitude is generalisable to similar situations of cross-cultural psychoanalytic psychotherapy. This study has demonstrated that Black South African individuals in a state of cultural transition are not constrained by cultural or language considerations in gaining benefit from the use of psychoanalytic psychotherapy conducted from within a two-person model.

7.7: Limitations of the Study

This study aims to overcome an objective modernistic understanding of the "other" by focusing rather on a process that incorporates both subject and object. However, the researcher experienced some difficulty in attempting to transcend terminology that is characteristic of a modernistic mindset. This was due to the fact that features of dualism are so embedded in western culture that language itself reflects this subject/object duality. Words such as "effectiveness" and "determine" are used throughout this study. Whilst it was well acknowledged that such terms are inappropriate to a postmodern mindset it was felt that in order to communicate the findings of this study to a research community these language constraints were unavoidable.

From a postmodernist position of doubt the entire study was situated within the double crisis of legitimation and representation. This could be construed as a limitation in that it raised concerns of biased reporting when making connections between the text and the world being written about.

The researcher was well aware that he was simultaneously enacting two roles in this study: the role of therapist and the role of the researcher. The researcher/therapist was an intrinsic part not only of the data collection but also of the data itself. Given that the data collection procedure was situated in a postmodern framework the researcher felt comfortable with these two roles in that he felt no compulsion to position himself as an objective observer. In fact a postmodern position of enquiry would claim that it is impossible for any researcher to be thoroughly objective.

However, the tension that did exist related more to the credibility of the data that was selected. The decision to include or exclude data was strongly influenced by the researcher's judgement and experience. For instance, the therapist's awareness of his own ability or inability to maintain an analytic balance as well as his capacity to monitor participants' responses to the analytic attitude were strongly dependent on his understanding of the analytic attitude. Despite the fact that the therapist/researcher was well acquainted with the analytic attitude, it could still be argued that the information chosen would reflect the researcher's own bias and level of proficiency. The quality of the information gathered was therefore directly proportionate to the researcher's ability, knowledge and experience. Whilst this created a tension and concern for the study, there were certain measures that could be implemented to increase credibility. Efforts to establish that the findings of the study could be confirmed by similar studies relied more on the data itself rather than on the objectivity of the researcher. By constantly referring to and quoting the verbatim responses of each participant, the quality of the data was allowed to speak for itself. Furthermore, the data collection was enacted through a research design that was delineated by clear parameters which served to increase dependability.

A general fault and central criticism of case based research is that it generates vast amounts of unnecessary information. It was stated from the outset of this study that the data collection procedure would be structured to avoid the pitfall of including all the information generated by 120 sessions of therapy for three separate dyads. By exercising what Edwards (1990) refers to as data reduction the researcher limited the data collection to information that was relevant to the research question and its propositions. Data collection was organised around the principle units of analysis and focused on issues that related to the eight elements of the analytic attitude. An outline of the exact procedures for how the data was collected was therefore paramount in order to establish that the data was dependable. This meant that the researcher was required to place a strong emphasis on the research design. In an effort to maximise dependability the researcher went to considerable lengths to explain exactly how the data would be chosen. At the beginning of the individual case reports the researcher provided an outline of the main features of each element of the attitude to remind the reader of the central points that would be focused on.

Furthermore, a set of criteria was generated for each element to assist the researcher in selecting relevant information. These measures served to increase the credibility of the study by attempting to overcome researcher bias in as far as this is possible for any study.

Further research in South Africa that focuses on a rapidly emerging group of Black individuals who are beginning to use western psychotherapy as a treatment choice will have to be completed before a substantial derived etic can be established that is representative.

7.8: Conclusion

This study recognises that psychoanalytic theory and technique is in a constant process of change and adaptation. In the evolution of psychoanalytic practice two important paradigm shifts have occurred: the change from a drive-reduction model to a relational model and the shift from positivism to constructivism. This shift to constructivism requires the use of a relational system in which experience is continually and mutually shaped (Stolorow et al, 1994). Furthermore, this shift represents a deconstruction of the objective-subjective dichotomy, leading to the creation of a world of mutual influence and constructed meaning (Rubin, 1997).

The model of the analytic attitude used in this study strongly reflects the spirit of these new developments. The therapist in this system recognised that his participation in the process had a continuous effect on his understanding of himself and the participant. This study suggests that the practice of psychoanalytic psychotherapy from this postmodern position represents a suitable framework for treatment in the context of cross-cultural work in South Africa. The intersubjective and relational quality of this system is able to assimilate the difficulties and demands of working across culture. Furthermore, this position, which is by nature sceptical and critical, affords a way of challenging the constraints of a universalist mindset that has dominated treatment in psychology and psychiatry in South Africa.

Since the ending of apartheid there is a large emerging group of Black South Africans who can be construed psychologically in terms of an *expanding self*. Clinicians working cross-culturally with this emerging group need to adopt a critical postmodern stance towards the way in which they practice psychoanalytic psychotherapy. It is not possible to ignore the differences and assume that the same treatment strategies that are applicable to a White middle class community will be effective with this group. Furthermore it is not possible to exclude the historical, political and economic context from which this group has emerged. In fact this study shows that clinicians working in this context need to be acutely aware of their own taken-for-granted assumptions and need also a basic knowledge of the concepts of individualism and dualism and the way in which

these concepts inform the theory and practice of psychoanalytic work. It is also important for clinicians to have some understanding of the cultural worldview of their patients and the way in which "self" is configured in traditional communal living.

The analytic attitude used in this study as described by Ivey (1999) conforms to a relational/-constructivist paradigm. The participants and the therapist responded well to this model and no extensive modifications were required. However, certain adjustments to the stance of abstinence were necessary and high degree of critical self-evaluation and constant re-checking was required on the part of the therapist through neutrality.

This study recognises that the relational model emphasises the creation of a shared subjectivity, which represents an attempt to overcome the objective/subjective dichotomy. However, it also recognises that elements of dualism are strongly present in the general use of psychoanalytic theory and practice. Although current changes in psychoanalysis point to a shift from positivism to constructivism, it would be short sighted to conclude that this shift is absolute (Rubin, 1997). It must be emphasised that the analytic attitude still reflects the standards, myths and western-centric beliefs from which it has derived. Individualism is at the centre of this framework and more importantly the theoretical backdrop is strongly informed by western notions of dualism. It must be acknowledged that whilst the analytic attitude reflects dualistic structures it simultaneously affords a way of overcoming these constraints through offering a working strategy that lends itself to the continued revision of basic psychoanalytic concepts. In this sense it allows for the development of new psychoanalytic meanings that are derived through de-contextualising original concepts from their western mindset and re-contextualising these concepts into the cultural patternings of the group under study.

This study showed that if used correctly the analytic attitude allows for cultural difference to be absorbed into the treatment encounter to good effect. It lends itself to overcoming gender, race, ethnic, cultural and historical factors and it provides space for necessary self-evaluation on the part of the therapist. In fact this study shows that contrary to certain beliefs psychoanalytic psychotherapy conducted within a relational model proved to be an effective and valid treatment approach for a group of urbanised English-speaking Black female individuals between the ages of 25-35.