

Chapter 1

Constructing Subjectivity in Unexpected Places

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I started my academic career twenty-five years ago, in a new, small university in a remote area of South Africa. I had just completed a postgraduate degree in the Netherlands, and I was overwhelmed with a feeling of isolation and being far away from it all—in more than one sense. Over the years parts of this sense of being stuck far from the center remained; after all, I lived not only on the southern tip of Africa, but it was also apartheid South Africa. It surely felt like a huge drawback to be a psychologist-academic so far from what I perceived (together with most psychologists in the world) as “the center”: Europe and North America.

But fifteen years or so ago I lost that sense of being on the periphery of things in at least one regard: in my academic life as a psychologist. As I grew older, and as different things in Psychology¹ started to interest me, I came to realize that, even if it were true, this was a strength, rather than a drawback.

What brought about this change in perception; that to live and work in Africa as a psychologist might, in fact, be an advantage rather than a handicap? In short, it came about through my interest in the history of psychology. During the 1980s I continued my studies toward a Ph.D. in the Netherlands, focusing on aspects of the history of South African psychology. Gradually I came to realize that the study of psychology itself is one of the most rewarding and enlightening things a psychologist can do. In particular, it was the relationship between the discipline, its subject matter, and the social reality beyond the discipline, which struck me as a fundamental aspect of the discipline and its relation to the kinds of person we have become.

I arrived at an interest in these matters via the history of Psychology. It was not history per se that interested me; it was what could be done with history as a way of making sense of the discipline, its subject matter, and its social foundations. It was only later that I realized what I was interested in was a history of the present, in Michel Foucault's (1975) terminology. Or, as Roger Smith wrote in a well-known paper, a “‘present-centred’ history in the sense that it constructs a past in order to expose the conditions making possible our present, a present which otherwise appears as a given or ‘natural’ reality” (1988, p. 150).

When Psychology emerged as an independent discipline in Western Europe (and the United States) in the second half of the nineteenth century, it did so against the backdrop of social and cultural processes that have been in place for centuries (Jansz 2004 provides a good summary of these processes). In these societies, human beings increasingly saw themselves as autonomous individuals with a unique internal mental state. Psychology's emergence as a discipline intersected with a certain kind of subjectivity, already in place by the second half of the nineteenth century. Indeed, it could be argued that these were the “conditions of possibility” for Psychology—that it could come into existence because of receptivity for subjective, individual states in these societies.

The historical development of these kinds of subject of course preceded the emergence of academic and professional Psychology, and the discipline can claim no real contribution to this process. However, the situation changed quite dramatically in the twentieth century. The historical expansion of Psychology in Western Europe and the United States, especially after World War II, had an impact on society, as expressed in the increasing numbers of university departments, students, fields of practice, professionals, et cetera. But Psychology achieved more than simply an extension of its academic and professional numbers, along with its field of expertise. During the twentieth century, it became a powerful part of the cultural and historical processes that we characterized as individualization and the development of inwardness. It contributed in a major way to the formation of the “psychological subject,” in which individual human beings interpret themselves and others as having a unique subjective, internal mental state, with important truths about ourselves contained in the structures or forms of the interior world.

Through the work of historians like Kurt Danziger, Graham Richards, Nikolas Rose, Ian Hacking, and others, we know how Psychology's practices, vocabulary, techniques, and knowledge are thoroughly implicated in

the formation of new kinds of persons, of different "subjects." Indeed, the "turn inward" intensified once Psychology emerged and flourished in the twentieth century. Roger Smith portrayed the pervasive construction of the psychological subject, as "the internalization of belief in psychological knowledge, so that it acquired a taken-for-granted quality, altered everyone's subjective world and recreated experience and expectations about what it is to be a person" (1997, 575).

It is this literature, and approach to subjectification, that I believe have much to offer to the discussion about internationalizing the history of Psychology. When the discipline migrates to countries outside its historical heartland, countries that do not share the cultural and historical processes mentioned above, a lack of fit between the discipline and its sociohistorical context is introduced. As a result, the discipline is often criticized in terms of a lack of responsiveness to different cultures or for its cultural one-sidedness. These critiques are often phrased in terms of "Eurocentric" (e.g., Bulhan 1985; Howitt and Owusu-Bempah 1994), "Westocentric" (Holdstock 2000), "individuocentrism" (Holdstock 2000), "irrelevance" (Berger and Lazarus 1987), and "ethnocentrism" (e.g., Marsella 1998). Various remedies are then suggested to rectify the situation, framed as the opposite of these terms: the discipline must be made more practically relevant, community-orientated, socially responsive, Afrocentric, and so on.

But this debate misses the historical processes involved when Psychological knowledge is employed to achieve positive goals in virtually all countries where Psychological expertise is valued. Although these processes often operate on a large scale, and affect many people, they often go unnoticed—maybe because they are so much part of our everyday lives. I would argue that they provide a line of inquiry that is particularly fruitful if we want to understand what happens to Psychology in societies outside the heartland of the discipline, when psychological practices and techniques are employed at different sites and in a variety of institutions. Nikolas Rose (1990) has shown, for European and American Psychology, how subjects are created through the micropowers of the clinical interview, the psychological test, and the epidemiological survey, in institutions like the school classroom, the military parade ground, the factory, and the mental hospital. It is on such a microlevel that the individual gets in touch with subjectifying practices, or, as Rose put it: "The subject is less the outcome of cultural history than of a history of what Foucault terms 'techniques of the self'" (2000, 152).

Although the focus in the chapter is on microprocesses, there is a larger background against which they play themselves out. Rose's starting point is the link between liberal societies and psychology: "The history of psychology in liberal societies joins up with the history of liberal government" (Rose 1996b, 12). In liberal democracies citizens are defined as individuals with rights and freedoms, and the values of individuality, freedom, and choice are greatly emphasized. Thus a powerful individualizing force already exists at a constitutional level—in post-apartheid South Africa, for example, chapter 2 of the Constitution contains a Bill of Rights, which states: "This Bill of Rights is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom" (quoted from the 1996 South African Constitution, to be found at <http://www.gov.za/constitution/1996>). In the regulation (or government) of social and economic life, the rights of free and equal citizens must be protected, while positive objectives such as health promotion, disease prevention, and labor productivity have to be pursued. Rose (1990; 1996b) has argued that Psychology is attractive to all modern (or modernizing) societies, as a result of its promise to achieve socially desirable objectives through the disciplining of human differences, among other things.

In the rest of the chapter I examine two institutions (or sites) in contemporary South Africa, where techniques and practices of a liberal democracy are employed that invite citizens to be certain kinds of people. I believe these are particularly useful in investigating how the psychological subject is constructed in "nonpsychologized" communities. South Africa shares with other developing countries what Fathali Moghaddam (1993) referred to as a "dualism" in society. It consists of a modern industrial sector overlaid by the traditional society of a "Third World country," with fundamental cultural rifts between the two sectors. Although the modern/traditional is not as sharply drawn as might be suggested here, Psychology is of course much closer to the modern than to the traditional sector, I show that there are subjectifying factors at work in both sites that bring members of the traditional sector much closer to Psychology than one would expect, and that they do so almost imperceptibly. These are the recently completed hearings of the Truth and Reconciliation Commission and an HIV/AIDS prevention program.

Commission Hearings

A major objective of the Truth and Reconciliation Commission (TRC) was to restore “the human and civil dignity of such victims by granting them an opportunity to relate their own accounts of the violations of which they are the victims” (Promotion of National Unity and Reconciliation Act, No. 34 of 1995; see <http://www.polity.org.za>). Its Human Rights Violations Committee encouraged (for example, by means of radio and newspaper advertisements and posters) victims of such violations to approach the TRC to relate what happened to them. The victims’ accounting of events became known as “telling their stories” and was the key mechanism in the hearings on human rights abuses. Fiona Ross (2003) drew on earlier work to portray story-telling as the capacity to narrate life events, as it relates to the self, to a wider audience.²

An intriguing part of this for the purposes of this chapter is that story-telling was constituted as an authentically African mode of communication (Ross, 2003). In the words of Archbishop Tutu:

Storytelling is central, not only to many religious practices in this country but also to the African tradition of which we are a part. Ellen Kuzwayo is quoted . . . as saying: “Africa is a place of storytelling. We need more stories, never mind how painful the exercise may be. . . . Stories help us to understand, to forgive and to see things through someone else’s eyes.” (Tutu 1996, 7)

There is a substantial international literature that reflects the belief that testimony heals (Agger and Jensen 1990, for example). This belief was translated quite directly in the practices of story-telling of the TRC. Commissioners frequently spoke of the healing powers of story-telling—more attractive than psychotherapy for them, because it is situated within an African cultural tradition. Although the report acknowledges that “not all storytelling heals. Not everyone wanted to tell his or her story,” on the whole, the commission believed that it was beneficial to do so (TRC 1998, Vol. 5, 352; also Vol. 2, 112). Ross (2003) speaks of biomedical and psychological metaphors used by the commission to describe its work in terms of “healing.”

Two illustrations from these testimonies will have to suffice to indicate that what was originally narrated here reflected a subjectivity that was quite far removed from the Western psychologized individual.

First, Ross worked with women from Zwelethemba, an African town-

ship outside Worcester, a town in the wine- and fruit-growing region of the Western Cape Province, about an hour’s drive from Cape Town (and elsewhere in South Africa). It struck her that these women came to provide testimony of what had happened to their husbands and their children, and not so much about what happened to them. A commissioner had this to say: “Women are articulate about describing their men’s experiences but are hesitant to talk about themselves. . . . The pain expressed has been the pain of others, not of themselves” (Ross 2000, 29).

The harm inflicted on others nevertheless changed these women, but even then they described their lives in terms of physical health changes. Ross (2000, 60) quoted unpublished research reports that indicated that women talked about psychosomatic and psychological problems they experienced. The women interviewed in Ross’s study mostly reported the psychosomatic consequences of their experiences: high and low blood pressure, diabetes, stress, and dizziness. In Vol. 5, p. 141, of their report, the commission says: “There is also evidence that people exposed to trauma, even indirectly, are more likely to develop stress-related illnesses such as heart disease and high blood pressure.”

Similar findings were reported in a study conducted in the same Zwelethemba Township from where Ross drew her interviewees (Skinner 1998, 184–187). These researchers were more specific in describing the medical and psychological symptoms among the 45 people they studied. They found:

- At least 22 percent reported headaches, “physical weakness,” and “other body pain.”
- Some 51 percent reported feeling “sad or down,” and 40 percent said they cried easily. One-third of the respondents said they were unable to “feel emotions”; 33 percent also reported feelings of anxiety, fear or worry.
- About 55 percent said they tried to keep busy so that they did not think about the “trauma”—but it is not clear who uses this word.
- At least 13 percent reported drinking or taking drugs, although the majority of them said that they “seldom” did so.

Skinner’s study concluded that the profile of respondents indicated the presence of post-traumatic stress disorder. But these clearly were the conclusions of the researchers; not one of the interviewees in the study used these terms, or even the term “trauma.”

In addition, in many of the verbatim quotes in the report, it is clear how these African survivors of violence spoke of external events rather than an interior life (often despite invitations from the commissioners). Indeed, Ross gives evidence of how detention and arrest were experienced, and were dealt with by young people:

Many in Zwelethemba considered contact with prison cells to be defiling. Detention was believed to expose young people to (symbolic) pollution and on their release, some young people . . . were ritually cleansed (*ukuhlanjwa*) in an attempt to remove the effects of contact with evil and to protect against a repetition of detention. Not all families subscribed to the ritual but even those who did not subscribe to notions of ritual pollution felt defiled by their contact with prison. (2000, 143)

In our terms we could say that these young people had experienced a loss of personal agency but framed it as caused by an intruding spirit and in need of a cleansing ritual. Individual agency is experienced as diminished, but framed in a very nonpsychological way.

When the work of the TRC was done, and their five-volume report handed in, these story-telling practices did not come to an end. The Institute for the Healing of Memories, for example, runs weekend workshops in an encounter group format for South Africans of all social, racial, and political affiliations based on the premise that telling one's experiences of the apartheid years can lead to a process of healing. The Cape Town-based Trauma Centre for Victims of Violence and Torture is another non-governmental organization that offers trauma debriefing and counseling to victims of political and criminal violence. One of the groups it assists is the Khulumani (Western Cape) Support Group, a victim support and advocacy group in Cape Town. Khulumani is composed of victims of apartheid-era political violence, and they too engage with this therapeutic mode of story-telling. Trauma Centre counselors facilitate the story-telling sessions of Khulumani.

What stories do people tell at these sessions, and how do they tell them? The stories are most often about persecution at the hands of the police and the loss of loved ones, either through violence in their communities or while in police custody. Christopher Colvin (2002) states that these stories are "tight" in their construction, reduced to the essential elements needed to make the point—what happened, to whom, where, and when. There is little exploration of why these things might have happened or of

what life is like in the present. The facilitators are the ones who offer some very quick comments about what might be going on psychologically with those telling or listening to these stories. Colvin says that these comments are not designed to be interpretations of stories or analyses of individual storytellers—rather, they are supposed to be general commentaries on the overall nature of psychological trauma and recovery.

Caution has to be exercised when considering the effect of the TRC as an institutionalized truth-telling exercise. This was a fairly limited exercise in terms of numbers of people reached, and the commission lasted for only a few years. Nevertheless, it dominated the South African social discourse in the time that it operated. Its hearings were broadcast live on radio and television (later reduced to weekly or daily summaries), newspapers carried daily summaries, and for those with such access, the commission had an active Website. Thus one could claim that the commission reached quite a broad audience, both nationally and internationally. The number of people testifying before the Human Rights Violations Committee was significant as well: 21,298 statements were received by December 1997, and seventy-six hearings were held in 1996 and 1997 (Ross 2003).

What can one conclude from these brief descriptions of the TRC process? First, story-telling, as practiced in the TRC hearings and in its aftermath, contains powerful possibilities for being the mechanism to bring about new subjectivities. It is identified within a traditional, African, rural experience to give it cultural legitimacy (keep in mind that the vast majority of testifiers were African). At the same time, however, the telling of one's own story, and the suggestions given by others (commissioners and counselors), smuggle in an invitation to join a different discourse. This is the discourse of telling the truth about oneself—to problematize a particular (violent) kind of experience and to consider its aftermath for one's own life. "Rendering the self into thought" (Rose 1996c, 121) forges a link between "self" and "story" and potentially produces the kind of authentic self that psychologists understand. The assumption that testimonial statements of this kind generate an authentic self is at least worthy of consideration. Ross (2003, 330) says that "the testimonial form became a means of fashioning the self in relation to changing social circumstances, a model through which people could engage in the work of considering experience, reshaping their understandings and seeking acknowledgement."

Second, telling one's story is meant to accomplish therapeutic release for the narrator. This is a particularly powerful incentive to make the practice of story-telling a psychological practice, even if it is only in its

consequences. In a cultural context unacquainted with psychotherapeutic processes, Colvin (2002) argues that the monthly meetings of the post-TRC support groups have created a "therapeutic space" for people attending them. Here they learn not only a new vocabulary (of "trauma," for example) but also new possibilities for action, for expressing distress. Suffering becomes psychologized, and story-telling becomes a component of psychotherapeutic treatment. After all, therapists argue that telling stories about traumatic events is the only route to psychological repair. And the consequences are almost immediate: Colvin (2002, 1) speaks of South Africa since the TRC being "infused with an attention to trauma."

Psychological categories are culturally embedded and represent ways in which members of a particular culture make sense of human life. In testimony before the TRC, these survivors did not have these categories available, or did not make use of them much. But they were continuously being invited to join a psychotherapeutic discourse. Psychotherapeutic professionals provided the vocabularies that assisted in this re-constituting of subjectivity. For example, "symptoms related to post-traumatic stress syndrome . . . often appeared afterward" (Graybill 2002, 84) among those who testified at the TRC. Other psychological symptoms and signs included self-blame, anger, and social and interpersonal problems. Research also showed that significant numbers of survivors of human rights violations have shown high rates of substance abuse and psychiatric symptoms such as depression, post-traumatic stress, and other anxiety disorders despite their experience of testimony at the TRC (Kaminer, Stein, Mbanga, and Zungu-Dirwayi 2000).

The psychotherapeutic atmosphere of the hearings was heightened by the presence of persons appointed by the commission to brief and debrief testifiers. All the debriefers had some form of psychological training and could often be seen on the television broadcasts assisting the testifier. In addition, the services of a trained psychologist were made available to the commission and its personnel to ensure their emotional and psychological health. Even journalists were given psychological counseling to deal with "secondary traumatization."

However, at present we have no evidence, apart from these somewhat sketchy and speculative accounts, of how members of "nonpsychologized" communities reacted to the attempts to frame their problems and experiences in psychological terms. What we have are the efforts of the psychology experts to conceptualize experiences in this way. But so far we have little evidence of whether people who testified understood themselves differ-

ently as human beings after the hearings. My argument is that the TRC hearings had the potential to create new kinds of subjectivity, and that there are very interesting empirical investigations to be done in this regard.

Peer Education and HIV/AIDS Prevention

The HIV/AIDS pandemic, and the way it affects developing countries, provide another example of a less obvious site for the subjectification of citizens. It is estimated that in 2003, 40 million people lived with HIV/AIDS worldwide, and that 95 percent of those lived in the developing world. Sub-Saharan Africa remains the worst affected, as an estimated 26.6 million people were living with HIV in 2003. (These figures were extracted from reports by UNAIDS and the World Health Organization; see <http://www.aidsinsite.co.za>). In South Africa, HIV prevalence among pregnant women receiving antenatal care was placed at 27.9 percent (Department of Health 2003).

The response to the pandemic has targeted almost every institution of South African society. Schools and universities launched special prevention programs, and sex education curricula are standard in schools. Many employers initiated workplace programs to educate workers about HIV. National and provincial governments, and nongovernmental organizations, run programs to reach those who may still fall outside the net of these preventative programs. I believe that in these all-pervasive programs, microprocesses recruit individuals as subjects to work on themselves as a strategy to prevent the spread of HIV/AIDS.

Any number of illustrations is possible here, ranging from knowledge-based programs and assertiveness training courses to LoveLife, a national HIV prevention program with a strong media component (see <http://www.LoveLife.org.za>).³ Rather than focus on one of these, I have chosen an HIV prevention program that, on the face of it, is not easily characterized as an example of constructing individual subjects. The description of the program is drawn largely from Catherine Campbell (2003), who described two peer education programs in a gold-mining region near Johannesburg, one delivered to commercial sex workers and the other to school learners. It was delivered in a township that has a population of 150,000 black African people, mostly living in small formal houses, informal shacks made of corrugated iron, or mine hostels, with high levels of

unemployment (40 percent). Serious concern existed about HIV/AIDS in the community, as 68 percent of sex workers in the area of interest were HIV positive. In this area, and with this population, a community-led participatory HIV-prevention program was regarded as the intervention that stood the best chance of success. The approach that informed the program was critical of seeing health-related behaviors in terms of properties of the individual, and it argued for a contextual approach that would be more collectivist in its orientation. Peer education was chosen as the delivery mechanism, as it was regarded as an approach that switches the locus of behavior change from the individual to the peer group.⁴

Although the focus is on two instances of peer education in a local context, they are not atypical of what happens in AIDS education. Indeed, peer education is commonly used as a strategy of HIV prevention worldwide (UNAIDS 1999). It is based on the assumption that health messages have greater credibility if they come from someone who is similar to the receiver in terms of age, gender, ethnicity, and other characteristics. At one level, peer education is informational in nature, and its activities are designed to raise awareness or increase knowledge in recipients. At another level, however, it is much more than this; it is also about oneself. Jeffrey Kelly (2004, 144) captured the general expectation that these are “messages that directly target and are meant to influence the norms, attitudes, perceived personal risk, behaviour change intentions, and self-efficacy of others.” In other words, peer education (or peer support, as some prefer to call such interventions) is about changing psychological factors like perceptions about norms of one’s sexual partner, attitudes, behavior intentions, perceived personal risk, self-efficacy perceptions, skills to resist peer pressure, and relationship variables.

The subgroup of approximately 2,000 commercial sex workers in Campbell’s (2003) study lived in a shack settlement that was part of the larger community, where the living conditions were even more basic (windowless shacks with no running water or sanitation) than in the surrounding area. A number of sex workers were identified and trained as peer educators, to recognize and understand HIV symptoms and to understand the relationship between sexually transmitted infections and HIV (Campbell and Mzaidume 2001). In addition, they were given free condoms to distribute to their peers. The training also aimed at promoting discipline and self-respect, as it strongly encouraged punctuality, personal hygiene, dressing appropriately for meetings, and so on (Campbell 2003).

At the local high school, twenty school learners volunteered to be peer educators (Campbell and MacPhail 2002). They, too, were trained in participatory HIV-prevention methods, which included techniques such as role plays, games, dramas, and the use of music. The training, and the program, stressed the importance of communication: “Teenagers are more likely to practise safe sex if they have the opportunity to communicate openly about sex—with sexual partners, peers, and parents or other significant adults” (Campbell 2003, 138). By talking about their conduct in a group setting, led by peers, group norms about sexual behavior are expected to emerge. Once identified, the discussions would enable young people to question these norms and to develop an understanding of sexuality as a socially negotiated phenomenon. They are expected to develop a critical consciousness (from Paolo Freire) that will enhance their ability to act and to gain control over aspects of their lives. Campbell identified two consequences of this practice: the first is a renegotiation of sexual and social identities, and the second is a sense of empowerment to implement health-enhancing “ways of being.”

The aims of the two peer education programs were to increase women’s sense of control over their health, provide opportunities for the collective renegotiation of social and sexual identities, and encourage a supportive community context. It was argued that women would feel “empowered” if they could exercise control over their sexual health and would experience “ownership” of the problem—that it was their own responsibility and not that of some faceless government department. Renegotiating social identities would involve, for example, constructing “new sexual norms and values which are less damaging to their sexual health” and using “peer education settings as a forum for sharing ideas about ways in which they might assert themselves in their relationships” (Campbell 2004, 342).

These aims reveal that subjectifying processes are at work, even in marginalized communities, in a program that “recruited” participants via collective action. Although political mobilization and collective action were stressed in the program, it is clear that the participants—peer educators and peers alike—were required to work on themselves in particular ways. To be successful, peer education must do more than simply educate, train, or persuade; it must change the way people experience themselves and the world. In their newfound capacities to resist peer pressure, to be self-efficacious, empowered, and so on, people are invited to rationalize ordinary aspects of their lives (e.g., to communicate or to negotiate) into

psychological tasks. Peer education becomes a technical device or procedure to reconfigure aspects of one's life or of oneself.

There is no evidence from Campbell's studies that participating in peer education efforts, either as educators or as recipients of the intervention, actually resulted in the kinds of change that I am suggesting here (after all, this was not the purpose of her research). Writers like Steve Parkin and Neal McKeganey (2000), however, have summarized evidence that peer educators exhibited an increase in knowledge of HIV/AIDS, raised self-esteem, heightened self-confidence, improved communication skills, and improved leadership abilities. Thus, at least for the peer educators themselves, there is evidence that they were changed as a result of participating in such activities.

The two peer education programs clearly were based on a community level of intervention, trying to "get local people collectively to 'take ownership' of the problem, engaging in collective action to increase the likelihood that people will act in health-enhancing ways" (Campbell 2003, 3). Let it be clear that the rationale for delivering the program, and the possible effectiveness in terms of achieving the outcomes they were looking for, are not in dispute here at all (although the behavioral outcomes of the project were very disappointing). The point is that by taking participants who are not psychological subjects through a set of collectively based educational practices inscribes an identity in ways that parallel individualizing practices.⁵

Conclusion

What then is the advantage of doing the history of Psychology at "the periphery," as I indicated in the opening paragraphs? It certainly is not in "the history of Psychology in country x," although there is a place for such accounts as well. Instead, the history of Psychology presents powerful opportunities for psychologists in non-Western and developing countries to analyze and understand the present position of the discipline in their countries—one that is different from analyses in terms of its Eurocentrism, Westocentrism, ethnocentrism, et cetera. At the same time, such histories will assist us in understanding how Psychology "makes up" people not just in the past but on an ongoing basis. In other words, "an extremely thoughtful presentism" (Smith 1988, 151) presents us with opportunities to analyze the different forms that the relationship between

Psychology, its subject matter, and the social reality within which it is practiced can take on.

My preference for a broadly Foucauldian approach, as interpreted by Nikolas Rose, should be obvious by now. In South Africa, such a Foucauldian history of Psychology resonates most strongly within a small but significant group of critical psychologists (see the textbook published by Hook 2004, for an extensive example).

From these authors, and the ones mentioned earlier in the chapter, we know that the history of Psychology is not just about the history of the discipline but is also about the history of its subject matter. The two histories are reflexively intertwined (Richards 1996, 4). As a result, Psychology does not study transhistorical "human nature," but it makes up or co-constructs its subject matter as it carries on with its business.

The discipline does this less with its ideas, theories, and ideologies than with its practices, those mundane microprocesses that operate right in front of our eyes but are so often overlooked in the critical debates about Psychology and its relation to society. Following Rose, I have argued that this is where we have to look if we want to understand the history of Psychology in its international context. In particular, practices cross cultural and national boundaries easily, as democratizing (or developing) societies are faced with the challenge of governing the free, autonomous individual who is the citizen-subject of such societies. Psychology becomes an attractive discipline in a country with a constitution like South Africa's, because of its administrative usefulness in "governing the self." Kevin Durrheim and Don Foster (1999), for example, demonstrated how psychological expertise on crowd psychology is used under South Africa's current liberal-democratic constitution to manage crowd activity. Thus despite concern about cosmology, ideology, cultural imperialism, indigenous knowledge, and the like, the administrative requirements of modern societies encourage the use of psychological tests, clinical interviews, personnel selection techniques, regimes of child rearing, managing the workplace, and other practices as techniques to manage the psychological subject.

Strictly speaking, the practices at the two loci of subjectification discussed in this chapter are not uniquely Psychological practices. Nevertheless, I believe they are already saturated with Psychological knowledge, vocabulary, and categories. Story-telling is truth-telling about one's own experiences, and peer education is a technique for behavior and community change. As such, they encompass in different ways the three forms of relating to the self that Rose (1996a) has identified: know yourself, master

yourself, and care for yourself. Psychology provides the guidelines on the road to self-knowledge and bestows upon us the techniques for examining and evaluating the self. It is an essential resource as we work on ourselves as free, autonomous subjects in liberal democracies. A democratic South African society, irrespective of whether the citizen comes from the modern industrial or the traditional sector depends on its citizens being politically able selves (Cruikshank 1993). They must be skilled in a number of personal capacities, have information about themselves, be informed about the world around them, and steer their careers and lives—in short, recognize and act on their own subjectivity. Cruikshank's notion of the "technologies of citizenship" that is required to generate politically able selves is particularly apt here: "These technologies . . . emerge from the social sciences, pressure groups, social work discourses, therapeutic social service programs, and so on. Their common goal, nevertheless is to get the citizen to act as his or her own master" (1993, 340).

The most important conclusion to be drawn from the discussion is that the construction of human subjectivities in countries like South Africa will take place in many sites and via many practices, some of them coming from Psychology, some of them from elsewhere. As a result, I believe it will be almost impossible to predict exactly where and how these constructions will come about. There certainly will be homogenizing forces at work, and the creation of constitutional democracies, plus the way they problematize certain aspects of personhood, is likely to be such a force. But there will be diversifying forces as well, provided by the contexts within which individuals define and describe themselves. The history of Psychology in its international perspective provides a window on the multiplicity of ways of being and of understanding ourselves, as well as the numerous sources available to us. Michael Dean called this the challenging task of developing a "critical ontology of ourselves" (1996, 210).

As a result of these numerous and different possibilities, we can fully expect the concepts of personhood, of subjectivity, to become more disparate in all parts of the world. As Danziger states:

Keeping in mind that these procedures are not idiosyncratic but socially institutionalized, it follows that in societies with significantly different "technologies of the self" people will tend to experience and understand themselves in different ways. As these technologies change historically, there will be corresponding changes in the way individuals relate to themselves. (1997, 151)

NOTES

1. I follow a distinction made by Graham Richards (1996), between "psychology" with a lowercase "p" when referring to its subject matter and "Psychology" for the discipline itself.
2. I am indebted to two colleagues, Christopher Colvin of the University of Virginia and Fiona Ross of the University of Cape Town, for the primary research they have done.
3. Lindy Wilbraham (2004) conducted an analysis of the LoveLife program that shows a close affinity to the arguments made in the present chapter.
4. Rose has pointed out that subjectification operates through collective processes as well as through individualization: "That is to say that the kinds of relations envisaged, the kinds of dispositions and habits inculcated, the very inscription of governmentality into the body and the effects of the governed, was differentiated in collective ways" (2000, 153).
5. Contrast this for example with P. Kiguwa's (2004) description of virginity testing procedures to curb the spread of HIV/AIDS in Swaziland. In September 2001 the Swaziland government issued a five-year sex ban for young women to combat HIV/AIDS. It followed an announcement by the Swazi king to revive a local chastity rite as a way to combat AIDS, a rite policed by traditional Swazi chiefs. Young women who participated in the sex ban were to wear blue and yellow tassles to mark their participation in this "gender script." This is a far cry from the "psychological" intervention described above (although, it must be said, "howls of protest" followed this proposal; p. 300).

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