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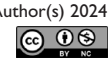
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Advancing a cultural–historical activity perspective in a psychodynamic-oriented psychotherapy training programme

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Abstract

South Africa cannot ignore the far-reaching influence of its colonial and apartheid history on the psychological functioning of its people. Psychotherapy as a fundamental psychological intervention approach cannot ignore its evolving history as the architect of the social psyche and of an individual's psychological functioning. With regards to psychodynamic psychotherapy, the literature has lamented this therapeutic approach's lack of consideration of the impact of the colonial and apartheid historical trauma on the prevailing sociocultural and mental health challenges. The crux of this article is to address this epistemological lacuna, by arguing for the integration of psychodynamic theory with cultural-historical activity theory (CHAT) for application in therapeutic processes. The article further posits that this integration needs to be introduced in training programmes for student psychotherapists who, as in the case of South Africa, are themselves the descendants of the generation that was exposed to historical trauma of colonialism and apartheid and are living with latent transgenerational trauma. To create a suitable foundation for the integration of psychodynamic theory and CHAT in psychotherapeutic practice, there is a need to apply critical pedagogical strategies in the training programmes of psychotherapists. Thus, this article further highlights the possibilities of employing critical pedagogical principles that incorporate ontological reflection, pedagogic discomfort, troubled knowledges, mutual vulnerability, strategic empathy, and compassion.

Keywords

cultural historical activity theory, object relations, psychodynamic, psychotherapy, transgenerational trauma

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There is no doubt that the majority of South Africans need healing from its gruesome colonial and apartheid past. Cultural, language, education exposure, and socio-economic differences have emerged out of the country's historical background of racial inequality, oppression, and marginalisation that has induced unconscious mental instability on an insurmountable scale (Fanon, 1952). Even though apartheid has been dismantled, its entrenched psychological, social, and economic structures prove difficult to do away with (Hannor-Walker et al., 2023). Hickson and Kriegler (1991a) unapologetically lamented the mental childshock that South African children were experiencing from apartheid-induced traumas and poverty, and that a generation of maladjusted children was emerging. The disregard of human life and unquestionable brutal retaliation by the apartheid regime directed at the oppressed youth of the 1970s to the early 1990s, and the normalisation of violent behaviour by the youth forced to be resilient freedom fighters at that stage, suggests causal association to the current generation of adult South Africans suffering from anxiety, depression, posttraumatic stress disorder, substance abuse, and/or comorbidities (Pillay, 2018). Multiple studies indicate the prevalence of anxiety and depression among a variety of South African populations, such as university students (Pillay et al., 2020; van der Walt et al., 2020), those living with chronic illnesses (Kagee & Martin, 2010; Kagee et al., 2018), low-income pregnant women (Redinger et al., 2018; van Heyningen et al., 2017), and adult members of the rural community (Onuh et al., 2021), and that PTSD is indicated among ex-combatants (Mayisela, 2005). This suggests that there is a considerable demand for mental health interventions—of which psychotherapy is one.

Psychotherapy is one of the key psychological intervention tools that has been tested over time in different settings and shown to have positive effects on mental health conditions. One of the major psychotherapeutic approaches used by psychologists in South Africa is the psychodynamic approach, an approach that leans on Freudian psychoanalysis as its foundation. Peltzer's (2000) research on psychotherapies found a tapestry of therapies used in South Africa that includes, in their order of popularity, psychodynamic, traditional, faith healing and complementary medicine, reconciliation and peace psychotherapy, integrative methods (the combination of Western and traditional methods that includes group psychotherapy), and other forms of therapy (such as arts and music therapy). There is a range of therapeutic measures, particularly for trauma, such as art therapy (Berman, 2011), wilderness therapy (Robertson, 2000), spirituality (Nduna et al., 2022), and African traditional therapy (Bojuwoye & Sodi, 2010), used by South African psychotherapists, despite the shadow of doubt cast on these by lack of recognition by the Health Professions Council of South Africa. Bojuwoye and Sodi (2010) contend that Western psychotherapies are based on American and European middle-class values that are insensitive to non-Western cultural influences on wellness. In addition, treatment approaches embedded in the Western therapies popularised in South Africa tend to ignore colonial and apartheid factors that are the basis for the unconscious sources of mental illnesses and maladaptive behaviour. The advancement of these therapies in their original form stifles possibilities for interventions that are likely to transform socioeconomic standing, habits, and lifestyles that improve mental health. The major Western forms of psychotherapy, notwithstanding their offshoots, mainly include psychodynamic and

cognitive behavioural therapy practised on individuals (adults, children, and adolescents) and as a form of family therapy (Peltzer, 2000).

While most psychologists provide psychotherapy, the critical question that has been reflected on by numerous scholars (Dommisse, 1986; Hickson & Kriegler, 1991b; Hook, 2008; Knight, 2013; Smith, 2014; Wolff, 2014) is that of the relevance of the dominant psychotherapeutic theories and approaches that inform the practice of most practitioners in postcolonial settings, and specifically in postapartheid South Africa. Mental health care was not designed for the Black and indigenous populations in the country. It is evident in the nature of the therapeutic tools that psychotherapy was meant for the minority white population. The fact that no government budget was allocated for inclusive mental health services (Manganyi, 2016) is indicative of this neglect of the marginalised people of South Africa. Be that as it may, mental health provisions for the marginalised Black majority people by the colonial and apartheid regimes would have been a contradiction and counter-objective for these regimes (Dommisse, 1985). Under colonialism and apartheid, mental health practitioners, including psychologists of the time, who were predominantly white, remained silent about the regime-induced physical and psychological trauma (Dommisse, 1986).

In addition, training in psychology and psychotherapy education was only offered to the white population, with Western biases rendering psychological services inaccessible, further perpetuating inequality (Wolff, 2014). This indirectly erects economic barriers, deliberately keeping Black and indigenous populations in abject poverty, creating white superiority through economic dependence, and inducing mental instability, while recycling the trauma and inequality. The current selection and training processes of psychologists as clinicians are lacking in the necessary competence to recognise the internalised cultural processes that were entrenched by the desperate need for survival under long-term gross human violations, systemic trauma, and suffering. Even after democracy, the equitable admission of people of colour into these training programmes remained an uphill struggle to consider (Manganyi, 2016). Many were not accepted, being told that they had not processed their past trauma—against the backdrop of resources for trauma counselling not being readily accessible and the cost thereof being far beyond reach for most working-class families of the applicants. This is typical of what Gobodo-Madikizela (2015) describes as the:

> humiliation faced by the majority of Black people, who [still] live at the margins of South African society . . . [who experience] acts of violence to [their] human soul [which] are the subtle, systematic acts that undermine the dignity and sense of worth of individuals, the insidious acts of violence that destroy their psychological and spiritual integrity. (p. 1087)

The inaccessibility of training facilities to Black psychologists (and psychiatrists) resulted in white mental health professionals, with language barriers, providing psychotherapy in the form of a shoddy question-and-answer interview, with insufficiently trained interpreters (Manganyi, 2016).

The violent colonial and apartheid history has affected the oppressed and marginalised South Africans who have been exposed to this systemic trauma both as a collective and as individuals—collective in the sense that it was pervasively instituted and

perpetrated on Black people, and individualised in the sense that Black people reacted to apartheid traumatic violence and to the direct and indirect incidences which they were exposed to as individuals. This, along with their individual familial predisposition, justifies the need for an individualised therapeutic journey. There is a need to heal from both the collective pain and the individual's perspective of systemic and historical trauma. It has to be highlighted, however, that the long-term trauma of suffering has mental health implications, and that the suffering, in this case, refers to that experienced by Black people due to the marginalisation they were and still are subjected to. This may be misread as a racialised mental health problem that pathologises Black people and perceives them as victims, undermining the collective healing embedded in communal activities. Equally, this does not mean that when white people are exposed to similar violations, they do not experience trauma. As Moore (2000) puts it, "irrespective of race, class and ethnic background, poverty results in increased rates of violence, criminality, physical and mental illness" (p. 152). Alvarez and Farinde-Wu (2022) warn against focusing on the trauma as defined from a deficits approach, from a white-dominant, colonial logic that moves the attention away from the systemic, racialised sources of trauma such as poverty and institutional and systemic violence. In fact, this paper aims to bring forth the hidden marginalisation and racial oppression that are underlying traumatic experiences and the practice of psychotherapy.

This paper argues that psychoanalytic psychotherapy as the major psychoemotional and trauma healing method cannot turn a blind eye to the underlying racial, historical, and systemic nature of the current mental health suffering of individuals in South Africa. Manganyi (2016) is the first Black psychologist to experience and express discomfort in therapeutic processes that seem oblivious to the sociopolitical context reflected in the individual's life crisis (Pillay, 2018). In this article, the author argues that it is within all psychologists' call of duty, including those practising psychodynamic psychotherapy, to alleviate this burden of sociopolitical trauma within any therapeutic space and frame, be it for individuals, families, or groups. Thus, the combination of psychoanalytic therapeutic approach and cultural historical activity theory is advanced in this article.

Psychotherapy in South Africa

Psychoanalytic psychotherapy is one of the dominant psychotherapies in the South African psychology profession. Psychology in South Africa developed alongside the oppressive apartheid regime that institutionalised mental health hazards in the whole of South African society, using state institutions and instruments to transform the natives into subjugated and economically powerless workhorses (Dommisse, 1986). The apartheid system subjected Black people to severe oppression by denying them free movement throughout the land, and confining them within barren, ethnically designated borders, with planned subjection to poverty and malnutrition by controlling their economic activity and contact with the global community. In addition, poor state health services in the context of poverty and malnutrition resulted in neurodevelopmental effects among children (Suryawan et al., 2022). The migrant labour system resulted in broken family systems, with children growing up without fathers and many without any parents. To indoctrinate Black people with an inferiority complex, Bantu Education was

legislated in 1953, with its curriculum designed for the psychological subjugation of Black people into serving white people at all levels (Mayisela, 2017). During the author's lived experience of South Africa's violent history from 1983 to 1994, there was continuous murder, torture, and harassment of Black people who spoke or acted against the oppressive system, notwithstanding the constant fear induced by the incessant presence of state security rendering townships a natural trauma laboratory. Literature, not only in the American Psychological Association's recognised journals but also from other disciplines and other forms of publications, has captured the psychological violence of colonial invasion, dispossession, slavery, and the apartheid system with its psychological and physical oppression (Gobodo-Madikizela, 2015). Recently, Adebayo (2022) published an article, "Post-Apartheid Melancholia: Negotiating Loss and (Be)longing in South Africa," in which he defines apartheid melancholia as "an unresolved relationship with [South Africa's] slavery, colonial and apartheid past responsible for the continued racial tension, memory friction and the multidimensional scale of violence that besets the country today" (p. 277). As an example of such melancholia, Adebayo (2022) shared an extract from *These Are the Things That Sit With Us*, edited by Gobodo-Madikizela et al. (2019):

> the sad part that I can remember is that they told us we had sheep, goats, cows, donkeys, carts and horses. All those things . . .. When we moved nobody knew where these animals went or who took them. We lost all that livestock because of forced removal. (Adebayo, 2022, p. 279)

Further unresolved transgenerational violence and economic oppression (Gobodo-Madikizela, 2015) emanating from colonialism and slavery include the persistent use of corporal punishment on children (Mayisela, 2018, 2020). The enduring remnant of the historical socioeconomic oppression finds expression in the concept of "Black tax" (Mhlongo, 2019), which describes the economic pain of the current young, Black, and gifted people who start their economic life on the wrong foot, having inherited the burden of the losses of the previous generation. To this, Gobodo-Madikizela (2015) refers to the postapartheid generation as suffering "insidious trauma," resulting from ongoing depravity, humiliation, and degradation. More and more issues continue to surface as postapartheid South Africa enables its people to get in touch with what could have been if it were not for colonialism and apartheid. Postcolonial and postapartheid trauma are one of the albatrosses that Black South Africans are still bending over to get some relief from. The author's inclination and observation are similar to the concerns expressed by Volkan (2015):

> After World War II, for a long time there was in general "silence" about the Holocaust *in the clinical setting* [emphasis in original] . . ., but outside of a few exceptions, psychoanalysts did not focus much on how traumas impacted the psychopathology of the people they were treating. (p. 1030)

According to Volkan (2015), Prudence Gourguechon, the ex-president of the American Psychoanalytic Association, came close to confronting this silence. In the farewell address of her presidency, she warned that if psychoanalysts remain silent and do not

provide professional information about the causes of mental illness and the continuing suffering, other explanations will prevail. She was not far from the truth, as it has become clearer that dogmatic adherence to the practice of psychoanalysis, with the avoidance of the realities of the complex trauma of poverty and suffering of the marginalised Black society, is, according to Long (2017):

> the impasse [that] revolves around the realities of class formation. For us bourgeois psychotherapists, a serious encounter with Marxism would force us to acknowledge not only a deeply held class interest but also an unconscious opposition to the material progress of impoverished patients. (p. 86)

Juxtaposing this statement against the South African Psychoanalytic Institute's attempts to confront the psychological aftermath of racism and apartheid at its conferences and through community projects such as those facilitated by Ububele Educational and Psychotherapy Trust, psychodynamic psychotherapy could play a more significant role in the clinical setting in dealing with the remnants of colonial and apartheid mental health damage among South Africans, as demonstrated in Knight's (2013) work. It is trusted that the new Psychoanalytic Institute has more psychodynamic programmes that prepare candidates to consciously address the unconscious racism and apartheid trauma in the therapeutic space.

Psychoanalytic and psychodynamic therapy

Psychoanalytic psychotherapy as a Western therapeutic tool was introduced to the South African white population almost a century ago, in the early 1920s, through the University of the Witwatersrand by Wulf Sachs, who came to South Africa after his psychoanalysis training in Berlin (Sachs, 1996). Psychoanalysis, with its initial individualised, long-term psychotherapy approach, was received well by white South Africans; however, it was not conceived for Africans, and its introduction to South Africa was not intended for Black people.

Freud's psychoanalysis became very popular but was equally questioned and interrogated, especially its psychosexual theory and his research methodology, about which he was found to be rigid and dismissive of questions. This led to the development of a number of theoretical offshoots of psychoanalysis, including psychodynamic theory. When adherence to the psychoanalytic core principles such as the couch, long-term analysis, and multiple sessions per week proved cumbersome, psychodynamic psychotherapy was developed (Volkan, 2015), which has broadened the uptake but with some level of flexibility, enabling the process to be more relational. Psychoanalytic concepts used within the psychodynamic framework for interpretive analysis of psychic material are reflective of the immediate social sphere represented in Kleinian object relations; projection and introjection; projective identification; Bion's concepts of reverie; theory of the mind; thinking and linking; attack on linking; and Winnicott's concepts of containment, transitional objects, the development of true- and false-self; and other neo-Freudian theorists. For that reason, psychoanalytic and psychodynamic will be used interchangeably, to reflect the South African uptake of psychodynamic therapy.

Psychoanalytic/psychodynamic psychotherapy has been critiqued for its irrelevance to contexts that are non-Western and non-European. Referring to several scholars critiquing psychoanalytically inclined psychotherapy approaches, Smith (2014) continues to question psychodynamic psychotherapy's relevance to the Black South African majority. Like Hook (2008), Smith (2014) observed that psychoanalysis is not attuned to the South African culture and its depth, ignoring the holistic background and context of the Black majority. The approach is found to be rigid, lacking the humility to address the needs of the people, and needing the marginalised population to bend over to fit into the approach (Smith, 2014). While the interpretation of the client's material may be sound for Western people, the transference and Oedipus Complex interpretations may be experienced as despicable and disrespectful to some African clients (Hook, 2008). Hook (2008) argues that the rigid employ of psychoanalytic vocabulary in interpreting psychic material with an aim of evoking or apprehending certain systemic patterns and operations displayed by the individuals in therapy may take a long time to alleviate symptoms, hence the adherence to the notion of long-term therapy. Be that as it may, it is worth noting that the psychoanalytic stance and some of its Western concepts are found to be reflected in the everyday life of Africans. The very old African idiomatic expressions bear evidence of this fact. For example, for object-relation, we have the IsiZulu idiom "ingane engakhali ifela embelekweni" (the baby who doesn't cry when feeling discomfort will die on its mother's back). For projective identification, the IsiZulu expression is "intandane enhle umakhothwa ngunina" (the best orphan is one caressed and licked by the mother). And the SeSotho expression "Mme wa ngoana o tshwara thepa bo haling" (the mother of a child holds the sword on its sharper edge) reflects transference and countertransference in a dyadic relationship. It can therefore be argued that African idiomatic expressions constitute aspects of African psychology emanating from transgenerational observations and lived experiences that resulted in the collective thinking units and meaning-making analysis that is continuously affirmed and internalised in the minds of African communities.

As early as 1975, during the apartheid era, scholars argued "that not enough attention is paid to socio-political exigencies in the formulation of the goals of therapy and the role of the psychotherapist" (Lambley & Cooper, 1975, p. 179). The white therapists of the time might have asserted that the apartheid system was an oppressive threat, including to themselves, and therefore that they were unable to provide psychologically liberating therapy to marginalised people, even though these therapists felt internally and altruistically compelled to do so.

It is only logical that for white therapists, advocating for the provision of equitable training and critical psychotherapeutic intervention for those who most needed it would have meant advocating for losing the exclusive power, benefits, and affordances the system provided to whiteness (Bantjes, 2016; Kadish & Smith, 2020). Therefore, providing the knowledge and psychological healing needed to alleviate the mental health woes of Black communities would have been to act against the objectives of the apartheid system and its beneficiaries. Contrary to the recognition of psychoanalytic psychotherapy's substantive contributions to the transgenerational historical trauma interventions after the early experiences of colonisation in Europe and the USA and after the Holocaust (Gone, 2013), historically the dogmatic psychoanalytic approach in South Africa is to

blame for the colonial amnesia and apathy about the pain and suffering of the Black and marginalised majority who need healing from colonial and political violence and the trauma thereof (Gobodo-Madikizela, 2015). This amnesia was perhaps a defence mechanism resulting in the avoidance to recognise or reveal the deep-seated preservation of the privileges and benefits of an unequal society.

This, though, does not mean that globally psychoanalytic theorists did not theorise on analysing fragile mental states emanating from the violent sociopolitical environment. An example, among many others, is Coelho et al. (2023) in their paper "On Brutal Gestures: Trauma, Destruction, and Forms of Mental Illness," which analyses the psychic presentation of a character who suffered political alienation as a journalist, as presented in Green's (1999) literature. The article describes the possible nature of psychic defences and mental illness that can develop from violent and alienating sociopolitical exposure which may involve psychic dying, evocation of the emotional pain, and the awakening of the identification with the aggressor at the point of introjecting the anxiety and fear of the other fragile being, in the face of similar socio-political violation.

I would like to believe that individualised psychodynamic therapeutic interventions have proved to be more relational and effective, especially with people who understand the basic framework of psychoanalysis. However, the effects thereof are limited, especially for Black indigenous people who, underlying their complex PTSD presentations, have untapped mental struggles emanating from historical, colonial, apartheid, collective trauma, and disrupted cultural identities.

Of course, there are therapeutic processes, such as group processes (Wolff, 2014), used to optimally benefit all users. Group therapies are usually well-received and compatible with the shared collective resilience of specific communities, such as the psychodynamic group therapy process used with the group of returned ex-combatants just after the new democracy in 1994 (Mayisela, 2005). There is a need for those who find some value in psychodynamic psychotherapy to objectively rethink and consider what is relevant, to avoid throwing the baby out with the bathwater, and to modify the process to optimally benefit the users.

Cultural historical activity theory

As an attempt to address the gaps identified by psychoanalysis scholars and practitioners (Gobodo-Madikizela, 2015; Knight, 2013; Smith, 2014), let us explore CHAT with the purpose of establishing how mental health dysfunctions emanating from historical trauma can be elevated to consciousness through psychotherapy. While focusing on the individual mental health presentations as a subject, CHAT aims to bring forth the person's historicity and context, as well as the systems (activity systems) in which people are embedded and that perpetuate the traumatic reaction presented as long-term (chronic) anxiety, depression, posttraumatic stress, and other disorders.

CHAT is a constructivist theory. It is based on the philosophy that knowledge (the content of the mind) is constructed from social interactions and the environment holistically. Therefore, in the psychotherapeutic context, the client enters the therapeutic space

having constructed the content in mind from the historical and intersubjective context. In therapy, they work together with the therapist to reconstruct the intrapsychological content about the self in the world, and about the world. CHAT as a theory and practice has been used in various disciplines, such as philosophy, psychology, technology, and education. CHAT is the brainchild of a Soviet-Russian psychologist Lev Vygotsky and his coresearchers Alexandra Luria and Aleksei Leonte (Engeström & Sannino, 2021; Foot, 2014; Yasnitsky, 2011). This theory emerged from a focused dedication towards solving the problem of psychology between 1920 and 1930 of the philosophical dualisms of objectivity–subjectivity, agent–object, and person–environment (Holzman, 2006; Vygotsky, 1997b), which is still evident in the current individualised psychotherapeutic approaches. The nature and character of CHAT as a psychotherapeutic model suitable for South Africa and many other contexts is captured in Holzman's (2006) incredible description of this theory. Outlined below, with the author's consideration for psychotherapy in multicultural and diverse communities with historical trauma reference, is Holzman's (2006, p. 6) CHAT explication.

Holzman (2006) posits that CHAT "is the study of the human mind in its cultural and historical contexts" (p. 6). The practice of psychotherapy is aimed at transforming the mind and alleviating the conscious and the unconscious trauma embedded in the historical and cultural context. Here, cultural and historical contexts are articulated not as an integrated system but as systems that are interconnected. With the atrocious historical events in the background of the marginalised populations and communities, they continued to collectively seek to adapt in pursuit of survival, while their phylogenetic nature also continued its cause of sustaining their survival.

According to Holzman (2006), CHAT is "a general conceptual system with these basic principles: the hierarchical structure of activity, object-oriented, internalisation/externalisation, tool mediation and development" (p. 6). With reference to mental suffering, which first occurs outside the human mind (perhaps induced by violent historical events and trauma), humans engage intersubjectively in object-orientated activities using specific mental and material tools, with survival being the overarching object (see Figure 1 below). For the purposes of this article, CHAT is used to understand psychotherapy on the basis that it is one of the mental tools developed with the aim of alleviating internalised mental distress. On another level, from the research perspective on integrating CHAT with psychodynamic psychotherapy, this object can provide us with a foundation for understanding and highlighting the dialectical process existing within psychodynamic psychotherapy.

Furthermore, CHAT, as a broad model, is concerned with human activity within a particular culture; it places "culture and activity at the centre of attempts to understand human nature" (Holzman, 2006, p. 6). However, it is crucial to note that culture is like a chameleon in that it changes in response to the environment. It also depicts people's responses to the systemic and structural circumstances, where racial domination and an oppressive agenda over minorities in terms of power find expression. It is also pertinent to note that new cultures are designed through understanding possible human responses to external pressures. To this, Wilcox (2023) cautions against the so-called Black culture

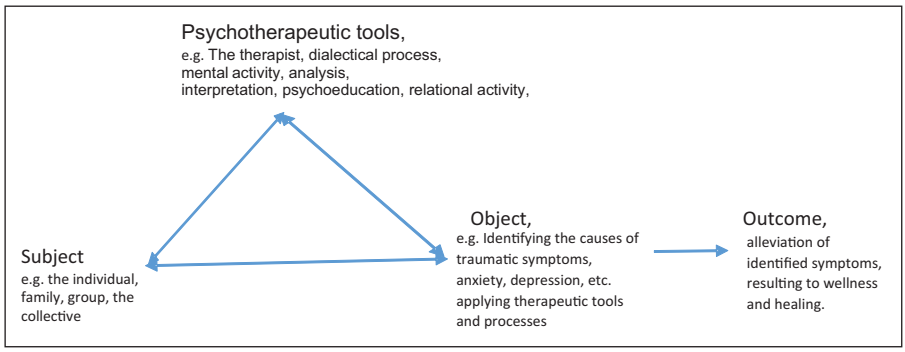


Figure 1. The subject, tool, object activity.

in her article "Oppression Is Not 'Culture': The Need to Center Systemic and Structural Determinants to Address Anti-Black Racism and Racial Trauma in Psychotherapy." A convincing example is that of the colonialism and apartheid system, which, by design, created a culture of inferiority and self-loathing by enforcing people to remain in squalor with very limited resources to induce dependency on white people, perpetual stress, and aggression in the pursuit of survival. Within the apartheid system, the Group Areas Act 41 of 1950 and the homeland system that was created for Black people hindered freedom of movement and created helplessness and stuckness in resource-scarce and barren land allocated for ethnic groups, normalising the culture of othering. It is imperative for psychotherapy to continuously interrogate the so-called "Black culture" or the "minority culture" as that which may mean activities that emerged out of well-designed and contemplated oppressive strategies, yielding tensions in pursuit of survival. In line with this argument, a striking observation is that the colonisers' descendants make no reference to their culture but instead speak more of livelihood and survival as the dominant narrative of their activity.

Holzman (2006) further brands CHAT as "a psychology that focuses not on the individual but on the interaction between an individual, systems of artifacts, and other individuals in historically developing institutional settings" (p. 6; see Figure 2 below). In psychotherapy, the therapist should be aware of all institutions and systems involved in an individual existence, which includes the rules, legislations, and values (overt and covert) that govern the intersubjective activities as well as all other activities within their system. Even the development of intuition is dependent on the object-related collaborative activities by the involved individuals, who perform specific functions based on the division of labour. Education and schooling are examples of a system when individuals interact within a system of educational artifacts, tools, and resources such as the curriculum. Relevant for this article, psychotherapy is a system of artifacts in which people engage intersubjectively with the aim of alleviating mental health difficulties.

The psychotherapeutic intervention as an intersubjective dialectical activity has healing and transformation as its object. Holzman (2006) views this as "a non-dualistic approach to understanding and transforming human life that takes dialectical human activity as its ontology" (p. 6). Used by the therapist as the lens to understand the client and their current presentation and past experiences of historical and transgenerational

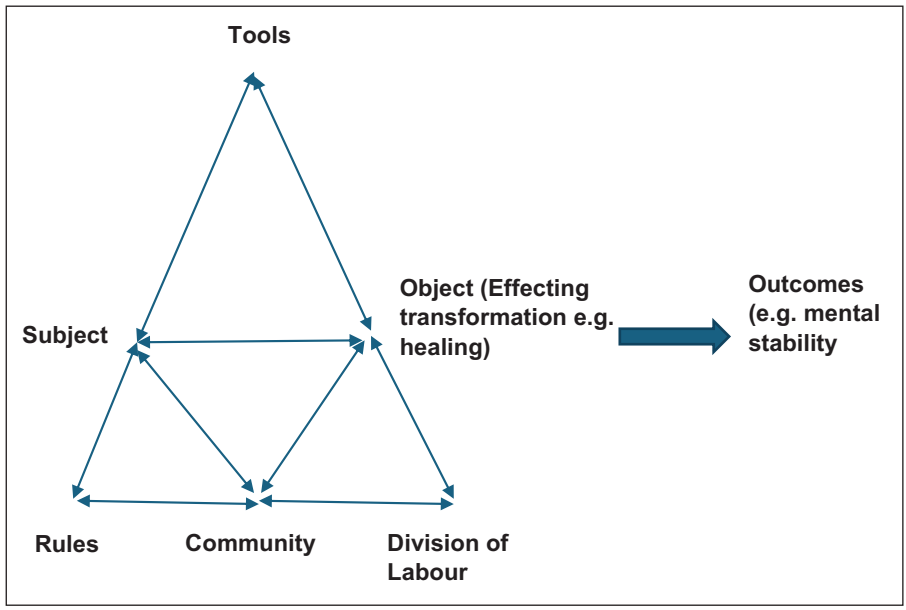


Figure 2. The cultural–historical activity system.

trauma, CHAT would enable the therapist to have a broader and more holistic view of the individual or group receiving the therapeutic intervention.

In addition to the above characteristics of CHAT, Engeström's (1999; Cong-Lem, 2022) five principles of CHAT are pertinent to enable the psychotherapist to bring to the surface the depth of the tensions involved between the individual's well-being and the trauma, anxiety, and depression induced by conscious or unconscious content within the mind. The first principle depicts the fundamental activity system of the collective (subject), the tool-mediated therapy, and the object of the activity, where the object of psychotherapy would be to alleviate trauma, stress, and mental health symptoms, leading to an outcome that is in line with the object unless there are contradictions in the system.

The second principle recognises the multivoicedness of the collective in the activity systems. Multivoicedness is Bakhtin's (Delp, 2004) concept for interpersonal dialogue. Multivoicedness occurs where there is dialogue. With dialogism, the narrative is co-constructed by those who participate and engage in an activity; however, the narratives can also be reflective of the voices outside of the therapeutic space. This concept is associated with ventriloquising, which suggests that what the individual says is likely to be carrying the voices and ideas emanating from others in the community but internalised by the client and externalised as theirs. In the case of psychotherapy, the client and the therapist are the participants in the psychotherapeutic space, however the therapist is also called to wonder, whose voice is this? (Wertsch, 1991) in trying to understand the articulations of the client. For example, the client who expresses frustration and stress from having to financially support his five siblings, and shame and ambivalence when thinking about the effects it will have on his parents should they abandon the burden, may be expressing unconscious historical material in his parents' voice. This voice may be

unconsciously echoing the voices imbued in Mhlongo's (2019) *Black Tax: Burden or Ubuntu*; a collection of everyday lived experiences and psychological tension that frustrates the first generation of higher education qualification and stable employment holders' internal capacity to care for their loved ones. Khumalo (2019) states this clearly:

> I know I speak for many when I say that, with our first salaries, those of us who are still equally in touch with both our extended families and our consciences, will either demolish the shack our parents live in and build a proper house, or extend the existing government-issue four-roomed house into something bigger, something more liveable . . . The permutation of our indebtedness to our immediate family differs from case to case—but it is there. If you don't have siblings who need to be put through school, then you have to pay the loan that your parents had to take out to put you through school. Or you have to repay the aunt or uncles who contributed towards your varsity education. That's black tax, unique to us. Admittedly, it can be very frustrating for a person who has just started working and is trying to set a foundation for himself to know that the measly salary he will get at the end of the month will have to be divided and sub-divided again. (p. 34)

Khumalo continues to tell the story of a man who had to justify to his wife and children why he had to share the little he earned with his nephews and nieces.

> At the meeting he set out the strategy: those of his brothers' children who wanted to go to school, and university could rely on him for financial support. Later, addressing his own wife and children, he explained, "If they don't go to school, they will continue to be a nuisance to everyone. Even after I am long gone, attacks on you will not relent. So, it is better I bear the cross now, while I will send them to school, thus minimizing the damage and possible animosity between you and them in the future. Through education, I will instil independence and a sense of responsibility. If I dismiss them now, I will be creating a climate for an insidious dependency syndrome in the family." Two generations later, there are numerous graduates in that extended family. The black tax ploughed back then has borne dividends. It was a major social intervention that turned the fortunes of one extended family. Just so that there is bread on his aunt's table or that his cousin gets back to school. (Khumalo, 2019, pp. 33–34)

During this psychotherapeutic dialogism, the therapist hears the individual's voice that echoes the voice of the South African Black middle-class community which is economically squeezed between the burden of extended family support and care, and fiscal taxation, causing unbearable stress and suffering. The client may be using the concept of "Black tax" as one with a shared meaning—therapy can facilitate new growth by assisting the client in integrating the individual, the historical, the collective meaning of this painful experience.

Historicity is the third principle, and a pertinent one with regard to psychotherapy. This concept refers to the meaning that the word, concept, or sign may carry as constructed by previous users and how it continues to be used and its meaning continues to be shared by others (Konopka et al., 2018). Here the psychotherapist stands to identify the "germ cell" (of the pain) that they trace back to the meaning embedded in the historicity so as to fully understand the nature of the emotional pain or trauma and then mediate the imagination of a possible future with or without this pain.

The fourth principle refers to the possible tension or contradictions that might be experienced by either the client or the therapist, which are a source of the therapeutic change and development (Engeström, 1999). The fifth and last principle extends from the latter and proclaims the possibility of transformations in the activity systems, with the activity system possibly being the ego development, resulting in healing. All these principles are important as an analytical practice in psychotherapy. All the five principles can still be applied interpretively within the psychodynamic therapeutic process.

Through dialogic engagement in the therapeutic space, contradictions may present through shared experiences, thoughts, and strong reactions and affect. Again, these responses to the traumatic experience may emerge from collective, similar, or different life experiences, or from mere humanness, such as an empathic response. The experience of empathy, and shared understanding, may reflect internally as transference and countertransference to the intersubjective experience. The contradiction that comes with transference or countertransference is likely to normalise the client's conscious and unconscious responses and defence mechanisms (presenting dysfunctional patterns and syndromes) to their traumatic past situations and context. Once identified, the contradictions between the activity systems (e.g., the biological system), mental processes (meaning-making), and external systems (e.g., identification of racial discrimination) in the case of social anxiety are likely to be resolved. The subject of contradiction is broader: Mayisela (2017) and Engeström and Sannino (2020) have identified four types of contradictions, which encompass theoretical and methodological processes, all of which, though important, are beyond the scope of this paper.

Finally, the critical question about CHAT is: what is its relevance to the South African postcolonial and postapartheid context? As a Western analytic model, what makes it different from other Western-imported models and therapies? To respond to this question, we need to revisit how CHAT came about as a result of Vygotsky and his proponents questioning the Western individualised approaches, which they viewed as problematic. Their research drew from indigenous Uzbekistan's collectivist communities, including marginalised populations and women of the post-Soviet Union, some with literacy and some who were illiterate. Some of his work was praised by the researchers of his time, as it did not shy away from the foundation of his learnings from African philosophy. Specifically, in his explanation about how humans transform each other and the environment, he made reference to the collectivist African expression "thus we might say [conclude] that through others we become ourselves [Umuntu ngumuntu ngabantu] . . . . The individual becomes for [them]self what [they are] in [themselves] through what [they] manifest for others" (Vygotsky, 1997b, p. 105). Dafermos (2014, 2024) highlights the centrality of Ubuntu philosophy in the development of Vygotsky's cultural-historical psychology: "Our science could not and cannot develop in the old science. We cannot master the truth about personality and personality itself as long as mankind has not mastered the truth about society and society itself" (Vygotsky, 1997a, p. 342). It is the kind of psychotherapy that embraces Ubuntu, with an understanding that a person exists within spheres in society which are in continuous interaction with each other, encompassing holistically the self, fellow persons, and the material environment. This notion resonates with African psychology, as a terrain of psychology that has interest in the African people: their belief systems, ways of thinking, and behaviours, and how these are

symbolised in culture, traditions, and materially (Oppong, 2022). CHAT creates an opportunity to interrogate how the African culture, as interrupted and transformed by colonialism and apartheid, is currently expressed, is consciously and unconsciously represented in people's minds; individually and collectively.

Pedagogies for psychotherapy students

When teaching a specialised professional course such as psychotherapy, one is tempted to strategically emulate the skills and values of psychotherapy. There is a tendency to assume that professional skills can be translated into the pedagogy of that profession. In relation to psychotherapy, it is common for psychotherapists, as Binder (1999) notes, to assume that the conceptual knowledge, psychotherapeutic acumen, and values can easily be translated to teaching psychotherapy, and that the acquisition of these learnings proceeds without any hiccups. As much as there is a plethora of literature, including books (Fonagy, 2015; Harris et al., 2014; Truax & Carkhuff, 2007) on psychotherapy and counselling, on scrutiny of these, there appears to be little information on training and educating about psychotherapy, especially about psychodynamic therapy. However, one should remember that teaching psychotherapy and performing it are different things, except in instances of role-play. This suggests that the psychotherapy teacher should not treat their students as their psychotherapy clients. As a pedagogue, one has to think about multiple crucial factors to facilitate successful learning: the background of the student, their age, the epistemological grounding of the learning content which should be aligned to the age of the students and the aims and objectives of the content facilitated (i.e., the knowledge, skills, and values for psychotherapy). Overall, it has become increasingly fundamental to adopt a critical pedagogical approach, particularly at postgraduate level.

Critical pedagogy for psychotherapy training

The adoption of a critical pedagogical approach by the lecturer and the facilitation of the dialectal multiplicity is even more critical for psychology professional programmes that prepare students to provide service to grossly socioeconomically unequal, marginalised, and trauma-laden diverse communities such as the South African ones. The classroom setting presents a unique opportunity for reflecting on the reality of segregation and economic exclusion, illuminating the trauma of apartheid and colonialism that is glaringly present within the classroom setting, where the language and the content of the course and its mastery naturally disadvantage the systemically marginalised section of the student body in that class (Collins, 2013). The training programme within the South African setting aimed at understanding the functioning of the mind without acknowledging past traumatic historical injustices will yield a practice that stands to falsely address the wounds of the society. Even that benefit is unsustainable, as history continues to evolve with the majority's trauma left buried in the unconscious, rendering such a programme irrelevant.

In an attempt to bring some inner and sustainable transformation to the students and the lectures, the discussion here will be centred around Zembylas' (2013) notion of troubling knowledges and pedagogic discomfort. While critical pedagogy is essential, it is

critical for its facilitators to be aware that it is not without underlying emotional upheavals. Therefore, disruption and troubling knowledges should be practised with sensitivity and compassion (Jansen, 2009). It is critical for the lecturer and teacher of psychotherapy to consider engaging with troubling knowledges within the critical pedagogical practice.

Ontological reflections, troubling knowledge, and pedagogic discomfort

For students who are being educated to be professional psychotherapists in a postcolonial and postapartheid country whose people still struggle with the historical trauma and legacies of these regimes, it is essential to sensitise them to social injustices through practising continuous reflection on "I–Other–world" relations, which Silva Guimarães and Simão (2023) termed ontological reflection. According to Silva Guimarães and Simão (2023), this ontological reflection is based on the dialogic epistemology emanating from the notion that "the human nature and human life are constituted in interrelation with the other, that is in other orientations" (p. 675). Such reflections, facilitated in a group of students from diverse racial backgrounds, is likely to create pedagogic discomfort, which the lecturer must be prepared for without having to construct or perpetuate an "us" and "them" discourse. Pedagogic discomfort is when students and facilitators are challenged to think beyond their comfort zone to engage in critical inquiry. Pedagogic discomfort is necessary from the stance that the students and lecturers possess consciously or unconsciously troubled knowledge that tends to evoke or suppress uncomfortable emotions, maintaining the existing underlying intergenerational trauma of exclusion and oppression. In this postcolonial and postapartheid context, the aim of pedagogic discomfort is to unsettle comfort zones with regards to values and constructed self-image in relation to how others and the world are perceived and considered even in the postapartheid era (Zembylas, 2013). The question is how such discomfort can be facilitated without being at the risk of entering ethical dilemmas and emotional tensions/contradictions and leading to transformative possibilities.

How far can critical pedagogy engage students' discomfort without violating some ethical sensibilities? Here the motivation for engaging students in pedagogic discomfort is critical for its ethical value. It is imperative to challenge oneself to work through one's emotional pain and baggage to be an effective psychotherapist. By facilitating conversations on troubled knowledges through pedagogic discomfort, the lecturer can start this process by considering the possibilities of the psychotherapist being challenged by their client for their background in relation to their benefits from the traumatic injustices of disenfranchisement and exclusion of others (Knight, 2013). Zembylas (2013) further warns the lecturer not to be over-optimistic in that not every student will undergo the same mental and emotional process, and hence they will not all benefit in the same way. Some are likely to embrace the process, while others may resist the engagement. Empathy and compassion are essential ingredients for the lecturer to successfully engage with the students to allow painful and traumatic past experiences to be expressed and validated for the purposes of finding humanity in one another. Strategic empathy is when one (a

lecturer in this case) uses empathy critically in instances where one opens the troubled knowledge of an individual (student) to the group (other students) while acknowledging the difficult nature of this process. Here the lecturer must put themselves into a position where they are strategically sceptical by working against their own emotions to empathise with painful material, even though they are opposed to the values and views (Cross & Naidoo, 2012).

Considering the African philosophy of Ubuntu embedded in the idiomatic expression *Ubuntu ngumuntu ngabantu*, Ubuntu can be consciously practised in psychotherapy through ontological reflection and mutual vulnerability. Zembylas (2013) and other scholars of pedagogical discomfort (Cross & Naidoo, 2012) consider mutual vulnerability to emerge from human interdependence and recognise that we are all vulnerable. Such a belief necessitates responsibility towards fellow human beings. While learning psychoanalytic theories and practice for clinical psychotherapeutic practice, students can be sensitive to and self-reflective about their own experiences of introjection, projection and projective identification, and transference and countertransference. While it is essential to awaken this reality for the individual persons in class, it is more important that they also identify their own humanity and vulnerability evoked by intersubjective experiences. It is not only students who experience mutual vulnerability; even the teacher or lecturer can experience their vulnerability associated with some students which they must guard to avoid defending against.

To practice the critical pedagogical process by applying all the above concepts with the students, a group process is recommended. However, it would be necessary for individual therapy with a therapist who is sensitised to the class processes the student is undergoing and to issues of transgenerational and historical trauma and collective and personal identity challenges embedded in traumatic histories.

Conclusion

South Africa, like other postcolonial nations, has suffered and still struggles with the aftermath of colonialism and apartheid. Even though South Africa is striving towards rebuilding and healing in the postcolonial era, the mental health challenges in marginalised communities seem insurmountable and are exacerbated by the simultaneous processing of the historical trauma and the ongoing structural and systemic challenges yielding new challenges in the present. Psychoanalytic psychotherapy has been progressive in establishing a psychotherapy theory which we have an opportunity to build on to provide a dialectical and holistic culture-sensitive psychotherapeutic theory and practice. This article has highlighted the debates casting some doubts on the relevance of psychodynamic psychotherapy as a theoretical and conceptual framework for addressing an array of current mental health conditions, including post-trauma stress, depression, anxiety, and other mental health challenges emanating from past systemic atrocities. With all its gains as a popular psychotherapeutic practice in South Africa, it appears that it has neglected to adapt to address the lingering South African transgenerational trauma perpetuated during colonialism, slavery, and apartheid.

To address the limitations of psychodynamically orientated psychotherapy, CHAT was suggested as a theory that can be incorporated into the psychotherapy of previously

marginalised South Africans, taking into consideration the historical, social, cultural, and lived experiences that have shaped their worldview. CHAT recognises principles of collective and object-orientated activity within a historically and contextually organised community, where its members live within overt or covert community rules and division of labour. The continuously changing objects create contradictions, giving rise to historicity for all the evolving activity systems. Psychotherapy students have an opportunity to observe multi-voicedness and contradictions within their group processes as they reflect on their historical traumas and self-identity through ontological reflection. The lecturer has a role in journeying with the students through this reflective process using therapeutic critical pedagogic tools, namely ontological reflection, pedagogic discomfort, troubled knowledges, mutual vulnerability, strategic empathy, and compassion for teaching students in a postcolonial and postapartheid historical context.

These critical pedagogic strategies are discussed in the light of their suitability to facilitate the integration of CHAT and psychodynamic psychotherapy, and to initiate a research process for an integrated psychotherapeutic theory, research methodology, and therapeutic practice for postcolonial and postapartheid diverse South African communities.

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References

Adebayo, S. (2022). Post-apartheid melancholia: Negotiating loss and (be)longing in South Africa. *Social Dynamics*, *48*(2), 275–293. https://doi.org/10.1080/02533952.2022.2099175

Alvarez, A. J., & Farinde-Wu, A. (2022). Advancing a holistic trauma framework for collective healing from colonial abuses. *AERA Open*, *8*. https://doi.org/10.1177/23328584221083973

Bantjes, J. (2016). Expanding the terrain of psychoanalytic practice to diverse group settings in South Africa: Possibilities, challenges and future directions. *Psycho-Analytic Psychotherapy in South Africa*, *24*(2), 79–102. https://hdl.handle.net/10520/EJC-52cd64512

Berman, H. (2011). The development and practice of art therapy as "community art counselling" in South Africa. *Art Therapy Online*, *2*(2). https://doi.org/10.25602/GOLD.atol.v2i2.285

Binder, J. L. (1999). Issues in teaching and learning time-limited psychodynamic psychotherapy. *Clinical Psychology Review*, *19*(6), 705–719. https://doi.org/10.1016/S0272-7358(98)00078-6

Bojuwoye, O., & Sodi, T. (2010). Challenges and opportunities to integrating traditional healing into counselling and psychotherapy. *Counselling Psychology Quarterly*, *23*(3), 283–296. https://doi.org/10.1080/09515070.2010.505750

Coelho, N. E. Jr., Dal Molin, E. C., & Udler Cromberg, R. (2023). On brutal gestures: Trauma, destruction, and forms of mental illness. *The International Journal of Psychoanalysis*, *104*(1), 122–136. https://doi.org/10.1080/00207578.2022.2105221

Collins, A. (2013). Teaching sensitive topics: Transformative pedagogy in a violent society. *Alternation Special Edition*, *9*, 128–149.

Cong-Lem, N. (2022). Unravelling cultural–historical activity theory (CHAT): Leontiev's and Engeström's approaches to activity theory. *Knowledge Cultures*, *10*(1), 84–103. https://doi.org/10.1007/s12124-022-09703-6

Cross, M., & Naidoo, D. (2012). Race, diversity pedagogy: Mediated learning experience for transforming racist habitus and predispositions. *Review of Education, Pedagogy, and Cultural Studies*, *34*(5), 227–244. https://doi.org/10.1080/10714413.2012.735558

Dafermos, M. (2014). Vygotsky's analysis of the crisis in psychology: Diagnosis, treatment, and relevance. *Theory & Psychology*, *24*(2), 147–165. https://doi.org/10.1177/0959354314523694

Dafermos, M. (2024). Discussing the concept of crisis in cultural-historical activity research: A dialectical perspective. *Human Arenas*, *7*, 273–292. https://doi.org/10.1007/s42087-022-00289-4

Delp, V. (2004). Voices in dialogue: Multivoiced discourses in ideological becoming. In A. F. Ball & S. W. Freedman (Eds.), *Bakhtinian perspectives on language, literacy, and learning* (pp. 203–210). Cambridge University Press.

Dommisse, J. (1985). Apartheid is a public mental health issue. *International Journal of Health Services: Planning, Administration, Evaluation*, *15*(3), 501–510. https://doi.org/10.2190/xrwq-r9ma-06wr-09a5

Dommisse, J. (1986). The psychological effects of apartheid psychoanalysis: Social, moral and political influences. *International Journal of Social Psychiatry*, *32*(2), 51–63. https://doi.org/10.1177/002076408603200207

Engeström, Y. (1999). Activity theory and individual and social transformation. In Y. Engeström, R. Miettinen, & R.-L. Punamäki (Eds.), *Perspectives on activity theory* (pp. 19–38). Cambridge University Press.

Engeström, Y., & Sannino, A. (2020). Toward a Vygotskian perspective on transformative agency for social change. In A. T. Neto, F. Liberali, & M. Dafermos (Eds.), *Revisiting Vygotsky for social change: Bringing together theory and practice* (pp. 87–109). Peter Lang.

Engeström, Y., & Sannino, A. (2021). From mediated actions to heterogenous coalitions: Four generations of activity-theoretical studies of work and learning. *Mind, Culture, and Activity*, *28*(1), 4–23. https://doi.org/10.1080/10749039.2020.1806328

Fanon, F. (1952). *Black skin, white masks*. Grove Press.

Fonagy, P. (2015). The effectiveness of psychodynamic psychotherapies: An update. *World Psychiatry*, *14*(2), 137–150. https://doi.org/10.1002/wps.20235

Foot, K. A. (2014). Cultural-historical activity theory: Exploring a theory to inform practice and research. *Journal of Human Behavior in the Social Environment*, *24*(3), 329–347. https://doi.org/10.1080/10911359.2013.831011

Gobodo-Madikizela, P. (2015). Psychological repair: The intersubjective dialogue of remorse and forgiveness in the aftermath of gross human rights violations. *Journal of the American Psychoanalytic Association*, *63*(6), 1085–1123. https://doi.org/10.1177/0003065115615578

Gobodo-Madikizela, P., Bubenzer, F., & Oelofsen, M. (Eds.). (2019). *These are the things that sit with us*. Famhlongo.

Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as a mental health treatment. *Transcultural Psychiatry*, *50*(5), 683–706. https://doi.org/10.1177/1363461513487669

Green, A. (1999). Passivity-passivation: Enjoyment and distress. *French Review of Psychoanalysis*, *3*(63), 1587–1600. https://doi.org/10.3917/rfp.g1999.63n3.1587

Hannor-Walker, T., Pincus, R., Bohecker, L., & Walker, J. (2023). The friendship bench to improve quality and access to counseling in South Africa. *International Journal for the Advancement of Counselling*, *45*, 613–633. https://doi.org/10.1007/s10447-023-09523-2

Harris, J. E., Kelley, L. J., Campbell, E. L., & Hammond, E. S. (2014). Key strategies training for individual psychotherapy: An introduction to multitheoretical practice. *Journal of Psychotherapy Integration*, *24*(2), 138–152. https://doi.org/10.1037/a0037056

Hickson, J., & Kriegler, S. (1991a). Childshock: The effects of apartheid on the mental health of South Africa's children. *International Journal for the Advancement of Counselling*, *14*(2), 141–154. https://doi.org/10.1007/BF00117733

Hickson, J., & Kriegler, S. (1991b). The mission and role of psychology in a traumatised and changing society: The case of South Africa. *International Journal of Psychology*, *26*(6), 783–793. https://doi.org/10.1080/00207599108247166

Holzman, L. (2006). What kind of theory is activity theory? Introduction. *Theory & Psychology*, *16*(1), 5–11. https://doi.org/10.1177/0959354306060105

Hook, D. (2008). Articulating psychoanalysis and psychosocial studies: Limitations and possibilities. *Psychoanalysis, Culture & Society*, *13*(4), 397–405. https://doi.org/10.1057/pcs.2008.23

Jansen, J. D. (2009). Educational leadership in racially divided communities. In A. Hargreaves, A. Lieberman, M. Fullan, & D. Hopkins (Eds.), *Second international handbook of educational change* (pp. 363–381). Springer. https://doi.org/10.1007/978-90-481-2660-6_21

Kadish, Y., & Smith, C. (2020). Psychoanalysis and psychoanalytic psychotherapy in the South African context. *Psychoanalytic Psychotherapy*, *34*(2), 163–179. https://doi.org/10.1080/02668734.2020.1827286

Kagee, A., & Martin, L. (2010). Symptoms of depression and anxiety among a sample of South African patients living with HIV. *AIDS Care*, *22*(2), 159–165. https://doi.org/10.1080/09540120903111445

Kagee, A., Roomaney, R., & Knoll, N. (2018). Psychosocial predictors of distress and depression among South African breast cancer patients. *Psycho-Oncology*, *27*(3), 908–914. https://doi.org/10.1002/pon.4589

Khumalo, F. (2019). An inevitable growing pain. In N. Mhlongo (Ed.), *Black tax: Burden or Ubuntu?* (pp. 26–32). Johnathan Ball Publishers.

Knight, Z. G. (2013). Black client, white therapist: Working with race in psychoanalytic psychotherapy in South Africa. *The International Journal of Psychoanalysis*, *94*(1), 17–31. https://doi.org/10.1111/1745-8315.12034

Konopka, A., Hermans, H. J., & Gonçalves, M. M. (Eds.). (2018). *Handbook of dialogical self theory and psychotherapy: Bridging psychotherapeutic and cultural traditions*. Routledge.

Lambley, P., & Cooper, P. (1975). Psychotherapy and race: Interracial therapy under apartheid. *American Journal of Psychotherapy*, *29*(2), 179–184. https://doi.org/10.1176/appi.psychotherapy.1975.29.2.179

Long, W. (2017). Alienation: A new orienting principle for psychotherapists in South Africa. *Psycho-Analytic Psychotherapy in South Africa*, *25*(1), 67–90. https://hdl.handle.net/10520/EJC-76e9bcad8

Manganyi, N. C. (2016). *Apartheid and the making of a Black psychologist: A memoir*. NYU Press.

Mayisela, S. (2005). Mmangwana o tshwara thipa ka bohaleng "The mother of a child holds the dagger on the sharper edge": A description of a therapeutic intervention with de-mobilised MK ex-combatants. *Psycho-Analytic Psychotherapy in South Africa*, *13*(1), 63–73. https://hdl.handle.net/10520/EJC88313

Mayisela, S. G. (2017). *Corporal punishment: Cultural–Historical and socio-cultural practices of teachers in a South African primary school* [Doctoral dissertation]. University of Cape Town. Open UCT. http://hdl.handle.net/11427/24915

Mayisela, S. (2018). "Malicious to the skin." The internalisation of corporal punishment as a teaching and a disciplinary tool among South African teachers. *Mind, Culture, and Activity*, *25*(4), 293–307. https://doi.org/10.1080/10749039.2018.1519833

Mayisela, S. (2020). "How can you say that the very thing that made you should be abolished?" A teacher's repetition of childhood trauma of corporal punishment. *Psycho-Analytic Psychotherapy in South Africa*, *28*(1), 1–32. https://hdl.handle.net/10520/ejc-ppsa-v28-n1-a2

Mhlongo, N. (Ed.). (2019). *Black tax: Burden or Ubuntu?* Jonathan Ball Publishers.

Moore, L. J. (2000). Psychiatric contributions to understanding racism. *Transcultural Psychiatry*, *37*(2), 147–183. https://doi.org/10.1177/136346150003700201

Nduna, M., Packery, J., Sefanyatso, K., Nkomo, T., Mdanda, S., Kheswa, J., Nkala, B. A, & Olipant, B. (2022). Integrate towards dual therapy interventions for mental health services in South Africa. *Mental Health Matters*, *9*(1), 23–24. https://hdl.handle.net/10520/ejc-menhm_v9_n1_a9

Onuh, J. C., Mbah, P. O., Ajaero, C. K., Orjiakor, C. T., Igboeli, E. E., & Ayogu, C. K. (2021). Rural–Urban appraisal of the prevalence and factors of depression status in South Africa. *Journal of Affective Disorders Reports*, *4*, Article 100082. https://doi.org/10.1016/j.jadr.2021.100082

Oppong, S. (2022). Indigenous psychology in Africa: Centrality of culture, misunderstandings, and global positioning. *Theory & Psychology*, *32*(6), 953–973. https://doi.org/10.1177/09593543221097334

Peltzer, K. (2000). Psychotherapy in South Africa. *Journal of Psychology in Africa*, *10*(2), 171–188. https://hdl.handle.net/10520/AJA14330237_87

Pillay, A. L. (2018). Professional and social responsibility in psychology and other mental health disciplines with reference to the Goldwater rule. *South African Journal of Psychology*, *48*(3), 388–399. https://doi.org/10.1177/0081246318793822

Pillay, A. L., Thwala, J. D., & Pillay, I. (2020). Depressive symptoms in first year students at a rural South African University. *Journal of Affective Disorders*, *265*, 579–582. https://doi.org/10.1016/j.jad.2019.11.094

Redinger, S., Norris, S. A., Pearson, R. M., Richter, L., & Rochat, T. (2018). First trimester antenatal depression and anxiety: Prevalence and associated factors in an urban population in Soweto, South Africa. *Journal of Developmental Origins of Health and Disease*, *9*(1), 30–40. https://doi.org/10.1017/S204017441700071X

Robertson, G. (2000, November). *Wilderness therapy in South Africa: The development of community-based projects* [Paper presentation]. 28th Association for Experimental Education International Conference, Tucson, AZ, United States.

Sachs, W. (1996). *Black Hamlet*. Wits University Press.

Silva Guimarães, D., & Simão, L. M. (2023). Dialogical metapsychology in semiotic-cultural constructivism: Open perspectives for an indigenous psychology. *Human Arenas*, *6*(4), 671–684. https://doi.org/10.1007/s42087-021-00246-7

Smith, C. (2014). Training of psychoanalytic psychotherapy in contemporary South Africa: Theoretical dilemmas, clinical debates, and diverse contexts. *Psycho-Analytic Psychotherapy in South Africa*, *22*(1), 26–69. https://hdl.handle.net/10520/EJC155988

Suryawan, A., Jalaludin, M. Y., Poh, B. K., Sanusi, R., Tan, V. M. H., Geurts, J. M., & Muhardi, L. (2022). Malnutrition in early life and its neurodevelopmental and cognitive consequences: A scoping review. *Nutrition Research Reviews*, *35*(1), 136–149. https://doi.org/10.1017/S0954422421000159

Truax, C. B., & Carkhuff, R. (2007). *Toward effective counselling and psychotherapy: Training and practice*. Transaction Publishers.

van der Walt, S., Mabaso, W. S., Davids, E. L., & De Vries, P. J. (2020). The burden of depression and anxiety among medical students in South Africa: A cross-sectional survey at the University of Cape Town. *South African Medical Journal*, *110*(1), 69–79. https://doi.org/10.7196/SAMJ.2020.v110i1.14151

van Heyningen, T., Honikman, S., Myer, L., Onah, M. N., Field, S., & Tomlinson, M. (2017). Prevalence and predictors of anxiety disorders amongst low-income pregnant women in urban South Africa: A cross-sectional study. *Archives of Women's Mental Health*, *20*, 765–775. https://doi.org/10.1007/s00737-017-0768-z

Volkan, V. D. (2015). Review: Fragments of trauma and the social production of suffering: Trauma, history, and memory. *Journal of the American Psychoanalytic Association*, *63*(5), 1031–1036. https://doi.org/10.1177/000306511560849

Vygotsky, L. S. (1997a). The historical meaning of the crisis in psychology: The methodological investigation. In R. W. Rievber & J. Wollock (Eds.), *The collected works of L. S. Vygotsky: Vol. 3. Problems of the theory and history of psychology* (pp. 233–343). Plenum Press.

Vygotsky, L. S. (1997b). *The collected works of L. S. Vygotsky: Vol. 4. The history of the development of higher mental functions*. Plenum Press.

Wertsch, J. V. (1991). *Voices of the mind: Sociocultural approach to mediated action*. Harvard University Press.

Wilcox, M. M. (2023). Oppression is not "culture": The need to center systemic and structural determinants to address anti-Black racism and racial trauma in psychotherapy. *Psychotherapy*, *60*(1), 76–85. https://doi.org/10.1037/pst0000446

Wolff, A. (2014). The state of psychotherapy in South Africa: A legacy of apartheid and western biases. *UC Merced Undergraduate Research Journal*, *7*(2), 136–142. https://doi.org/10.5070/M472027435

Yasnitsky, A. (2011). Vygotsky circle as a personal network of scholars: Restoring connections between people and ideas. *Integrative Psychological and Behavioral Science*, *45*(4), 422–457. https://doi.org/10.1007/s12124-011-9168-5

Zembylas, M. (2013). Critical pedagogy and emotion: Working through 'troubled knowledge' in posttraumatic contexts. *Critical Studies in Education*, *54*(2), 176–189. https://doi.org/10.1080/17508487.2012.743468

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