Chapter One

Introduction

"The universe is engaged in ceaseless motion and activity, in a continual cosmic process that the Chinese called Tao- the Way" (Fritjof Capra, 1983, p.19).

Introduction

In this study the fortigenic qualities of the psychotherapist in full-time private practice are explored. *Full-time private practice* means conducting psychodiagnostic and psychotherapeutic sessions everyday for almost every week of the working year. For practical purposes for the research, full-time private practice as a psychotherapist is defined as a time of at least a period of ten years without interruption (excluding short periods of circumstances such as illness and leave). *Psychotherapists* are psychologists in private practice, which professionally are sub-divided either in one or more of the professional registration categories clinical, counselling and educational psychology; and are registered as such at the Board for Psychology at the Health Professions Council of South Africa (HPCSA).

Most psychologists working in *full-time private practice* are confronted by daily stress that could lead to burnout. It is not clear what the factors are that empower or enable psychologists to survive in such a seemingly stressful occupational environment.

The aim of the research is to explore what the fortigenic strengths and psychological resources of the psychotherapist are. Fortology focuses on the strengths and resources that a human being possesses, enabling the individual to cope with the demands of everyday life and stress (Strümpfer, 1995). Questions which arise are: What are their personal coping skills, what coping

strategies do they have which equip them to maintain a full-time private practice for longer than ten years?

Interest in the field of research

My background is important in understanding my interest in this field of research. In 1998, being a student in training for the MA Clinical Psychology degree at the University of Pretoria in South Africa, I was introduced by Prof Dave Beyers to the theory of the interactional systemic approach to psychotherapy (Haley, 1973; Nardone & Watzlawick, 1993; Watzlawick, Weakland & Fisch, 1974). Although this theory does not imply the concepts of positive psychology, the underlying interactional dynamics however, do. The theory is based on the work of Watzlawick, Beaven, Jackson (1967, 1977) and others of the Mental Research Institute (MRI) Palo Alto, California, USA. Basic assumptions of General Systems Theory are applied, such as 1) a focus on relationships between individuals with patterns of human communication as fundamental to understand behaviour change (and not a focus on the individual per se); 2) subjective experiences are acknowledged; 3) behaviour is purposeful and dealt with in the here-and-now; 4) systems are open, not closed; and 5) the therapist is part of the therapeutic system, but as participant-observer (Vorster, 2003). Thus, the emphases are on the person in relationship to others, patterns of purposeful behaviour in the here-and-now context are the foci and the goal is constructive change in behaviour.

This period marks a watershed in my academic career, where my training guided my thinking towards recognising a shift from focussing only on symptomatology in psychology towards a more systemic approach to the person. From there my interest was triggered in the field of salutogenesis, positive psychology and well-being, through exposure in my clinical training and I see this as a logical next step in the development of my own thinking.

My interest in the current topic stems from my personal experience as a young clinical psychologist starting in the field of private practice. I participated in a research study investigating the well-being of the young psychotherapist. Viljoen (2004) looks at the experience of starting out as a young psychotherapist and the implications for academic training, from a social constructionist viewpoint. My participation in this research study sparked my interest in the field of well-being for psychotherapists.

Furthermore, I am a member of a monthly supervision group for psychotherapists in private practice. This is where I became aware of the importance of well-being and of ethical conduct in maintaining a practice. Nichols (1988) highlights the importance of ethics and suggests that a psychologist who neglects good self-care could be seen as guilty of irresponsibility in their professional behaviour. I plan to explore whether ethical conduct in practice would feature as a theme in the narratives of the conversational partners. I cannot pre-empt such findings, but I have to see whether this emerges in the private narratives of the conversational partners.

During my first years of private practice my interest in the developing field of positive psychology continued as I found myself exploring topics such as optimal development and resilience. I discovered the work of Strümpfer (1990; 1995; 2003; 2005) in reading the South African Journal for Psychology and I found fortigenic theory particularly helpful in understanding the process of cultivating resilience and strength resources (Strümpfer, 1995). I attended various workshops (2005; 2009) and the first conferences on positive psychology in South Africa (2006). My interest in the narrative approach comes from the close association between narrative and psychotherapy, as well as my tertiary training in language (1993; 1994).

With regards to the paradigm of positive psychology, to my mind there might be a slightly fragmented feeling to this part of the research. The reason for this is the

fact that positive psychology seems to still be developing and establishing itself as a field of psychology. This results in a focus on the generation of terminology and models, with a lack of unified theory at this point. I believe that a challenge for the field of positive psychology will be the deepening and integration of theory. Much has already been written on the concepts of positive psychology, but these concepts need to be structured and ordered (Snyder & Lopez, 2005; Wissing & Van Eeden, 2002). I therefore think that the theoretical field of positive psychology will establish itself within the context of psychology and associated academic fields in the near future.

This background serves as a path of development that brought me to the current topic of study. The research study draws attention to the fact that it is important for the psychotherapist to develop fortigenic qualities, which in turn increases the well-being and effective coping of the psychotherapist. I reason that this also then promotes good self-care, professional behaviour and ethical practice in psychology.

Motivation for the study

The research pertains to the well-being of psychotherapists in private practice for every therapist making a career of practising psychology. Furthermore, this topic could be of value for training psychologists for the demands of their careers. It could therefore be of use to tertiary training institutions.

In practical application, psychotherapists can benefit from being made aware of the coping strategies and resources of practitioners in the field. Hopefully, the findings can serve as guidelines for young therapists and students, as well as supply valuable information on the principles that need to be considered for maintaining a practice in clinical psychology.

Experienced psychotherapists can highlight valuable guidelines for maintaining full-time practice from their subjective experiences of building a career in psychology, which can be of practical value for any less-experienced therapist.

Objectives of the research

The research objective is to discover what the fortigenic qualities of psychotherapists are that enable them to cope with the demands of full-time private practice. The study explores the experiences of psychotherapists in full-time private practice in a fortigenic way, in order to come to an understanding of their lived reality- or their experiences in private practice.

A second objective is to determine if this study can contribute to the theory of positive psychology. It seems that the theory is still in a process of development and that certain structures need to be put into place towards the unification of ideas.

Research design and method

For the study the proposed research methodology is a qualitative research design. Research material is collected through conversations with selected conversational partners, all registered psychologists and in private practice for a period longer than 10 years.

The conversational partner's story is a private narrative, while the existing literature and formal academic theory can be seen as public narratives (Lawler, 2002). The interaction between the public and private narrative creates a new coherent story (Marshall & Rossman, 1999). The participating psychologists are referred to as conversational partners and the interviews are called conversations in order to indicate the co-constructive nature of the research. Unlike an investigation where interviews are done on subjects, this research

process is seen as a partnership or collaboration, resulting in the exploration of the experiences of the therapists' in private practice (Lawler, 2002; Marshall & Rossman, 1999).

The procedure of narrative synthesis involves paying attention to the various components that narratives consist of (Lawler, 2002). I reconstruct personal narratives in order to explore new meanings and come to new understandings of the interaction between private and public narratives. This includes exploring patterns, tensions and themes either across or within experiences and integrating these components (Clandinin & Connelly, 1994). Marshall and Rossman (1999) state that the narrative approach is employed to bring order, structure and interpretation to the volumes of collected text.

The aim of the research process of narrative synthesis is narrative synergy. This is where there is a flowing together or a collaboration of research material and research literature in order to stimulate or create new thinking or theory. The purpose is not to find one final end point of 'truth', but rather to explore a rich description of the topic. Future research would then take the conversation further, broadening the range and scope of knowledge creation (Kvale, 1996).

Narrative style

The research focuses on the conversations with the conversational partners. Their contributions are reworked into research narratives. Since conversations are of pivotal importance in this study, the language style deliberately moves away from the conventional, passive, third-person style. Terre Blanche and Durrheim (1999) mention the first-person perspective used in narratives where the researcher can convey creative interpretation. This conversational style includes the use of an active voice throughout the writing from a first-person perspective and serves to communicate directly with the reader as another conversation taking place as part of the research. I will also introduce the reader

to the interactions between the conversational partners and I, highlighting self-reflexivity and how I am part of the research process. Insertions from my personal research journal will also be included, allowing the journal to be another narrative in conversation with the narratives of the research process.

Furthermore, contributions from theorists are seen as co-constructions in the narrative and are therefore included as current, active voice contributions. The importance of this is to create a historical presence where the work of earlier theorists are not seen as any less important than the work of current theorists.

Geertz (1983), Kelly (1999) and Viljoen (2008) refer to the hermeneutic circle. This is a circular process of interpretation of text where the meaning of parts is seen in relation to the meaning of the whole, which itself can only be understood in respect of its constituent parts. This process is also reflected in the research process of going back to the chapters at various times, reviewing and adding or removing totally non-applicable parts, in order to create the flow of the research process.

Overview of the chapters

Chapter One gives a brief introduction on the research topic, explains the interest in the field of research, the motivation for the study and the objectives of the research. The research design and method, as well as, the narrative style are introduced and this chapter supplies an overview of what you can expect in each of the chapters of the study. This chapter serves to orientate the reader and sets the scene for the development of the research narrative.

Chapter Two places the research question within the context of private practice. Psychotherapy is defined and the stresses, demands, joys and successes of private practice are explored from the contributions of the existing literature.

Chapter Three looks at the historical developments in the field of positive psychology and supplies various important definitions in looking at fortology. The research is placed within the theoretical field of positive psychology with a focus on fortology. This chapter sets the research within the theoretical sphere on both a national and global level.

The contributions, as well as, the development of three important theories within the field of fortology are then introduced, as they are appropriate to the research. The work of Seligman (1999), Csikzentmihalyi (1999) and Strümpfer (1995) are reviewed and constitutes the public narrative of the research. The concept of resilience is explored as it pertains to the research question.

Chapter Four explains the research methodology of the study. Here the procedures and steps that are taken to collect the research conversations can be followed. The epistemology and ontology of the qualitative research design is reviewed and explained, as is the narrative approach used in the research process. Ethical considerations of the research process are highlighted and the entire process is explained in a rigorous and accountable manner.

Chapter Five explores the research narratives and introduces the conversational partners, while Chapter Six is the synthesis and synergy of the conversations, the reflections and the research material. In this chapter the various narratives of the research enter into conversation with each other. In Chapter Seven the private and the public narratives merge to create a new co-constructed research narrative. This process is carefully explained in the foregoing chapters, attempting to constitute a unique methodological approach for this research.

Finally, Chapter Eight critically evaluates the research, as well as the field of positive psychology. It looks at ways of disseminating the research findings and comments on the original contribution of the research project. Recommendations are made and self-reflexivity is placed in context.

Conclusion

The purpose of this chapter is to introduce the research project to the person reading the study. It serves to give an overview of what to expect from reading this study and prepares the reader to follow this journey of research and its aims. The objectives of the research are given.

In the next chapter psychotherapy and private practice are discussed, giving ideas about the intricate "world" of the psychotherapist in full-time private practice.

Chapter Two

Psychotherapists in private practice: an ambivalent context

"I cannot stop practising psychotherapy, I am absorbed into it –
As psychotherapists we get addicted to therapy, but in the end it kills you"
(Practising clinical psychologist's comment)

"I miss therapy, but I like my snakeskin shoes better"
(A psychotherapist who left practice to work in the corporate sector)

"You cannot be a psychotherapist, if you don't have the heart for people"
(Dave Beyers, personal communication, January 21, 2010).

Introduction

Psychologists working in full-time private practice are confronted by daily human encounters. Psychotherapy can be seen as therapists' main focus in dealing with people in need, due to the demands that life places on them. In this chapter a brief discussion of the concept of psychotherapy is given, thereafter the domain of private practice, its demands and challenges, as well as the benefits for the practising psychologist, will be explicated. This chapter thus places the research question within the context of private practice. The stresses, demands, joys and successes of private practice are explored from the background of the contributions of the existing literature.

Psychotherapy

To define psychotherapy can be likened unto stepping into a minefield. The reason being that one can get stuck in the multiple historical and theoretical frameworks or types of psychotherapy. For the purpose of the current study,

exploring the experiences of psychotherapists in private practice, a definition from Watzlawick (personal interview, Beyers, 1997) is useful. In a personal interview with Paul Watzlawick at the Mental Research Institute in Palo Alto, California, Beyers reports, when asking Watzlawick about a brief view or definition of psychotherapy, he answered: *"To alleviate pain…"* (1997). Beyers' interpretation, taking into account Watzlawick's paradigm of thought, is that the concept of *"alleviate"* should be seen here as contributing towards change. My personal definition of psychotherapy is: a relationship as a context for change. One is reminded of Truax and Carkhuff's (1967) major research endeavour, based on research knowledge that psychotherapy really does work. The effectiveness of psychotherapy, however *"depend primarily on the therapist and on the therapeutic relationship"* (Truax & Carkhuff, 1967, p.x).

Thus regardless of the multitude of different approaches to psychotherapy, these seem consistently to show that improvement is not based on the various psychotherapeutic schools but on the psychotherapeutic relationship. A few of the different schools of psychotherapy include: psychodynamic psychotherapy – which utilises unconscious motives and conflicts to explain behaviour (Freud, 1938); humanistic psychotherapy – focussing on the person (Rogers, 1951); gestalt psychotherapy – emphasis on the present experience (Perls, Hefferline & Goodman, 1951); group psychotherapy – focussing on group work (Yalom, 1995); family psychotherapy – emphasis on family dynamics (Palazzoli, Boscolo, Cecchin & Prata, 1978); systemic interactional psychotherapy - focussing on the interaction in the relationship (Watzlawick, Weakland & Fisch, 1974); hypnotherapy – emphasis on using strategic and hypnotic techniques (Haley, 1973); and well-being psychotherapy – focussing on psychological well-being (Fava & Ruini, 2003).

Psychotherapy entails the communication or narrative between the psychotherapist and the client. A context is created where the therapeutic

narrative is co-constructed and created in the relationship between the therapist and the client (Vorster, 2003).

Psychotherapeutic private practice

Levin (1983, p.23) defines the private practice of psychotherapy as *"work, carried out within the parameters of professional codes of ethics and generally accepted modes of practice, by professionals of varying backgrounds and training, with widely divergent kinds of clients. Lifelong careers in private practice may be demanding yet rewarding"*.

Trull and Phares (2001) explain what it is that every practising clinical psychologist must know and this also applies to psychotherapists. They highlight the following seven points, which the American Psychological Association (APA) recommends: 1) knowledge of the developing health care delivery systems; 2) sensitivity to all ethical issues that are relevant to the field of managed care, such as confidentiality and informed consent; 3) experience in working in multidisciplinary settings and teams; 4) clinical skills relevant to managed care, such as brief intervention and focussed assessments; 5) experience in applied research, such as programme evaluation and case research; 6) business and management skills, such as contracts, marketing and advertising; and 7) technological skills, such as computers, databases and telemedicine.

Taking into account the above, full-time private practice places high occupational and professional demands on the psychotherapist. Individuals working in the field of health care, e.g., nurses, medical doctors, psychologists, psychiatrists and social workers, share the occupational hazard of a vulnerability to or the possibility of professional burnout.

There are five different categories of registration for psychologists in South Africa, these are: clinical, counselling, educational, research and industrial, as

stipulated in the Constitution of the Board for Psychology, Regulation No. R1066 dated 28 July 2003 (http://www.hpcsa.co.za/board_psychology.php). According to the Health Professions Council of South Africa the scope of practice for psychologists are delineated in the following way:

- Clinical psychology- assess, diagnose and intervene in order to contain or alleviate psychological distress, abnormal behaviour or psychopathology;
- counselling psychology- facilitate psychological adjustment, growth and maturity for relatively well-adjusted people, dealing with normal problems of life;
- educational psychology- assess, diagnose and intervene to facilitate adjustment and development of children and adolescents, in the contexts of family, school, peer groups or communities;
- industrial psychology- optimise individual, group or organisational effectiveness of relatively well-adjusted adults in work contexts; and
- research psychology- apply research methods and techniques to contribute to the knowledge base of psychology (http://www.hpcsa.co.za /board_psychology.php). Of these categories clinical, counselling and educational psychologists typically practice psychotherapy.

Burnout is seen as one of various symptoms of stress that can be experienced by persons working in the field of health care. Although burnout is usually defined as a pathological concept, and the current research is rooted within the paradigm of positive psychology, the importance of this topic to the research question merits a discussion of the issue (Strümpfer, 2003).

Burnout and mental health care

According to Beyers (personal communication, January 07, 2010) burnout seems *"more dangerous than depression, because of the difficulty in recognising it. The person still functions quite actively and effectively from day to day, but deep*

inside it seems as if something has died." Burnout is defined as a work related condition of exhaustion (Schaufeli & Buunk, 2002). Burnout is not exclusive to one specific field, though mental healthcare workers tend to be at a high risk for experiencing professional burnout (Onyett, Pillinger & Muijen, 1997; Oubiña, Calvo & Fernández-Ríos, 1997; Schaufeli & Enzmann, 1998). A study by Cape and Parham (2001) finds that clinical psychologists in particular see more severe cases of people with more chronic and complex problems as compared to other counsellors in private practice. Yet, Gersch and Teuma (2005), find that even 30% of educational psychologists reported their work as very stressful. While Vredenburgh, Carlozzi and Stein (1999) discuss burnout as occurring amongst counselling psychologists, they mention that counselling psychologists in hospital settings report higher levels of burnout than counselling psychologists in private practice. Thus, there is an impact on the levels of occupational stress being experienced by all categories of psychologists in private practice.

Deckard, Meterko and Field (1994) suggest that there might be a hypothetical two to five year critical period in which psychologists are more prone to burnout or emotional exhaustion. Thereafter they acquire various coping strategies as they become more experienced in their profession. This is an important point in the exploration of what the fortigenic qualities are of psychotherapists who are practising over the long-term.

The recent research of Gersch and Teuma (2005) supports this. They report that older psychologists perceive themselves as less stressed than their younger colleagues. They postulate that this is due to learning effective coping strategies such as: work organisation, delegation, turning down tasks, being less stress prone, less need to extend the career ladder and more work-life balance.

Recent research done in the United Kingdom by Mehta (2004) investigates burnout among clinical psychologists. It is found that a significant proportion of this population is burnt-out and 47% indicate a likelihood of leaving their jobs.

These statistics are compared to American statistics of a 40% burnout. Mehta (2004) also makes the suggestion that the practitioners suffering from burnout might be providing unethical, poor quality work to their clients. Furthermore, Mehta (2004) continues to stress the importance of self-care and the prevention of burnout.

Volz (2000) states that psychologists are beginning to realise the effect that stress has. They are more aware that they need to cope with their own stress and burnout. In his article, he highlights the stress of busy schedules, neglect of self care, as well as the danger of vicarious traumatisation. He postulates various suggestions for avoiding burnout which include: talking to colleagues, supervision and support groups; on a day off, do not follow a rigid time schedule; develop an activity or hobby far removed from psychology; make friendships with persons in unrelated areas; say no to extra commitments; turn the job off at home; cultivate the capacity for humour.

O'Halloran and Linton (2000) stress the fact that counsellors have a responsibility to maintain their own health and wellness. The suggestions they give are: personal therapy, taking free time, utilising debriefing, stress-reduction techniques, developing an attitude of detached concern and the clarification of expectations and beliefs about counselling. What is important is that these writers highlight the importance of self-care in the occupation of psychology.

Stress of conscience

A recent study conducted in Sweden amongst health care personnel explores burnout and 'stress of conscience' (Glasberg, Eriksson & Norberg, 2007). They define health care as a moral endeavour. Health care personnel experience a troubled conscience when they cannot fulfil their duty of providing good care. They suggest that health care personnel feel a need for achievement and then experience a troubled conscience if they fail. On the other hand, the occupational

demands of health care work involve emotional strain and ethical dilemmas, which, in turn, impacts on the moral strain they experience, thus causing burnout.

Glasberg, Eriksson and Norberg (2007) suggest that attention should be given to feelings of troubled conscience in preventing burnout in health care staff. They argue that health care personnel need to reflect on such feelings and that research could explore this component of health care further. They suggest that hardiness, active coping, social support, prioritising and perceiving other possibilities as solutions, act as buffers against stress of conscience.

Pepping (2003) explains that the same type of moral strain could perhaps prevent psychotherapists that are practicing in institutions from venturing into private practice, due to their strong work ethic. They may fear that they will be perceived as less productive, not carrying their own weight, or not being up to the task.

She notes that *"there is a funny unspoken competition in many institutions, about who is toughest when it comes to bearing unreasonable demands, and a subtle pecking order established on those principles"* (Pepping, 2003, p.xviii). She suggests making some decisions based on quality of life and career choices, by looking at various options, in order to reach balance in your career of psychology.

Within the converging field of philosophy, Foucault (1988) links the moral component to self-care, which indicates a measure of consilience (Wilson, 1998). Foucault (1988) highlights, in his writings on technologies of the self, that since early Greek times the precept of *epimeleisthai sautou,* "to take care of yourself/ take care of the self" existed (Foucault, 1988, p.226). He proposes that the idea of "care of the self" [*souci de soi*] was *"one of the main rules for social and personal conduct and for the art of life"* (Foucault, 1988, p.226). Over time, however, and through various influences, this ancient precept became obscured by the principle *gnothi seauton* – "know thyself".

Foucault reasons that there was a profound transformation of the moral code kept in Western society, which began to see taking care of the self as an immorality (Rabinow, 1997). Foucault calls for the use of the technologies of the self in a way that does not renunciate the self but *"to constitute, positively, a new self"* (Foucault, 1988, p.249). He is of the opinion that this would be a breakthrough for humanity.

Despite the stressors and moral strain, career satisfaction seems to be a driving force, which enables psychologists to continue with the demands of their work.

Career satisfaction

In recent research, Walfish and Walraven (2005) investigate the career satisfaction of psychologists in independent or private practice. They find that there is a high level of job satisfaction and that three-quarters of respondents in their research say that if they had to choose a career again, they would make the same choice. Levels of success, flexibility of working hours, flexibility in the type of work, intellectual stimulation and relationships with colleagues are some of the factors contributing to high job satisfaction for the psychologist in private practice. The psychologists in private practice report dissatisfaction with their levels of income. They feel that their income could be higher (Walfish & Walraven, 2005).

Previous research on this topic yields some important findings. Boice and Myers (1987) investigate job satisfaction in academic versus independently practicing psychologists. Their findings propose that psychologists in private practice report less stress and more positive physical and mental health than those in academia (Boice & Myers, 1987).

Although these findings appear to be contradictory to the burnout research of Mehta[1] (2004), a possible explanation can be the fact that Mehta (2004) does not focus the research on one specific group and does not differentiate between psychologists working in various settings, e.g. in private practice versus academia. Rupert and Morgan (2005), as well as Vredenburgh, Carlozzi and Stein (1999), find less burnout occurring in psychologists in independent practice than with those working in agencies and institutions. The authors ascribe this to the autonomy or relative freedom experienced by the independent practitioners, as well as to their higher levels of income (Vredenburgh et al., 1999).

Norcross, Karg and Prochaska (1997) also find similar correlations, as did Walfish and Walraven (2005). They state that on a direct question of career options, only 9% of clinical psychologists in private practice express dissatisfaction with their jobs (Norcross, Karg & Prochaska, 1997).

Pepping (2003, p.13) notes that *"people in private practice may value freedom to do as they see fit under the rubric of basic professional guidelines as the most fundamental component of a happy life. It is worth the risk and cost when one has the power to choose, act and react with independence."* Taking all of the above into account, it seems important for psychologists to establish what the demands are of practising psychotherapy.

Demands of private practice

Nash, Norcross and Prochanska (1984) identify the main stressors of private practice as being: time pressures, economic uncertainty, caseload uncertainty and business aspects of the private practice. They also find these attitudes mainly among younger psychologists rather than older psychologists. This has

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[1] Quoted earlier in this chapter, under the subheading 'Burnout and mental health care'.

implications for the current study, which explores the experiences of psychotherapists in private practice for a longer period.

Influences in private practice

Lucock, Hall and Noble's (2006) most recent research surveys the influences found on the practice of psychotherapists, and these are:

- Current supervision – receiving supervision from a mentor was seen as having an influence on the practice of a psychotherapist;
- client characteristics – the types of clients seen in the practice and their characteristics;
- client feedback – assessing the efficiency of work with the client from outcomes based perspectives is important;
- psychological formulation – correctly formulating the problem and accurate diagnosis;
- intuition/judgement – skills of the experienced therapist, although this component is difficult to verify;
- professional training – to be adequately trained by a recognised institution; and
- post-qualification training – continued professional development is an important influence on the practice of psychotherapists.

Lucock et al. (2006) explain that the client-centred factors of client characteristics and client feedback, as well as the intuition/judgement factor support the idea of effective practice. Thus effective practice is a combination of evidence based practical guidelines with the psychotherapist's clinical judgement and the flexibility to adjust the therapy to the individual.

Wentzel (1994) took part in a workshop on psychology and private practice, hosted at the University of Pretoria, South Africa. During her presentation she highlighted certain aspects, which people in private practice should have. These

are: physical stamina, resilience, enthusiasm, flexibility, an analytical mind, administrative skills, managerial abilities, an interest in business, marketing skills, a sound sense of self, an ability to work in a team and a well-developed sense of humour (Wentzel, 1994).

Wentzel (1994) stresses that it is very important to understand that private practice is a way of life. The practitioner needs to be able to keep a balanced life, thereby avoiding being engulfed by the demands of the private practice. She also notes that one needs to understand one's personal reason for going into private practice.

Important skills

Pepping (2003, p. xvi) and Sussman (1993) both highlight that psychologists go into private practice for various reasons. Pepping (2003) shares in the foreword to her book that she did so in order to have more control over work hours, daily schedule, clinical emphasis and the array of patients she sees in her practice.

Pepping (2003) also stresses the importance of maintaining high-level skills in order to work in an ethical manner. This can be achieved by continued professional education opportunities. Helpful examples include: a supervision group for case discussion, a journal review group with colleagues, subscribing to professional journals, attending conferences, a consulting relationship with a more experienced psychologist or mentoring, accessing new books – costs of these can be shared with colleagues. The work of Pepping (2003) is recognised as a major contribution in exploring the experience of private practice and is therefore included in the literature overview.

Pepping (2003) notes that one of the more challenging aspects of self-employment and the strains of private practice is the time and money factor – opportunities for continued education are necessary but cost both money, and a

loss of income and time. She does, however, note that the heightened awareness of such implications – the thought, energy, money and time invested by the practitioners in their own development – can result in enhanced focus on development. She also suggests that the practitioner can reduce financial anxiety by creating a combination of both guaranteed and more flexible income resources.

But private practice and self-employment are also under scrutiny of the rules and regulations of ethics. On the one hand it protects, on the other hand it disciplines and continuously puts the focus on the importance of professional conduct under all circumstances.

Professional ethics

Krüger and Groenewald (2002) are of the opinion that the first and most important criterion for successful private practice is continuous professional conduct according to the code of ethics for psychologists. They stress that this point is of utmost importance. It is also necessary to be registered with the appropriate legal organisations. In South Africa this entails registration with the Health Professions Council of South Africa (HPCSA), as well as the Board for Healthcare Funders (BHF). The practice needs to be registered with the South African Revenue Services (SARS) for taxation purposes, and if there are employees then registration with the Department of Labour is necessary. Registration with the Psychological Society of South Africa (PSYSSA) is also advisable (Krüger & Groenewald, 2002).

The main ethical principles, important for psychotherapists, are for example competence, integrity, professional and scientific responsibility, respect for people's rights and dignity, concern for others' welfare and social responsibility (Ethical principles of psychologists and conduct, APA, 1992). Yet, with the unpredictability of human behaviour, despite ethical rules and regulations, it is

not always straightforward to determine ethical conduct. For example when to inform parents if in psychotherapy, a teenager in confidentiality, reveals truant behaviour. For the psychotherapist it is important from an ethical perspective to notify the parents. On the other hand, if the truant behaviour is an expression of psychological development towards independency or a breaking away from home, as described by Haley (1973) as "leaving home", or is an expression of self-actualisation, acknowledgement of the family context, though important, makes for a difficult decision. The important issue is, however, how, when and where do you apply yourself ethically. Issues like these make for stress and careful, if not painful, consideration applying what is "best" for the client, and not just because of ethical self-protection. *"Not only must clinicians decide when and whom to inform and under what circumstances, they must also try to determine…(when) to break confidentiality and activate their 'duty to protect'."* (Trull & Phares, 2001, p.79). Similar cases where issues of confidentiality are at stake are when AIDS patients are treated, suspected child abuse, potential suicide or murder. Thus, psychotherapy more often than not places the therapist in an ambivalent environment, where knowledge and ethics are to be weighed up against practicalities and the complexities of human relationships and behaviour.

Another component of ethical practice that Pepping (2003) identifies is to have adequate malpractice insurance, while at all times attempting to avoid malpractice. This is a necessary precautionary measure and can be achieved by, for example, practising only within your specific area of expertise and specialisation, adhering to the professional ethical guidelines for your area of specialisation and embarking on continued professional development and training in ethics.

Networks

Pepping (2003) identifies another constraint of private practice, which is working without the support of a full interdisciplinary team as one finds in institutions. She

suggests that practitioners need to develop an extensive referral and professional network with regular communications in order to solve this problem. This will include being aware of all community resources and institutions in the geographical area. Krüger and Groenewald (2002) call this 'the referral system' and highlight that communication to referral sources needs to follow courteous and professional protocol at all times. An important factor to remember is the nature of the communication. Even though the client signs a consent form for the disclosure of information to other medical professionals, care must be taken to communicate about the client in an ethical manner (Trull & Phares, 2001).

Autonomy

Earlier research by Levin (1983) highlights that autonomy is the biggest challenge of working in private practice, as working autonomously can be a burden to some people. Although this author identifies autonomy as the biggest stress factor for some, Pepping (2003) regards autonomy as highly beneficial and rewarding. A discussion of this follows later in this chapter under "the joys of private practice." Perhaps it depends on the specific psychotherapist, their personality and how they experience autonomy.

Levin (1983) also highlights that he is of the opinion that having to see clients after a personal calamity in the life of the therapist demands the most enduring strength from the therapist, as well as dealing with instances of suicide. This viewpoint is confirmed by the research of Wityk (2002) who discusses the danger of vicarious traumatisation that can occur when the therapist deals with trauma cases.

Levin (1983) also identifies, from his own experience, that making appropriate referrals for family members, can also be a taxing experience, especially if the therapist is well known within the community. He refers to the influence or expectations that can be created by the therapist's involvement in the situation.

Levin (1983) calls these situations *"expecting the unexpected"*, hereby implying that the therapists can in some way prepare themselves for having experiences in private practice. Examples include having to return to work after a personal calamity, to see suicidal clients or to deal with client suicide, and dealing with making difficult referrals.

Cultural competence

Another problem issue, identified specifically in South Africa, is the implication of working in a pluralistic society where cultural, racial and ethnic issues are at stake. Sue (1998) supports the idea that psychologists and mental health professionals must demonstrate cultural competence. Kluckhohn and Murray's (1948) statement is usually quoted when the concept of culture is discussed. They say that everyman is in certain aspects a) like all other men, b) like some other men, and c) like no other man.

It seems difficult to establish a clear definition of the concept of culture when taking the above into account. Environmental, social institutions (e.g. marriage, employment, education) and human systems are regulated by a host of laws, norms and rules, which are all important to culture, as it contributes to the way people of a culture behave and think. *"Those who are nomadic or homeless will behave differently and put a particular set of meanings upon events in their daily life, just as will those who live in apartments, hogans, farmhouses, family compounds…"* (Smith & Bond, 1998, p.39).

When confronted with people of different cultures in the context of psychotherapy, issues such as the use of words, phrases, and idiomatic expressions, amongst others can lead to misunderstandings, faulty diagnoses and thus cause problems with therapeutic analyses and aims. Other cultural issues may involve masculinity, femininity, homosexuality, authority, and autonomy or hierarchy in human systems, to name but a few. These need to be

taken into account when a person of a culture, in some ways different from one's own, is interviewed, assessed and analysed with the aim of psychological understanding and treatment.

Communication and the understanding of what is communicated are both essentials in psychotherapy. Keating (1994, p.175) confirms the power of communication and says, rightly so, that you can *"…draw others near or (to) drive them away… Applied either artfully or naively, nonverbal expressions, gestures, and signs can complement language or swamp it. These silent messages, expressed through face and body, can communicate true motives and thoughts, or they can embellish, minimize and disguise them."*

Taking cultural similarities and differences seriously may place an emotional and cognitive strain on a psychotherapist. It is not clear to what extent the training of practising psychologists in South Africa sufficiently deals with training the therapist to deal effectively, with the diverse nature and behaviour of people from various backgrounds and cultures.

Other demands

Other demands identified in private practice are dealing with medical aids, legal matters, forming a company and bookkeeping (Krüger & Groenewald, 2002; Wentzel, 1994). Pepping (2003) highlights similar demands, such as billing, collections, tax, overhead expenses, no salary guarantee, no health care benefits and no paid sick leave.

In summary, Table 1, documents the demands of private practice as explained and suggested in the literature.

TABLE 1: A SUMMARY OF THE DEMANDS OF PRIVATE PRACTICE

DEMANDS OF PRIVATE PRACTICE			
Personal Challenges	*Professional Skills*	*Business Components*	*Practical Aspects*
• Professional burnout • Emotional exhaustion • Vicarious traumatisation • Stress of conscience • Professional ethics • Neglect of self-care • Cultural competence	• Psychological formulation and diagnosis • Intuition or judgement • Professional training • Continued professional education	• Administrative skills: billing, bookkeeping, collections and taxation • Managerial Skills • Marketing skills • Overheads • Professional registrations and malpractice insurance	• Busy schedules and time pressures • Caseload and severity • Low income levels • Economic uncertainty • No health insurance • No sick leave

The above table provides an overview or summary of the stressors or demands of private practice, as these are explicated in the literature. This will be helpful and useful when comparing with the demands of private practice being identified in the research conversations.

In order to maintain a balanced perspective, it is important to also consider the elements of private practice that could be beneficial. This allows for seeing both sides of private practice.

Joys of private practice

Although private practice can be demanding there is also a positive side to this occupation. Factors such as choice, freedom and reward play a major role in creating the joy of private practice.

Choice and freedom

Levin (1983) highlights that private practitioners decide upon their own parameters of practice. This includes, for example, choosing the setting and furniture according to personal taste, and also picking their own hourly, daily, weekly and annual work schedules. They also choose kinds of clients, types of problems, fees, methods and lengths of treatments, unlike being dictated these parameters by an organisation.

Pepping (2003) notes as well that working in private practice allows her the freedom to schedule personal appointments, such as the dentist. Being able to run errands at times that do not include rush-hour traffic or crowds saves her some extra time too. Such flexibility can be applied to avoid work commuting and travelling strain in modern cities, where traffic is a constantly increasing problem (Pepping, 2003). This flexibility in time and schedule can be very rewarding for the private practitioner.

Pepping (2003) states that in private practice it is easier to book or protect large blocks of time than it is in a clinic setting. This time can be applied constructively, without interruptions, for activities such as record review, test data review, report preparation, administrative duties, journal reading, writing projects, academic writing and research projects.

Furthermore, she notes that private practice allows her more space for the above activities and she can also freely take a break or "walk around the block", if she so desired (Pepping, 2003). The above views imply that the autonomy gained by working in private practice can be experienced as freedom and can be applied constructively.

Rewards

Pepping (2003, p. 143) notes that the *"rewards are worth the effort."* The practitioner enjoys running the private practice as his or her own business. This provides an invaluable lesson and an opportunity to discover what makes you happiest. Having developed your own business and having created occupational opportunities for yourself allows the practitioner a position of strength in any environment. If you choose to be employed by others at a later stage, Pepping (2003, p.143) highlights that the experience of private practice enhances your abilities to: be a better informed negotiator, better cope with office politics inevitable in organisations, understand administrative problems and realise that productivity depends upon clinical skill.

> *"Perhaps the most important source of satisfaction for the practitioner who makes a lifetime career in psychotherapy is the cumulative recognition of clients helped over a lifetime, the increasing respect accorded him(her) by colleagues and the public, and by his(her) own awareness of increasing perceptiveness regarding the problems presented"* (Levin, 1983, p.20).

Success in long-term private practice

It is important to note which factors of private practice are identified for the success of long-term practice.

Autonomy and mastery

Levin (1983) highlights that it is important for the therapist not to allow the practice to rule the therapist, as this enhances the therapist's sense of personal security and well-being. *"A self-directed practice includes control over the circumstances of the practice"* (Levin, 1983, p.137). Especially since autonomy and mastery are important components of professionalism and important in

private practice. The first step is taking control of scheduling sessions, caseload and time, then it is important to stick to length of sessions and take a break in between sessions. Frequency of sessions with any one individual or group must be controlled. Fee collection must be regular and efficient. Scheduling vacations, conferences and continued educational development is very important. Consultation for the therapist, as in, serving as a consultant for groups and monitoring the effectiveness of the practice serve to promote the sense of security and mastery over the private practice, is also essential (Levin, 1983).

Levin (1983) gives a description of long-term private practice by saying that a practitioner who developed a long-term private practice as an occupation is fortunate, gaining not only income but greater flexibility and autonomy of time, as well as a deep sense of satisfaction in being able to assist others to live more fulfilling lives. But he cautions that only the arrogant and less honest would say they never experience doubts, failures or a desire to perhaps do something else with their lives.

Tolerance

Both Pepping (2003) and Sussman (1993) identify a tolerance for risk, good ego strength and optimism as qualities of practitioners who appear both successful and happy in their work. Pepping (2003) advises having a long-term perspective in private practice, which allows for the ebb and flow of the unique cycles of a private practice; from being demandingly busy to being uncomfortably quiet.

Pepping (2003) notes two important principles for successful private practice. These are: do good work and develop positive relationships. She highlights that most of the successful private practices depend upon good interrelationships with referral resources, patients and their families, and with colleagues. This is the most important factor irrespective of which field of specialisation the private practice focuses on or which methods are used.

Pepping (2003) defines the concept of mutual best interest, explaining that the private practitioner needs to ascertain what goals and procedures and processes are in the best interest of the business. But also, making certain that others are being treated fairly e.g. patients, referral sources, colleagues, employees, one's family and of course, oneself. This implies a balanced view between business practices and adequate self care. This idea of self care was echoed by the research of Wentzel (1994).

Long-term goals

Pepping (2003) suggests the importance of constantly re-evaluating private practice in the long-term, by analysing the amount of energy spent and the revenue that is generated for this. The advantages and disadvantages of self-employment must be revisited. After such analysis, the practitioner can decide whether changes or fine-tuning is necessary or whether the practice is running as expected.

Flexibility

Changes can include providing more or less of one type of service, seeing more or less of a given client population, expanding or hiring assistants or colleagues, developing something different like workshops, making your services available in the community or for locum opportunities or to charitable organisations in supervisory capacity or becoming a mentor and supervisor within your field. The most important factor is being flexible to opportunities and changes (Pepping, 2003; Sussman, 1993).

Finally, reducing stress is an investment in the health of the private practitioner and, therefore, a key concept in self care. Wityk (2002) highlights that self care is

not only necessary for stress management, but also an obligation for ethical practice.

Initially, things like financial strains can create a large amount of stress for the private practitioner that is self-employed. The practitioner needs to employ active stress management activities on a regular basis to ensure a healthy balanced lifestyle while in full-time private practice (Pepping, 2003; Wityk, 2002).

O'Halloran and Linton (2000) called this *"preventative self-care strategies"*, and note that it is vital for maintaining effective practice. They highlight that wellness is defined on emotional, social, cognitive, physical, spiritual and vocational levels. It will be important to explore whether psychotherapists in full-time private practice agree with such sentiments and to see which strategies are employed for self care.

Conclusion

It is important for me as researcher to disclose my personal contribution to this chapter. The fact that I myself am a psychotherapist in full-time private practice contributes to the viewpoint presented by this chapter. I recognise my part in my own choice of research and also in the interpretations and conclusions of research as presented by the literature. I cannot deny the fact that my personal situation affects the way in which I read the literature. I find that I resonate with the opinions of various writers from my personal experience of the topic. I find the literature enjoyable to read as I have a personal connection with the topic. This moment of self-reflexivity allows me the awareness of how I am already influencing the research process by my own experience of the topic, and serves to warn me of various personal biases that might affect the research conversations. This makes me aware of the fact that I need to keep an open exploratory position in the research and be accountable for my own opinions.

In this chapter the ambivalent nature of the psychotherapeutic context is illustrated. In sum, the therapist is a person with a private life, delving into the private lives of others, who obeys and follows the ethical and confidentiality rules of the Board for Psychology of the HPCSA. But the therapist is also involved with the complexities of people's lives, where the linear writings for ethical behaviour at times are not sufficient for decisions and strategic interventions for clients.

The most recent contributions to the field and current research on private practice is reviewed and included in this chapter. Psychotherapy is defined and the narrative approach is briefly introduced in this chapter.