

CHAPTER THREE

OTHER STORIES

*Last night I heard the book-worm lament
To the moth in my library:
I have lived inside the pages of Sina's works,
And seen many volumes of Farabi's writing;
But the secret of life I have failed to grasp,
And my days are still dark and sunless!
Aptly did the half-burnt moth rejoin:
You cannot find this secret in a book.
It is yearning that quickens the tempo of life
And endows it with wings to soar.*

(Iqbal, 1964, p. 119).

Thanks to Seedat, M. (1997).

In an attempt to avoid a modernist scientific approach, the study draws on Kvale's (1996) interpretation of the interview as being a traveller in conversation. The analysis to be presented in chapter seven of the following conversations will be made in conjunction with discussions in chapter five on the value of local knowledge.

Kvale (1996) discusses the value of a narrative methodology. *Conversation* is according him translated from the Latin origin of "wandering together with" (1996, p. 4). According to this view research data collected thus is owned by the researcher and allows her to interpret the story of her discoveries, or retell (in a reconstructive sense) her tale to her peers, and possibly her fellow-wanderers. Knowledge formed in this way pertains more to the arts and humanities rather than hard-er sciences such as engineering, or human engineering. The experience of knowledge formed in this way may also be transformative, even for the researcher.

Kvale (1996) discusses the use of *narrative structuring* and *meaning interpretation* as two methods of handling qualitative interview material.

Narrative structuring “works out structures and plots” (1996, p. 192) of stories told in professional conversations or research interviews. Kvale refers to this as a “continuation of the story told by the interviewee” (p. 199). When this approach is applied to multiple stories, a reconstruction of the stories may occur in the form of a new construction making coherent sense of extracted meanings. A certain creative freedom is allowed to the researcher as this form of analysis is considered to have a strong social element, both in the telling and the retelling. Kvale (1996) discusses how the researcher may alternate between narrative finding (extracting meanings from stories) and narrative creating as she attempts to re-create a coherent story from the separate meanings before her.

Meaning interpretation “goes beyond the structuring of the manifest meanings of the text.” (p. 194). In this approach the researcher searches for meanings not obviously or immediately stated in the narratives of the professional conversations. The theoretical framework employed by the interpreter will influence the final analysis (Kvale, 1996).

This researcher draws chiefly from the above in interpreting Other Stories from the conversations which are presented below. She believes that she is justified in doing so given that she has extensive experience of the research context and that this may facilitate avoiding epistemological traps should a more structured analysis method be used. The openness of these methods corroborate with the openness required to explore knowledge creation in a culture other than her own.

Other Stories from the context of the township where the author has worked for some fourteen years are presented below. Some are taken from the files of her counselling/psychotherapy practice, while others are stories which

crossed her path in the context of her work there. The history of Other Stories individually are as such:

The Story:- autobiographical

Alice and Doozy:- a case file

Thabo:- a case file

Cabangile:- interview

Agape: A prototype community counselling centre? – interview

A Young Healer's Story:- autobiographical

The two interviewees were given The Story to read prior to the interview. They were told that The Story formed a background to the interview, but at no time were they asked to comment on it directly. Only one interviewee – Cabangile - chose to comment explicitly on The Story, but not at length. Founder was interviewed in the story named, Agape: A prototype community counselling centre? He chose not to make direct reference to The Story. The two case files were selected from a large sample of cases. Some of the conscious reasons why these cases were selected include the fact that they have not been discussed in research papers previously and also that issues of *cultural cracks* presented clearly from the start of the therapies. Unconscious reasons may include emotional tugs on the researcher in terms of the intensity of the ambivalence expressed by the clients in the opening of the cultural cracks in the therapeutic conversations.

The two autobiographical stories are included for different reasons. The Story initiated the author's process of questioning the relevance of psychological practice in the context, while A Young Healer's Story describes some kind of a breakthrough which she experienced, a quantum leap in development in her process of praxis. Between The Story and A Young Healer's Story, she had begun to consider that the only way she could continue to work in the context was to become a sangoma. She had been offered training as a sangoma and had toyed with the idea of taking it up. After careful deliberation she came to the conclusion that she needed to find her own way of working, and that this would be accomplished neither through buying

completely into the then current mainstream western academic training, nor into the traditional sangoma training. She held onto the idea that there was another way of working. This study lies along the path towards that way.

Other Stories all relate in some way to psychological practice among the indigenous persons of South Africa who would not be able to, or wish to (or both) seek psychological help from a mainstream psychological private practice.

The context is considered essential in order to create meaning around the stories of the lives presented. By presenting Other Stories in narrative literary form, the author is able to take some literary freedom in describing the context as it impacted on her and as she believed it to create a meaningful context for the protagonists of Other Stories. In contrast, a “diagnostic” conspectus is also presented, which could serve as a polarity in a dialectic perspective. This serves to emphasise the divergent potential of approaching Other Stories from two different perspectives. The diagnostic conspectus selects those elements of the story that offer themselves for possible symptom identification in a nosographic manner.

The narrative form thus explores the context, listens for a “local”, or vernacular explanation and makes relatively little attempt to pathologise the events. This in turn introduces a dialogical perspective towards ecological integrity as the problems interact with the socio-cultural ecological context.

The Term Diagnosis

Psychology is regarded as a new discipline, often referred to as “modern psychology”, to be distinct from its more philosophical roots (Schultz & Schultz, 1996) when it was not yet established as a separate science. As previously elaborated on in this text, the role of psychology as a science is often debated and questioned by many in the field. However, the emphasis of the study of human behaviour in terms of psychopathology remains dominant in

almost all schools of thought. This disease oriented approach to human behaviour, the entrenchment of classification systems such as the Diagnostic and Statistical Manual (DSM) IV, International Classification of Diseases (ICD) 10 etc, to diagnose the origins of human problems, places the question of diagnosis in a central position for training programmes and practices of psychology.

Definitions of Diagnosis

Diagnosis: 1. Identification of disease handicaps and disorders on the basis of observed symptoms. 2. Classification of individuals on the basis of observed characteristics and usually abnormalities (Wolman, 1973).

dīagnōs'īs, n. Identification of disease by means of patient's symptoms etc., formal statement of this; classification of person's character, assignment of species etc. [f, Gk (DIA-, *gignōskō* recognise)] (Fowler & Fowler, 1964).

The etymological meaning of diagnosis is literally “to know” (Keeney, 1979, p. 118).

Drawing from the general meanings of diagnosis stated above, each story presented below is introduced from such a diagnostic perspective, followed by the narrative.

1. Alice and Doozy

This story is told by the author as a therapeutic witness to the narrative.

The Diagnostic Story

Alice, a 20-year-old girl experiences asthma possibly as a result of

allergy and/ or anxiety due to stress at work. She is possibly feeling pressurised to perform and prove to her father that her education was worth the investment. Alice has recently graduated from a three-year costly (to her father, a domestic worker) computer and secretarial course. She has been unsuccessful in obtaining any work other than that of a domestic assistant in a religious training institution. The pressure she experiences could be contributing to her anxiety at her new job and is exacerbated by a slight allergic reaction to cleaning chemicals she is coming into contact with at work.

Alice was referred to a medical doctor whose interventions included a mild tranquilliser for the anxiety; an anti-histamine for the allergy and a programme of stress management coupled with regular counselling to help her deal with any adjustment problems in her new working life.

Here the focus is on the problem and how to fix it. This narrows the possibilities of change.

The Narrative

Doozy is a man in his early fifties who originates from the North Western region of South Africa. This is a largely undeveloped area of great natural beauty: open veld, mountain ranges and gentle hills sculpt the land.

When he was fifteen years of age, Doozy found employment as an unskilled general labourer/domestic helper with a well-to-do professional middle class white family in an affluent suburb of central Pretoria, many kilometres from his home. The employer's family was young and Doozy ended up spending his whole working life in the employ of this family. He was taught skills in the house and kitchen and eventually by the age of fifty he was running the entire household which included several animals, three grown children, two adults and several other workers. Doozy designed the family menus, he drew up shopping lists, he cooked, supervised other workers and contributed considerably to the daily living activities of the household.

In the meantime, Doozy married, and fathered four children himself. Three of these were girls while the youngest was a son. They all lived in the rural region he still called home. Doozy rarely spent much time with his own family as he could only see them when he was given leave to travel home. This would occur about one weekend a month and three weeks over the Christmas break.

Doozy remained devoted to his family and their well-being but was nevertheless strongly influenced by the values, customs and ways of thinking of the white family with whom he spent most of his time. His commitment to his own family seemed to equal his loyalty to his employer's family. Being a sensitive and intelligent man, Doozy learned to anticipate his employer's needs and likes and dislikes. Without question and with meticulous attention to detail, he prepared the meals and ran the house in the custom of his employer's lifestyle.

It was a moving event when Doozy stood beside his employer and his employer's family, in April 1994, in a queue to vote for the first time in democratic elections in the country. His employer turned to him in the queue and held out his hand saying: "Welcome to the New South Africa, Doozy". As they stood there, they all recognised that the future was changing and possibilities were opening up for individuals, families and communities such as those of Doozy. Previously, his community was largely destined to remain in servitude of some form or another.

Post 1994, when Doozy's first two daughters came of appropriate age, they were enrolled at tertiary institutions in Pretoria. The first daughter enrolled for a marketing course and stayed in a flat close to Doozy's employer's house. The second daughter arrived some two years later to study a computer oriented secretarial course and joined her sister in the flat.

The second daughter was called Alice. On the completion of her

studies, with a diploma under her arm, Alice struggled to find work in her field of training. The education had cost Doozy dearly and he was keen for Alice to find employment. Eventually, despite her qualification, Alice was placed as a domestic worker with a small training institution for conservative white religious trainees from a major western religion. She was expected to perform domestic duties within a house where the trainees resided.

After having been at the training institution for some weeks, Alice developed a problem with her breathing. She became afraid to go to work as she was always overcome by the breathing problem at work, and sometimes at home. She was sent by her employer to consult a medical doctor in the nearby shopping centre who diagnosed her with asthma. Asthmatic medication, tranquillisers and counselling for anxiety were prescribed. These helped for a short time but then the problem began again.

This time, the employer's wife consulted a psychologist who suggested that it might be anxiety attacks and that Alice should come to see her. In the meantime, before the psychologist could consult with Alice, Alice consulted another medical doctor who diagnosed allergic asthma brought on by the cleaning fluids she was using. More medicine was prescribed together with anti-histamines. It should be mentioned here that Alice had no private medical aid, her father's employer paid for consultations and medicine up to this point. Psychological services are costly and not generally easily available to persons in Alice's position in South Africa at the time of writing. Very few professionally trained psychotherapists are appointed to state hospitals and these few are over burdened with mostly in-patients of the hospitals. The psychologist to whom Alice was now referred agreed to see Alice without charge in her private time. The psychologist was reminded of her work with Lešaka, reported on in chapter one of this study.

The psychologist consulted with both medical doctors prior to her consultation with Alice. She discovered that Alice had been taking a variety of medication over the months during which she had been experiencing the

problem. Nothing had seemed to help in the long term but she had been urged to continue especially with the tranquillisers.

One early evening, just before sunset, the psychologist waited in the driveway of the employer's home. It had been arranged for Alice and the psychologist to meet for the first time but Alice was late and the home was locked. Just as the psychologist was preparing to leave, believing that Alice was not going to keep the appointment, she noticed two women in the distance, walking towards the house. Instinctively she waited for them. The one young woman proved to be Alice and the other was an older aunt, sister to Doozy, Alice's father.

The house being locked, they had no option but to talk in the driveway. The psychologist asked a few questions which verified the story she had already been told – the story outlined above. The psychologist enquired after traditional solutions which may have been sought. Alice had consulted a sangoma. Then she asked Alice if she had had any dreams. From these questions flowed information which was quite different in content from the previous information. The following story emerged:

Alice had three names: Alice, given to her by her father's employer; Caroline, given to her by her father's family; and Kokomogo, given to her by her grandmother, a sangoma, on her mother's side, now deceased.

The history of the naming was that Kokomogo was the name given to her at her naming ceremony at birth. Then when she was about six years old, her father's family removed the name Kokomogo and gave her the name Caroline, after her father's eldest brother who had passed away. He had been Charles. At an even later stage, she was also called Alice out of respect to her father's employer.

Now, recently, Alice had begun dreaming of her grandmother who came to her in dreams carrying a tray full of objects. Alice was unable to take

the tray in her dream and always awoke at this point. The dreams had started about the time of her completing her studies. She also experienced pains in her chest as if she could not breathe.

Alice had consulted a sangoma in her home village. The sangoma had told her that she would have to come to stay with her to be treated. She also told her that the family would have to appease the ancestors with regard to the name she had discarded.

Immediately that Alice had told this story, she reported to feel great relief and smiled for the first time in months – or so her aunt remarked. Alice told that she wanted to return to her village and receive treatment from the sangoma. She felt that she would die if she did not.

All the while that Alice was recounting her story to the psychologist, her aunt was nodding and entering the story with comments, which confirmed what Alice was saying. The aunt remarked at one point that they had not believed that anyone outside their village would understand and also that Doozy may be displeased with their interpretation of the problem. They had felt that this was a story which they had to carry in silence. The sangoma had also warned them that the white doctors would diagnose the problem as asthma.

At a later, and it proved to be the last, appointment held in a living room rather than a driveway, Alice consulted with the psychologist again but this time Doozy was also present. He was surprisingly open to Alice and her aunt's interpretation and agreed to allow Alice to attend the sangoma's treatment. He told the psychologist that he knew these things happened in his home community but he had not expected it to happen to his family in the city. He seemed to be expressing ambivalence about the problem and this interpretation. However, he acknowledged that this is how his wife would want to treat the matter and that he was willing to participate in the treatment. He spoke of the need for a family gathering to discuss the name issue and to arrange for the way forward.

Alice did indeed return to her home and underwent some treatment with the sangoma. She was reported to be much improved and no longer experiencing any of the asthmatic symptoms.

2. Thabo

This story is told by the author as a therapeutic witness to the narrative.

The Diagnostic Story

Thabo presented as a young man in his early twenties who had experienced a life-threatening assault and was suffering from post traumatic stress disorder (PTSD). This had gone untreated for several months and was moving into an enduring depression. He was referred by a senior at his workplace.

The intervention of choice for a PTSD would be several months of anti-depressant medication with an anxiolytic component and appropriate psychotherapy with some psycho-education around PTSD. As in the stories already reported on in this study, Thabo belonged to no private medical aid scheme and his treatment was thus limited to short-term practical solutions for which his employer was agreeable to paying.

The Narrative

Thabo was a gifted young man who had been awarded a secondary school scholarship to one of this country's most elite private boys' schools, in a province many hours drive from his home.

Thabo had grown up in a township in the north-western area outside

Pretoria. The township where he lived is situated in a dust bowl and constitutes rows of shacks, some built of galvanised metal, some of wood and most a combination of the two. He described his life in the township as having been desperately poor. There had never been money for shoes or books, often not even enough for food. However, he was fortunate to attend a local missionary primary school where he received a solid primary schooling and was identified as being exceptionally capable academically. He was sent to the elite private boarding school for the duration of his secondary school years.

In his consultation with the psychologist, he described how his life had changed after moving to the private school. The other boys accepted him but very few, if any, knew of his poverty at home. One classmate took him under his wing and invited Thabo home for some holidays and short breaks. This friend of his was a white boy from a moneyed background. By going home frequently with his friend, Thabo could continue his new life of privileges and avoid the dire situation at home. However, he retained his loyalties to his family and the community in the township. He did return at times and on each visit took up his place there as if he had never been away. However, he found it increasingly difficult with time to convey his experience of his new life to his community. Instead he simply kept quiet and resumed his role in the manner they expected of him.

From the private school Thabo was granted a full scholarship by a large national company to study accountancy at a local university. He had successfully completed his academic programme and was busy with his articles at the time that he sought counselling for the PTSD.

Thabo presented as a young man-about-town, sophisticated but also visibly distressed. He told his story of the assault that had taken place in the street near where he worked in the city centre. He had been mugged at knife point by a group of young black men. Thabo emphasised that the greatest shock for him was that it was his “own people” who had attacked him. He spoke of how he still strongly identified with the poor people of the shack

settlement from where he came and thus, by extension, all poor black people. He had clung to the belief, all through his education, that he was somehow “doing it for them”, that he would return and bring good fortune to his community. He was devastated that his own people did not recognise this and attacked him as if he was from some foreign community. Ultimately, he felt rejected and alienated.

After he had communicated his shock and hurt at his realisation that he was perceived to have become different from his community and had grown apart, he began to talk of his isolation at the company where he was completing his articles. He was one of four black, articulated clerks among several more white clerks. He did not necessarily feel that he had anything in common with the other black clerks but felt obliged to commune with them. They sat at one desk apart from the other staff in the open plan office space. To sit apart from his black peers was not an option he felt he could even entertain – he felt that it was expected of him to sit with them. Yet this arrangement left him lonely. He did not fit in at work and he had lost his community.

Thabo felt himself alienated from any community. This was the struggle which depressed him. He had engaged in a period of mourning for a fundamental loss – the loss of connectedness, a life value held to be of significant importance to many African peoples.

Thabo was referred to a physician for medication while he and the psychotherapist embarked on a process of mourning and re-engagement.

3. Cabangile

This story is presented as a direct dialogue from an interview. Cabangile learned of the study incidentally and had requested to participate in it. She was given The Story to read prior to the interview. Cabangile worked as a lay counsellor in a community clinic in Mamelodi and was also a psychology student at the university (Vista) in the township.

The Diagnostic Story

In this story, a young woman, Cabangile, enters the healing system through a community counselling centre in the township. The author did not engage with her in psychotherapy and so cannot comment on the treatment process she underwent. However, her story is presented here for two reasons: firstly, because of the value of her commentary; and secondly, because she requested to participate in the study. She is the only participant who directly and spontaneously made reference to the Story in chapter one.

Her own healing process at the community centre inspired her to take up studies in psychology at Vista University and also to become a lay counsellor at the clinic where she had received treatment. Indigenous healing processes were included in her own journey to psychological wellness. Unfortunately, the young woman dies of AIDS and the effects of her untimely death reverberate in her community.

The following section presents extracts from a transcript of the conversation between the author and Cabangile. Cabangile originated from the Eastern Cape, large sections of which are rural, fraught with poverty and all the socio-economic and health problems that accompany this. Cabangile dressed in a blend of African traditional attire and modern trendy clothing of the township.

This section is presented as a direct transcript in order to portray a bit of the personal engagement between the author and the young woman who brought information of difference to the academic dialogue around the relevance of psychology in the broader South African context. Cabangile gave her permission to use the dialogue in this writing and in any possible publications resulting from it.

The Narrative

Words of the researcher are in italics.

Words of Cabangile are in normal type.

I'm used to this kind of story [The Story]. Actually my story is like Lesaka. My father kidnapped me once and I was staying with my stepmother. So when we were reading I felt a kind of pain for Lesaka because I know exactly what he was going through. - I experienced the same thing. So most of the time I work with such clients. I had this case, it's a little bit different but it was an eleven-year-old boy who was living with his grandmother because his family is poor and the grandmother volunteered to look after him.

Now this little boy was very straight. He even asked me to tell his father that he does not want to stay with his grandmother, he needs his family. At his grandmother he was doing work. He had to cook, he had to wash the dishes, he was even washing the clothes. I know the pain. It's very painful if you are not staying with your family. So I felt pain for Lesaka, even if he injured the child. But I was on his side, I understand what makes him do that.

*What do you think about people who experience that kind of pain, who seem to be lost, who don't have a place to stay in?
What do you think that we as counsellors can do for them?*

I always think that we must build shelters because I once had a problem. I had a case. It was a little girl, she was thirteen and her mother died and she was staying with her father and stepmother. They kicked her away and she became my client. She didn't know what to do. She didn't have a place to stay. I went to my mother in law and asked for a place to

stay. But my mother in law is not a nice person, I can tell you. The child ran away. Even today we don't know where she is. She is gone.

We must build shelters, be practical. Because some people they have practical needs. And now we don't offer them anything.

Even if we can offer practical things, what can we still do for them? You know that western counsellors sit in a room, it's one hour at a time and you talk in a certain way and there's a whole ritual, which is very different. How do you think that we can work with these people? There, problems are different. Do you think that we can work with these people in the community? Or do they need a different way of working?

I think they do understand the way you work. If they are involved in a bad situation, they need to learn to cope.

One thing, though, they need help to find his or her relatives. As a person you've got relatives that love you. You must try to find them. Me, I never grew up in one place - I moved many times. I've been in Transkei, I've been in Durban, I've been in Zululand, in Soweto, I moved every time I felt I was in a place that was discomfort for me - I felt no, I must move forward. That is why I am in Pretoria. I don't have relatives here. I came here by myself and I created a family by myself.

We must try to teach people that the family is not the family you were born with - you must create a family for yourself. Ja, and the family you are not related to, you are not their relatives, it is the best. I can tell you.

Why is it different?

Some other people they've got love - the love that you don't get from your family. They are like that. They know the struggle, they understand and they are willing to help other people. They are willing to give other people a chance. So those people are the people you must associate with and make them to be your family.

You speak of struggle – you see a lot of struggle in the cases you handle at the clinic?

Too much. A lot of struggle - lot of struggle.

Yesterday I had a case - this little girl, she's twelve. She's staying with her mum and stepfather. Now this stepfather is always insulting her mum. And then he's chasing them sometimes that they must leave the house. This little girl never knew her real father and this thing reminds her of that - "by the way, oh no..." And now she's starting to think about her real father, and now she fails at school. Her mother doesn't understand why she fails. The little girl told us the reason she fails is that she is always thinking about her real father - "...because my stepfather is chasing us sometime...". And now she is going out with another guy, she's sleeping out because she's looking for a father, you see.

People are struggling.

Myself, né? I'm...most of the time I have this problem - people they just come to my house [for help]. Last year two

guys came to me. One was from Durban, they just took the taxi from Umlazi to Mamelodi. He didn't know where he was going. He just came to my place and he told me that his mother died when he was very young and his father married again. And now his father died and that woman kicked him out and I had to look after him until another man adopted him. Now he's staying with that man and he's working.

Another one came from Joburg - he's living in Mamelodi because his parents didn't want him to do music and he wanted to go to the music school. They wanted him to continue his studies and he left. He's staying in shelters but they closed and so he went back. He's got his parents but he doesn't want to stay there and he was staying with me until he found a place in Sunnyside. Now he's playing keyboard for a church there.

Recently I've got a psychotic client, from Beit Bridge. During the day he's staying with us. He's found a family, obviously.

Tell me more about "creating family". How do you connect that in your mind with counselling? Are they connected?

Ja, they are. Like Agape. Agape is a clinic. But to us clients, we don't feel Agape as a clinic. We feel like it's our home. Because we connect our spirit with their own. They understand us. The family I'm talking about is the family who understands you even if you've got mental problems - they don't judge you, they accept you the way you are. That's your family.

How would it be different if you went to Agape for

counselling and you only met one person and you only spoke to the one person and every week you went back you only spoke to the one person but every week you only meet the one person, you speak to that one and you then get up and go?

I won't go back. No.

Why not?

Because the family I'm talking about is not about one person. You have to share with other people, your struggle. They have to tell you your problem and it must be give and take.

Is that what counselling is to you? You must give and take?

Yes, you must tell me a little about yourself [as a counsellor] even if you don't get deep.

Why is that?

No, I believe...myself, I've been betrayed for so many times...when I was staying at home. I was giving, only giving. And people were using that information to destroy me.

You say you go to a place like Agape and you want this sharing?...now, other people heard your story...?

I was seeing two people and they were going to supervision. But later when I was getting better I used to share my story with other people, not to counsellors. If they were sharing

with me, I used to wait for them to share with me, to tell their struggle and then I will tell them.

So there was a community of clients who share their stories?

Not just with counsellors, but....

Ja. Now you can realise “I am not alone, I’m not the only one with struggles. I’m normal.”. That was very important.

When I heard their stories I became open. Because most of the time when I tell my story to people outside Agape, they tell me I’m crazy. But at Agape I felt safe.

So, counselling changes at Agape? It’s different?

What makes you trust the counsellors at Agape?

I didn’t at first. I gave the counsellors a hard time, I insulted them. But I needed help and so I went back.

I don’t know if it’s grandiosity but I regard myself as a natural-born psychologist. God decided to train me Himself, through struggle. That was a training - and then I was provided by God Himself. I realised that because they come to my house for help - and then I said, “no, that was a training.”

Even here, at school, those students who were raped, they just come to me and tell me “I was raped.”. I say, “oh, myself, I was raped.”. I once took someone to Itsoseng¹, but she was influenced by her friends - they told her to take it as if it was her boyfriend. She was afraid, but I tried.

¹ Itsoseng: Counselling centre at the Vista University Mamelodi Campus (now the University of Pretoria, Mamelodi campus).

Harsh training. Sounds like thwasa - like a sangoma training.

Ja, it is similar in some way to sangoma...ja, that is why...in 1998 I was supposed to train as a sangoma but I rather went to a prophet - here in Mamelodi, but the prophet was from Natal.

How do you use your training as a prophet with your counselling?

I gave up to be a prophet because at home they are Christian. I went home to tell them that I am a prophet and they said “no, you’ve got demons.”. They didn’t encourage me. I was not raised to believe in ancestors.

But myself, I know I was possessed - I was poisoned and so I went to traditional healers by myself. These healers told me that “your ancestors brought you here”. So now. But I realise that I cannot run away from these things, - it is inside me.

I was at the theatre, I saw a person in the middle of the road, he was surrounded by policemen and others. I thought it was a car accident and I wanted to run away because I am very scared of blood. But after four hours the guy was still there and the police left. Only a few people were there. I thought this person is ill. I went there and saw he was just sitting down, not speaking. The others were massaging him. I said, “I wish someone can pray for this guy.”

They asked me to pray for him. Automatically I knelt down, I pulled his fingers and touched his head. He stood up and walked away.

Even on Saturday, there was a crusade miracle day at the

theatre. This pastor was praying and I didn't want to be involved. This person was screaming and crying and jumping. The pastor said the demon is manifesting there and he didn't want to pray for him. One lady said I must pray for him outside. I said "why?" She said, "that person is directed to you - you are the person who must pray for him. Not the pastor, that is why the pastor is ignoring him". She told me that I have doubts - I don't listen to God's voice. "You are listening to the devil".

I went to that guy. I just said, "in the name of Jesus the demon must come out."

That guy just fell down like the people inside were falling down for the pastor. Then I ran away.

Now I realise I have that power - I cannot run away from it. But I want to be a psychologist. If I get involved too much in the prophet thing I will get too involved - no time to study.

[I spent time as an actress.] I trained as an actress. I became involved in AIDS plays. I worked in theatre, films and SABC productions. But I left to go back to school.

Do you use your acting in a healing way?

Yes, especially the AIDS plays. But I heal myself through acting. I used to choose parts where I was going to cry a lot. It was another form of counselling.

You had to give yourself permission to cry?

Yes, people would say I am a good actress, but it was real.

My sickness - I used to see monkeys, I'm afraid of monkeys. When I was a child. Now I can tell that voice inside me - "no, there are no monkeys here." I'm much better now. I also have a very good English lecturer - he's helping me to write my story.

People don't always know about counselling. There's this guy, Sol. He's trained as a sangoma. I never thought he would go to counselling but one day he came to Agape. Sol and Sam made a drama and performed at the theatre on Sunday where the Ndebeles are dancing. They told them about counselling. Drama speaks to the people.

4. Agape: A prototype community counselling centre?

This story is told by the author as a report on a conversational interview between the author and the founder of the Agape community counselling centre. Because it is a report and not simply a representation of an interview, reflections and interpretive comments by the author are included.

The Diagnostic Story

Agape is a counselling centre for the local community of the township. Clients arrive by appointment or simply drop in to consult with a counsellor. They arrive either through referral from primary health care service points or by word of mouth. Sometimes, they are brought by previous clients. The facilities are very basic and sometimes possibly inadequate for a full psychological service. No private consulting rooms are available and clients mostly sit in the sun or in the shade of a tree in a bare yard. These minimal facilities were initially due to a lack of funding but over time have become the spaces of choice for the Founder of the centre. This statement is expanded further on in the narrative.

The only structure is an open, partly walled and roofed lapa². This serves as both a waiting room and a group consulting facility.

Because of the lack of facilities, privacy is minimal. Clients not only clearly see each other consulting, but also sometimes overhear or have even been known to join in on other sessions.

Clients frequently return after the completion of their therapy and sometimes assist with the counselling of new clients or simply keeping the clients in the waiting space company by chatting to them or to unoccupied counsellors.

The Narrative

This section presents the author's synopsis and interpretations of ideas expressed by the Founder of the community center in a taped conversation after he had read The Story of chapter one of this thesis. At times direct transcripts are reproduced here.

The centre has come to mean far more to the Founder than simply a service provision facility and a practicum placement for his students. He is a university professor of psychology with more than twenty-five years experience in the field. The narrative is presented as a commentary at times and as direct quote at other times. He is referred to as Founder.

This community centre is located in Mamelodi. It was established in 1983 to offer a counselling service to the local communities of the township. It currently also serves as a training practical site for psychology masters students from at least two universities.

² Lapa: an open-walled roofed structure

Founder spoke of the profound impact his work at the Agape centre has had on his own way of working and on his ways of thinking about psychotherapy, the practice of psychology. He spoke of how, from a traditional western practice he has sought and created “other ways of working”. This would seem to be an on-going process for Founder as he spoke later in the interview of the necessity of integrating practice, reflection and research.

Founder described how initially he was acutely aware of the differences between his formalised practice in town and his work in the township (“out there”). In the beginning of his undertaking he had tried to work as if the two spaces were the same but came to realise that his work was “devoid of appreciating the ecology”. He spoke of work in a formalised setting and method as “hiding behind our dairies”.

His growing discomfort at the ill-fit of what he was doing in the township forced him to reflect on his work as a healer. He pondered on what he referred to as the “uncertainty of the profession”. He clarified this statement as such:

In his formalised practice clear certainties of practice were provided by the organisation of the practice, its prescriptions, “the waiting room and receptionist, the telephone and accounting system etc., not least of all the diary”.

However, “out there” at Agape, under the tree, every aspect of the practice was brought into question. In referring to the lack of facilities “out there” in a metaphorical sense additional to the literal sense, he spoke of how his practice had “gone through the walls”.

Continuing with his reflection on his practice he commented that he believed that practitioners of psychotherapy needed a “safe community and safe space” in which to practice. Again, he referred to the *ecology* of the practice

and how it should be able to provide a space in which crisis could be dealt with safely - “safe to be in the crisis”. Founder expanded on this idea later and explained that he referred not only to crisis brought by the client. This is discussed further down in this narrative. In order for the practitioner to be effective he or she would need to be in the “ecology of the practice” and this could be achieved through the creation of a healing community in which the crisis of the psychotherapist could be experienced as much as that of the client.

In this way, psychotherapists become “conveners of context” who are required to be not only sensitive to the individuals who seek help at the centre, but also sensitive to the convening of a community in which the helping and healing occur. Thus, according to Founder, all psychotherapists are to some extent community psychologists.

In contrast, traditional western practices of psychotherapy have evolved to adopt largely unquestioned prescriptions of practice. The boundaries, which have come to be accepted as convention in western practices, are for the convenience of the practitioner. Founder remarked that he found it “amazing how clients can enter, breakdown and recover within the [scheduled] hour”. Beyond this, psychotherapists in the western tradition form exclusive fraternities that segregate them from their clients. According to Founder, psychotherapy is the

only fraternity in the world of healers who convene community in this exclusive way.... Every other [healing] fraternity that I know of, shamans and healers, recognise that the essence of their work is in creating community and that the fraternity is the bigger family.

This exclusivity of the fraternity of psychotherapists isolates the practitioner in several ways: - from his/her client community, from his/her peers in certain respects and also from access to further knowledge. Further knowledge is available at a cost for those who can afford it and the “gurus” of

the field are inaccessible except through further expense.

One of the effects of this segregation process is that a separation has developed between practice and theory in psychology. The theory has become detached from practice to the extent that frequently the theorists are not practitioners and vice versa. However, according to Founder:

The practitioner requires a praxis,... a description of practice as well as a theory...which describes the practice...there [needs to be] an intimacy between them.... Every practitioner is a theoretician and a researcher and all practice requires reflection.... Practice without reflection is dangerous.... Universities don't always reflect the news of difference which is happening in our societies.

Founder commented on his perception that universities have become conservative in the sense that they cling to traditional ways and conventions by establishing screening systems that do not always promote new ideas and changing information. This process encourages the segregation between practice and theory for the psychotherapist practitioner.

Court jesters, clowns of society, prophets and shamans, always brought news of difference and herded in the changes.... Universities could be viewed as institutionalised systems of this role. But often they fail at this task and reflect stuckness.

Founder turned to a consideration of what constitutes the markers of contexts for healers as conveners of context generally, and for psychotherapists in particular. According to him, psychotherapists mark their contexts with books, certificates, journals, and other formal objects of context. These inform clients that have entered a domain of a particular kind of healing. They know what to expect in their understandings of what the ecology of psychotherapy is

about. However, according to Founder, the human element has been lost. While signs of formal knowledge are apparent in these contextual markers,

the productions of the psychotherapist are not visible. The artefacts of the profession remain unseen.

The contextual markers of Agape community centre are different. There are no books or certificates to be seen, but a natural flow of people moving in and out either to be healed, to heal or both. The flow of people and the sight of them interacting in healing ways become the contextual markers for Agape. The message of healing and relationship is visible in the broader community.

For Founder, artefacts can also carry “subliminal or unconscious prompts” of context. Thus, for him, it is important that the psychotherapist surround him or herself with artefacts that speak of the shamanistic practices of the therapist. The sterile, neutral environments of the typical modern therapist are possibly hurtful to the client seeking meaning and possibility, beyond his or her usual way of thinking. The neutrality of the modern therapist allows the therapist to hide his or her personal self and so the therapist becomes a shadow in the room to which the client must attempt to relate.

The client thus enters a room which is in no way really different from his/her own space, there is no distinction for the client between his/her life up to this point and what is about to happen, or could happen. Founder spoke of the importance of patterns of thinking in terms of healing possibilities:

The way we think has everything to do with our ecology.
[The room becomes] the metaphor for possibilities ... [for]
thinking beyond the stuckness of the problem.

Founder spoke also about the difficulty some students experienced in

receiving training at Agape as the setting for their practical placement. Most of these students came from white middle-class backgrounds. Many have never been to a township before:

The formality of the university setting and teaching [provides the students] with a confrontation of ecologies when students are taken to Agape. They haven't come to thwasa - they've enrolled for a university course.

This statement speaks of the perception-forming ecologies of the students; it speaks of the epistemologies of their cultures; and it speaks of the role of their education to this point in the formation of their ecology of thought. In this case of what happens around Agape and the training of psychologists, it is the trainees who are also expected to make the shift, it is they who also experience the cracks in the culture and fear the possibility of falling through the spaces. Founder is sensitive to this and engages the trainees in activities to facilitate the process for them:

This makes me very sensitive to continually recreating, reforming, reaffirming, the safety of them (the trainees) through performing actions. ...We start and end each day by performing rituals for the healing of the healer...it's necessary.

The training at Agape becomes an ecological event for the healer, the healee, the trainer and the trainee. It is not a question of the trainees learning to "understand the culture of the black people". The training becomes a meeting of cultures and ecologies, a conversation between epistemologies. The arrogance and hegemony of conventional western psychological practices are ameliorated:

This rhetoric of community and serving of underprivileged, - previously disadvantaged groups formed into an ideology,-

which justifies people's work in higher places, doesn't come through in the training.... Descriptions which were getting called the training of psychologists do not attend to the majority of the people [in South Africa].... Every form of practice [of psychology] needs to be an ethic.

Founder calls for an epistemological revolution in the profession of psychotherapy. He declares that psychotherapists need to “approach our practice through the ways in which we construct our realities.”

5. A young healer's story

This story is autobiographical.

The Diagnostic Story

A trainee in clinical psychology at master's level experienced stomach pains over a period of several weeks. These were constant although fluctuating in intensity and severe enough to wake her at night.

The trainee had been under heavy stress for some months. She was juggling employment with full-time studies as well as running a home with three young children, two of them below school-going age. In addition to this she was struggling with the personal demands of the programme in which she was enrolled.

While she did not consult a medical practitioner for her pains, she believed that it was possible that she was suffering from an ulcer. Then, for reasons inexplicable to herself, after suffering the pains for several months, they disappeared without trace and never returned.

The Narrative

The young trainee had embarked on a second career at a time when her children were still very young. After the birth of the first child she had realised that she would need to be a breadwinner for the family and that her current career would not interest her for much longer. She had become increasingly interested and absorbed in the reading of psychology and so was thrilled when she was accepted into the master's training programme at her university.

She gave of herself with complete dedication and commitment but never realised what intense personal demands the training would make on her. Besides the personal demands which most trainees experience to a greater or lesser degree, she found herself struggling in her placement for practicals in a township. She had worked in the township for about two years as a teacher and so was surprised that her placement in the counselling clinic should present her with such a struggle as she was now experiencing.

Working as a counsellor/ psychotherapist in the township was a very different experience from that of being a teacher. The teaching process was highly structured: there was common language and a shared understanding of the roles of those involved in the activities in the classroom and around the curriculum.

As a psychotherapist in the township she found that her clients seldom came with any clear idea of what they expected of her, often language was a problem for communicating, clients never ceased demanding of and needing her. The sessions did not end at a particular time like the lessons did, clients turned up at any time of day and sometimes expected her to visit them at home late in the evenings or attend rituals with them over weekends. Sometimes, more and more so, she found that even though clients may not necessarily expect or demand all these things from her, she had developed a need to give them anyway.

She questioned what she was doing, why she was doing it and where she was going. She found no answers and found no one who seemed to understand. These questions spilled over into her personal life as she examined her past and her present and questioned her future. She fought off criticism from close friends who told her that in their opinion she was making a mistake in studying for a career change while her children were very young.

It was about ten months into her twenty-four months training that she began to be aware of the pains in her stomach. About the time when she realised that they were constant and quite severe she began to think of consulting a medical practitioner. She delayed this, though, as she was afraid of the examinations she may have to undergo if the doctor thought that it was an ulcer.

One day during this time she was introduced to a *prophet*³ in the township. She met him as part of a group and fell back among the crowd. Thus, she was never personally introduced to him. At this stage she was feeling somewhat overwhelmed with new information and experiences and so the visit did not make a great impression on her.

A few days later, a visiting American girl with whom she had become friendly, asked her to take her to say her farewells to the prophet. The American girl was returning to her home in the US. The young healer took the American girl to the prophet on the day before her flight home.

The prophet met them at the door. He seemed delighted to see them and took them inside to his living room. The American girl requested a message to take home with her. The prophet told her that he was too excited right then, being so delighted to see them, that he could not receive a message for her to take home. Suddenly the prophet turned to the young healer and pointed to her saying:

³ Prophet: A traditional African spiritual healer usually connected to an 'African' church. See chapter five for further discussion.

“You must come back to see me next week because you have a sore here in your stomach [he touched his middle]. I will heal you.”

The young healer was astonished. She had told no one, not even her family or close friends, about the stomach pains. She returned the following week out of curiosity.

Out of this encounter, the young healer and the prophet developed a relationship. He gave her bottles and bottles of *muti* (traditional medicine) until she asked for no more. The pains had already vanished after the second bottle. Each bottle was two litres and lasted about three weeks. She asked how he had known about her pains. He told her that her ancestors had told his ancestors and that he was in constant contact with his ancestors.

During this time in which they talked, she asked about his practice and his powers. She visited his church on Sunday where the drums were played. She took him to a friend's farm where they walked in the veld and he gathered herbs. He told her that he always knew when she was coming before she came. He wanted to train her and offered to take her in. He gave her special herbs to inhale which would sharpen her healing powers. At this point she had come to realise that she needed her own way of healing, her own way of working with people, she needed to find her own answers to her questions, and most importantly of all, she realized that she could do all of this. Previously, she had been desperate for answers to be provided; she had felt like an alien in a foreign territory and wanted to be taught the language and the ways. Her relationship with the prophet both released her from her anguish and gave her permission to be in the township doing what she needed to do.

She could not understand how he was able to “know her illness” but she felt relief that he knew, she trusted him and allowed herself to enter the healing relationship.

This story differs from those already told in this study in that the young healer was healed outside of her usual context of living and meaning. However, the healing process came at a time when she was struggling to understand the people she was working with at the clinic in the township. She experienced it as the opening of a door into an alternative world of meaning. At this point in time she was not only willing but also needed to enter the space beyond the open door. It is interesting that after this experience she was able to return to her own world of meaning taking with her a new insight of the world of the community she worked in, although not always a complete understanding of it.

Concluding Other Stories

Chapter seven will pick up threads from The Stories in the light of the discussions from previous chapters. The deliberations around The Stories will focus on the narratives as stories set in contexts of meaning with discussions from previous chapters providing some information on the ecological environment.