

Chapter Five

Exploration of the research narratives

*“I wish I loved the human race; I wish I loved its silly face;
I wish I liked the way it walks; I wish I liked the way it talks;
And when I’m introduced to one, I wish I thought – What jolly fun!”*
(Sir Walter Alexander Raleigh from *Laughter from a cloud*, Browning, 1982, p.203).

*“His life was gentle, and the elements so mix’d in him that Nature might stand up,
and say to all the world -This was a man!”*
(William Shakespeare from *Julius Caesar*, Browning, 1982, p.230).

Introduction

This chapter introduces the conversational partners to the study and explores their co-constructed research narratives. This is conducted through the process of narrative synthesis (Clandinin & Connelly, 1994; 2000). Marshall and Rossman (1999) state that narrative analysis is utilised to bring order, structure and interpretation to the volumes of collected text. Narrative synthesis also creates structure and interpretation, but moves beyond that to where the conversations interact with each other to create a composition or integration, where the product of narrative synthesis is narrative synergy. White (1991, p.28) highlights that *“the narrative metaphor proposes that persons live their lives by stories - that these stories are shaping of life, and that they have real, not imagined, effects - and that these stories provide the structure of life.”*

Exploring the research narratives

The focus of this section is the fortigenic exploration of the co-constructed narratives, of the experiences of the conversational partners in full-time private practice.

After the research conversations were collected, it was found that the time of being in private practice of the therapists are between thirteen and twenty years. Participants practicing in Gauteng, South Africa were included in the sampling for practical purposes.

Of the seven conversations that emerged, two conversational partners used the email add-on, as a method of post-conversation reflection. This is an optional add-on as I cannot pre-suppose that everyone has email access. The conversational partners utilised this method to add on an extra bit of narrative after the original conversation was concluded. The aim was to allow for the possibility of further enrichment of the construction of their narratives by increasing the information given (Robertson, Venter & Botha, 2005).

I add these communications to the respective narratives, as it comprises part of the original narrative. Although the conversations demarcate a reflection of a moment in time (the time at which the conversation takes place), the email add-on can be seen as an extension of the narrative. This is part of a much broader, rich life narrative of the psychotherapist, which is being moulded and influenced with each passing day. The research conversations are therefore merely emergent private narratives originating from the person's individual life narrative (Kaminer, 2006; Lawler, 2002; Robertson, Venter & Botha, 2005).

In the following section of the chapter the research stories of the conversational partners are explored. Care is taken to describe the research conversations, paying special attention to such factors as continuity and temporality (past, present, future), situation, context, conflict, interaction and resolution (Lindsay, 2006b). Secondly, from the description, a reflection on process is undertaken and discussed. The process commentary originates from entries and reflections of the researcher's journal and insights gained from the general supervisory relationship with the promoter (King, 1996). Overlap between description and

reflection will take place, which is seen as essential for clarification of process. The aim is to give a clearer understanding of the stories, in presenting each of the conversational partners in the research (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002).

Introducing conversational partner A

Conversational partner A is a female, counselling psychologist. Her age range is in the category 45-55. She is married with children. The first impression one gets from her is that she is a friendly, open and creative person.

Description of A's conversation

Conversational partner A highlights the business component of practice as the number one challenge of private practice. She describes a necessity for being able to market yourself. Self-employment includes difficult challenges of effort, long and inconvenient hours, periods where the business goes up and down and everyone panics and medical aids become depleted. One must deliberately tell oneself, it will get better and this includes a cognitive factor of familiarity and experience. Marketing is paramount for networking, and referrals should be followed up closely with an introductory phone call.

The administrative part of private practice includes accounts, a secretary, lawyers for bad debts, but the training for psychologists do not include any one of these business components. For this conversational partner, starting in private practice was enjoyable and she experienced a high, although she found she could not cut-off from work or cope with it. She simply rode it out, got used to it and realised how it works. With difficult cases she speaks to colleagues, reads up on the topic or sits and waits and yet, worries. In order to cope with this, she listens to music and practices art and painting. Art can be utilised as a vehicle of

insight to project and interpret the subconscious and serves to counter the frustration and isolation of difficult work.

Difficult cases make for challenging work but can also be very demanding, as is the case with homicidal and suicidal clients. Making the switch between these occupational dynamics and normal life can be isolating, this is because one cannot really talk about it. Conversational partner A uses her art to deal with this, and accepts it as part of her life. She describes how a person can become used to various social roles and talks about the concept of role doubling, where various parts of your life roles do not mingle. Although one can speak to supportive colleagues about cases, ethics prevent that one relays all the nauseating details and a certain component of the case information remains undisclosed, which at times has a debilitating effect on her.

The impact of 14 years of private practice includes losing your sense of shock for human behaviour, not expecting much goodness from people and therefore having to work hard to see optimism, to find something worthwhile to work with. It is not easy and psychology is a difficult career. It helps not to harbour an idealistic view of human beings, to not think of yourself as a saviour, to not expect miracles and to wait with commitment to therapy.

Conversational partner A sees herself as a resilient person and she believes her resilience is enhanced by the following strategies that she applies to private practice: knowing when to refer, not working with cases which have low prognosis, specialising in what field you are skilled at, as well as managing time and implementing rituals (like bathroom breaks and fetching water or coffee) to make a switch between clients or even in-session. Furthermore support, supervision and creative strategies and techniques are vital for private practice. Conversational partner A mentions that ethical time keeping is paramount for professionalism and respect for the clients, and this promotes good boundaries.

Reflection on process of A's conversation

Conversational partner A comes across as a strong individual, independent and not at ease with an authoritarian environment. She gives the idea of a survivor with her own abilities, strengths and responsibility for her choices, and the consequences thereof. She is goal-directed and an achiever in self-employment.

Reflecting on the introductory phase of the research conversation, I may have emphasised the “maintaining” aspect of private practice too strongly, which may have directed her understanding of the interview as research on business and management of private practice. Therefore, a large part of the research conversation is devoted to this aspect.

She also comes across as assertive and rational. She seems dissatisfied with the training for her professional career, regarding training for the private practice environment. Yet, it seems, regardless of this, her style and professional abilities as well as her psychological training background assisted her indirectly in managing herself well in the areas of business, the management of the therapeutic assistance in her day-to-day dealing with private practice.

When accounting on her work as a therapist, she is open with a congruent willingness to share her competencies and despondencies, how she prepares and reflects on cases and how she balances professional and private life. It seems as if she operates from a higher level of logic, which is a *“prerequisite to gaining full and comprehensive knowledge about the subject being studied”* (Vorster, 2003, p.1). Reflection on this level captures new meaning to behaviour and therapeutic relationships.

Cases of trauma seem to have a secondary traumatic effect on her. A philosophy towards life, which may reflect a cynical outlook, carries her over periods of emotional hardship.

The main theme of the research, probably because it was the first interview to be conducted in the research, was introduced somewhat mechanically and academically. Though, the concepts of resiliency, engagement and positive psychology eventually seem to blend into the natural flow of the research conversation.

Her philosophy, which entails respect and the dignity towards all people seem to be the power behind resiliency.

Introducing conversational partner B

Conversational partner B is a female, counselling psychologist. Her age range is in the category 60-70. She is a widow with children and she has a couple of grandchildren. The first impression one gets from this lady is that she is a warm and wise woman.

Description of B's conversation

Conversational partner B mentions that her private practice went through phases; when her appointment book was empty she experienced anxiety but eventually became accustomed to it. The average for the year was acceptable for her and she never needed to use her emergency capital which she made provision for.

Her transition to private practice was more gradual than what other people might experience. But still it was difficult with high levels of anxiety. She felt angered by clients who did not pay but she learnt to accept it. She finds it difficult to market and sell her services. A businesswoman colleague taught her much of the business skills that she needed to initially start her practice. It helps that she does not have to work for money and that she has a good financial foundation to support her. She finds that it creates the security she needs. An environment of

group practice and the support from colleagues helped her in establishing herself.

Private practice is very demanding and in the beginning phase conversational partner B felt exhausted and emotionally drained. With time she learnt to give less of herself and spend less physical and emotional energy. It also helps to speak to a colleague about a difficult case that might upset her emotionally, as it serves as a debriefing and support system. When she has a particularly difficult case she experiences feeling distracted, irritated, listless and is helpless. It helps to write down the case, listen to a relaxing or meditative cd, have a hot bath, get some rest or even take light medication for a tension headache.

Switching between sessions in private practice is also challenging. Conversational partner B describes it with the metaphor of a train that speeds into different stations every hour. She learnt to write down where the session ended, in order to be able to pick up the thread of the therapy for the continuation of the next session. In order to cope emotionally, distraction comes from reading fiction and spiritual books and listening to music. She is enrolled with a network group, is a member of a spiritual group on the Internet and is registered at an international university for elderly people. Her experience of this seems liberating, as she is not so concerned about issues as she was earlier in life.

She likes to go to music performances like opera or music and culture festivals with friends. She enjoys her family and her grandchildren. To remain physically active she plays tennis, walks to stay healthy and for revival of her energy. Yoga seems essential in giving her a healthy balance in her life as well.

Conversational partner B believes that one is formed by your life experiences, which create a depth dimension to who one is. Self-disclosure can be a helpful in therapy if it is non-threatening and she notes that it is paramount to be present with the client.

Psychology is not an “easy” occupation, and the component of business skills is vital for private practice. Working in a goal-orientated way and evaluating the therapeutic process helps to establish the quality of services rendered. Continued education and growth through reading journals and new research stimulates the psychologist to remain updated and current. For conversational partner B the biggest blessing was to work in a group practice, which is grounded in good, open and honest relationships. Conflict is managed, accounts are handled and debt is handed over to lawyers. Networking is also an important component for establishing a referral source.

An email add on was used to further the conversation after the initial interview. Conversational partner B wants to explain her own transition from focussing on herself towards focussing all her attention on the client in a therapy session. When this happened she experienced that she can easily flow with the therapeutic conversation.

Reflection on process of B’s conversation

Conversational partner B comes across as a person in touch with herself, her history and the hardships from the past. She has no self-pity, though she had to make it on her own academically, had to fight a life-threatening illness, as well as the hardship of a husband addicted to alcohol. Her life academically and the eventual selection for the masters degree seem to have made her the dedicated and responsible therapist she seems to be. She comes across as sensitive towards her clients and her aim is to help people in establishing and maintaining relationships.

In the early phase of private practice despite her goal-directedness, she experienced anxiety and became emotionally drained. This was due to her

probable over-involvement with clients, especially concerning traumatic casework.

Eventually she learned to balance the heaviness of the emotional impact of private practice with discussions with colleagues. The privacy and confidentiality aspect of therapy, which creates isolation, could thus be breached by these debriefing sessions. The experience in private practice brought an artful awareness into therapy that she alone was not responsible for the client's journey, because she notes that what a client brings to the next session of therapy she deems more important than what she wants.

She stimulates her intellect through studying at a University (informally), reading an international journal, spiritual and philosophical works, as well as fiction, has an interest in brain research and by attending CPD programmes to stay, as she notes, intrigued by psychology.

What seems striking about B is that since her early years of discovering the world of academic endeavour, she stayed a student and a practitioner. The general universal idea of the practising psychologist is that he/she is an artist as well as a scientist, and this seems to fit her approach to the professional career well. She seems a very adult and mature person, believes in the healing process of relationships, and has a philosophy of honest and open communication – counterbalancing human conflict.

I experienced her as a person of integrity, dedicated to each and every case she takes on and practices the art of communication and human encounter.

Introducing conversational partner C

Conversational partner C is a female, clinical psychologist. Her age range is in the category 55-65. She is divorced with children. The first impression one gets from her is that she is a big-hearted and brave person.

Description of C's conversation

Conversational partner C describes that the hardest part of private practice is the financial hardships she experiences. If one suffers from ill health and one cannot work, you do not get paid. This creates anxiety, which one has to deal with, as financial commitments never stop. When medical aid resources are depleted by September and clients cannot pay, it causes depletion and instability and one has to carefully juggle finances. She copes with this by getting the feeling that she can do it when rates increase again and growing accustomed to this type of stress.

Conversational partner C has a secretary who is her office manager and she values her as an asset. She handles reception, accounts, finances and deals with the medical aids. Conversational partner C notes that the medical aid payments have actually improved from how they were at the outset of her practice; at that time she needed financial backing in order to start out in private practice. She feels that the only positive of private practice is the fact that one works for yourself and that one can keep your own hours. Thus, when one experiences emotional or physical exhaustion, one can stop and take a break. She enjoys travelling when she takes a vacation. She believes that physical stamina is also important and if one falls ill, you need time to recuperate.

She mentions that she enjoys her work and being at her office and that there is an ethical component to her work, when she makes the switch to be present with her client. She feels that she belongs in her occupation. Going home again she

makes the switch between contexts and is able to step into various roles of mother, carer, housekeeper and cook. She does this by placing it out of her mind and learning to cope with it emotionally. She spoils herself and follows a hobby of property development and creative architecture to keep her soul alive. She also confesses a deep spiritual, religious side and she attends mass every morning where she allows herself time to pray and reflect, also about her work cases. She says she has learnt that one does not need to be all things to all people.

For this conversational partner, skills are important but it is not one particular trait that makes a psychologist or keeps them in practice, but good training is vital. A referral network helps when there is a personality clash and one does not gel with the client. One needs energy and a good sense of humour, to not take oneself too seriously and to lighten up on oneself and those around one. As a psychologist in private practice one should use ones convictions, as they are useful.

An email add-on was used for the purpose of reflection after the initial interview was conducted. Conversational partner C feels that she wanted to clarify that moving between different contexts and locations assisted her to make the “switch” between contexts. She also feels that being a psychologist does not contribute to her strength and coping at home.

Reflection on process of C’s conversation

Conversational partner C is very in touch with herself as a psychotherapist. Caring and commitment to her practice are very important. But had financial strains, especially in time of illness and her care of her family; the high cost of living.

It is possible that the interview during the beginning phase, did not have a natural flow of communication, which made me to briefly introduce the problems

encountered by previous research participants on the aspects of running a business and managing it. This could have had the effect of influencing C to respond, contaminating the research. But her attention to the support on an efficient secretary, seemed to lessen the impact of contamination regarding business management.

Her philosophy is to attend to others. She experienced that herself when others (a priest) took care of her after a time of exhaustion and emotional fatigue. It seems that she believes in allowing herself to be cared for by others as well (as psychologists often do not allow that to happen). By allowing yourself in an empathetic environment the self can be held and recuperated. This possibly makes her the identity she wants to be: the therapist. She also incorporates her roles as mother and housekeeper.

Her own health is problematic. She believes that health is important to behave efficiently as a therapist. Illness in her family seems to distract her though she is committed to her family, despite feelings of anger and resentment after her divorce. To balance her life, she develops property, is in contact with people on a completely different level, liase with architects and brings out her creative self. Humour is also vital for her in communication.

Involvement in religion, through church activities, prayer and attending mass give time for reflection and meaningfulness.

Introducing conversational partner D

Conversational partner D is a male, clinical psychologist. His age range is in the category 60-70. He is married with children. The first impression one gets from him is that he is a friendly, accommodating and pensive person.

Description of D's conversation

During the research process, an error was encountered during the recording of the conversation with conversational partner D. The initial conversation is lost because the batteries failed in the recording device. This is therefore seen as lost data. Conversational partner D was informed and was found to be very understanding of this predicament. The conversational partner was willing to conduct a repeat interview within a few days, while the topic was still fresh in mind.

It can be argued that the process of repeating the conversation after data is lost can influence or change the conversation. It can also be viewed as another construction of the private narrative of conversational partner D. It might not be possible to evaluate the exact impact that the lost data will have on the study. It is noticeable that the second conversation with conversational partner D is much shorter than the original conversation. There can be various reasons for this – perhaps the conversation is shorter because it had all been discussed before. Another possibility is that the conversational partner has had time to reflect on the topic and therefore integrates the conversation into a more condensed whole. Perhaps a component of performance fatigue influenced the second interview. Unfortunately the exact influence can never be known. Yet the research process requires that one have to account for these possible influences.

From my personal research journal, I include my experience of repeating the conversation with conversational partner D. The second conversation seems to lack the original spontaneity, which you get from discussing a new topic, as if the topic is not being addressed in a new way, but rather for a second time. It lacks some of the original energy and appears to be slower and more pensive or more reflective in nature.

Conversational partner D explains that for him balance is of the essence. Balance in physical health and activity, emotional health and spiritual life. He achieves this in activities with his family, such as, hiking, biking, swimming, snorkelling, fishing, hunting and keeping a vegetable patch with his children. He sees his role as creating harmony within himself, harmony with other people and with nature, therefore his private practice is in balance in his life and does not overshadow his life.

As an inexperienced therapist he allowed his patients to take away his energy, but now when his day ends he shuts the practice down and his full attention is with his family as he enjoys his home. He realises he is not a rescuer and cannot prevent people from experiencing pain. He cannot take the pain away, and he does not see it as negative but part of experience and an essential part of our lives. He refers to spiritual IQ where healing happens through pain. These thoughts originated from his personal life experiences and he finds that it became a motto for his therapeutic approach as well. His aim is to create awareness within his patients of their full potential in physical, emotional and spiritual well-being.

This conversational partner keeps balance in his life by limiting the number of patients per day to nine. He makes a conscious decision and takes a break every two months by creating a long weekend to go away into nature to be physically active, this allows him to totally shut down from psychology. Furthermore, he takes four weeks annual leave with his family, this allows him to manage the emotionally and intellectually draining components of private practice.

He is involved with his own accounting system and runs it in such a way to minimise any unnecessary administrative problems. His wife assists with the administrative side of his private practice. He sees private practice as a business and feels that psychologists are still underpaid compared to general practitioners. His patients are very important sources of referrals and he believes in good

relations with his patients. He utilises information technology systems to load direct billing for the medical aids on the Internet. Furthermore, he sees a network of colleagues as critical, he refers to them when necessary. He also has close networking relationships with psychiatrists and medical doctors.

Conversational partner D finds it very rewarding to see how people can overcome their pain and move to healing and he finds it good to feel that he can make a difference. He believes that it is necessary for psychologists to be analytically minded, to receive learning therapy and annual supervision because one is continually exposed to pain. He finds the existing continued professional development courses as below standard and has used reading and the Internet to keep his skills updated.

Reflection on process of D's conversation

An explanation is given of the failed digital recording and the possibilities of how it may have affected the second conversation when repeated. It seems as if the research conversation became more summarised and that the spontaneity, which I experienced during the first encounter was lost. Nevertheless, it seemed as if the essence of the content was captured, though the more personal elements and person of D seems to become more concealed.

Conversational partner D seems to be a very physical person, keeping himself and his family healthy emotionally and spiritually as well. His philosophy is to be in harmony with self, with others and with nature. By doing this, private practice is kept at bay and cannot dominate and overshadow his private life.

His philosophy is constructive in the sense that he respects who and what people are. Pain in people should be respected and is constructive, which allows for the creation of harmony between people's physical, emotional and spiritual lives.

He seems very disciplined in dealing with his life and thus with private practice as well. He is in control, therefore his own programme of work and play (taking breaks and leave) are equally important. Controlling his own administration keeps him in touch with private practice management and the detail of clients. His wife assists him with the administration and accounting.

Again, I introduced the business aspect of private practice. He seems not to have much difficulty with it and marketing is through his clients with whom he maintains good relationships.

His ideas for an effective private practice includes efficient networking, to be able to be analytical in understanding the patterns in people's lives, to be cognitively aware. Therefore the "medical model" seems to be a paradigm, which fits his approach to psychology. He also believes that all students for professional practice of psychology should undergo a "learning therapy", and allow for a supervisor during their professional lives, to attain balance and take care of pain and strive constantly towards a healed life.

He seems dissatisfied with the CPD offerings and its management. The standard of content and presentation seem not to be on a level of post-Masters.

Introducing conversational partner E

Conversational partner E is a female, clinical psychologist. Her age range is in the category 45-55. She is single and lives on her own with her two dogs. She has no children. The first impression one gets from her is that she is an intense and intelligent person who works hard.

Description of E's conversation

Conversational partner E highlights that her private practice is exhausting because there are very few support systems. She sees society as unfriendly towards therapists. This is because it is extremely stressful to have to persuade medical aid societies for payments, fight clients to pay and the difficulty to change people. The type of severe cases one sees causes stress and it creates a hostile environment. If one is the primary breadwinner then one cannot easily take a day off, as no work means no payment. For her, remuneration of psychologists is below the standards as in other countries.

However, she manages to continue despite these setbacks and gets used to the familiar pattern of practice. She reads a lot about the topics at hand; she speaks to colleagues about cases and has an inherent sense or inner belief that she will survive. For this conversational partner, training her dogs and the physicality of diving allows her to destress.

Conversational partner E believes that humour plays a role in coping in private practice, an ability to be able to laugh at oneself. It was a pivotal lesson for her to learn that some clients will use what she gives and others won't and it is not a failure but simply the fact that one is not in control of other people's motives. One learns this from experience. There is also insight in referring someone when necessary, both in protecting oneself from working beyond your scope of expertise, as well as, referring the client to the best possible source of support. She finds that having private practice at different venues allows her to keep moving, which she enjoys and the driving allows time to think and reflect. She also does forensic work that supplies an academic challenge and prevents intellectual boredom.

For this conversational partner, she has made money her performance appraisal, as one does not get feedback on your work. Marketing and networking is

paramount to private practice and she describes regular contacts with referral sources, feedback, going for coffee and even sending Christmas cards to her network, as helpful. In the case of forensic work, outstanding fees can cause some financial stress although the work is more lucrative. She has an Internet based accounts system and out sources her administrative system. After 90 days, bad debts are handed over to a lawyer to deal with.

The emotional exhaustion of private practice causes social isolation and anxiety and one starts to avoid people. There is also a very real threat of emotional burnout. Yet, conversational partner E feels that over time it becomes less intense and the edge of the anxiety rubs off a little. One gets used to live with such stress. She is of the opinion that starting a private practice is a five-year financial commitment and that training needs to be improved, both on tertiary level and continued professional development. She finds peer supervision helpful, but one needs to be selective with the group, to find peers of the same standard, specialization field and qualifications.

Conversational partner E names the fact that one requires staying power to remain in private practice long-term and she lists the qualities of a psychotherapist as: intelligence, self-motivation, continual growth, keen exploration, perseverance to keep trying, self-directedness and personal guidance, independence, a sense of drive, able to survive with little feedback, and not in need of constant affirmation, thus having internal affirmation.

For her, one uses one's own unique method of therapeutic approach, which with time and experience becomes ones own applied approach as one gives of oneself. Although conversational partner E admits that she does not enjoy her profession any longer, she concludes by stating that the experience makes it worthwhile for her and that she will remain in the profession of creating meaning.

On a spiritual level she engages everyday with her philosophy of life to create daily meaning. She has a sense of individualism and toughness and is able to make up her own mind and have her own values and principles.

Reflection on process of E's conversation

The research interview with conversational partner E had elements of open communication but often her approach to life and to her profession as a psychologist overshadowed the flow of the communication. She at the time, came across as a person disappointed with life, which affects her attitude to others, especially when others irritate her. It is as if she sees behaviour of people linearly and has not integrated the complex circularity of relationships and behaviour.

To possibly steer the conversation in a more constructive manner I relied on previous conversations' content, but she seemed unable to move towards herself as a psychotherapist in service of a healing process for people. As a probably "no-nonsense" person, she prefers to do forensic work, as it is for her more challenging than the "boredom" of psychotherapy!

As an only breadwinner she has to survive financially, which is also possibly why the legal environment is more attractive, as it is more often than not financially lucrative. She also presents herself as very independent and describes herself as a perfectionist. This last description of herself makes life as a therapist dealing with people's inadequacies and helplessness difficult, if not impossible.

Because of the distance created in the conversation, I had to explore by bringing in ideas from previous conversations, especially with regard to burnout. It seems now that I almost moved into a therapeutic role and I seem to try to support conversational partner E.

Her empathy seems quite low and therapy becomes a “bored” space. She seems to sit with self-anger and disappointment. It also seems as if she has a shield and doesn’t show her truthful self, but only the anger and the disguised uncertainties. It seems even that she dislikes people, therefore her “escape” and survival is to “train dogs” (not people). She declares, “I don’t like people” and also dives (submerges herself).

She is harsh on herself; only money is the measurement of her success. Networking is vital, though she sees herself as not good in marketing, probably due to her own poor social relationships. But she realises this and follows-up with her networking. Maybe it is not so surprising that she is a cum laude student - intellectually able but emotionally limited. She acknowledges her way in life as manipulative and she finds people “hilariously funny”, even “amusing”, which keeps her in the profession. This does not sound like humour, but rather cynical and diminishing to people and their lives. She is probably currently emotionally burnt out.

She disqualifies the problem of CPD training, also as “hilarious” and says that CPD courses are not on standard; the presenters are not really skilled. Peer supervision is valuable for her, if being from experience and academically well prepared. Intelligence and self-motivation are strong drives; she also values expertise from years of work and wisdom.

Yet, conversational partner E dislikes her “job” despite “moments of light”, meaning people who exhibit insight and intelligence. It seems as if she has a prerequisite for clients’ behaviour and thus seems judgemental. She is disappointed with psychology in general and her philosophy of life comes across as negative, cynical and lacking of meaning, although she remarks that she strives for creating meaning. Her view of the profession of who and what psychologists are, is also in doubt. At one moment it seems as if she acknowledges a philosophy of believing in self, then experiences disillusionment

for which a toughness and survival is essential, but again, she overrules this with negativity.

Introducing conversational partner F

Conversational partner F is a female, educational psychologist. Her age range is in the category 55-65. She is divorced with adult children and she lives on her own with her three cats and two dogs. The first impression one gets from her is that she is friendly, energetic and caring.

Description of F's conversation

Conversational partner F notes that she has positively enjoyed her experience of working in private practice. She enjoys working with people individually and gains satisfaction from this; she identifies a personality component to this match. It is not a profession one does for the money. The business and marketing side of private practice is not taught in the training but is vitally important. One has to teach oneself that you are delivering a service that is worth receiving remuneration for.

This conversational partner has no receptionist and does all her own administrative duties but uses the services of a lawyer for bad debts. She believes that the financial component of the business can be dealt with in a therapeutic manner through discussion and conversation in the therapeutic relationship. She had to learn about computers, money and finance, overdrafts, assets and liabilities, rules and regulations, fees structures and the whole business spectrum in order to maintain a private practice in psychology. She has the opinion that the administrative side of private practice is running more easily and smoothly since the introduction of technology, e.g., computers.

In her opinion, she has the most fantastic job, as she has a personal passion for psychology and feels that she is fortunate to be able to do a job that she loves (like a hobby). Initially she did battle to be able to make the switch after work and kept thinking about the work after hours. With time she learnt to be more objective, to create boundaries at home and to switch off after hours. One has to divorce your personal life from your practice. When it is more difficult to switch off from a difficult case, she talks aloud to herself about it, if no one else is around to talk to. She also speaks to colleagues, because practising psychotherapy can be very emotionally and socially isolating, a very lonely kind of job.

Continued professional development is useful for training and for remaining updated, although it is expensive and one has to be selective and choose the topics appropriately. She believes that one has to keep balance in ones life and that there is more to one's life than psychology. She says that psychologists think differently than other people, and describes herself as eccentric. She had to go through a period of adjustment to come to these conclusions. She realised that one has a unique approach to therapy and that it doesn't matter what approach one uses, in the end it comes together in your own unique way. Experience and overcoming one's own fears allows this to happen.

Her own spiritual development has enriched her therapy as well. She reads a lot about spiritual topics and believes it is a process of growth and humility, but one must establish a balance. The therapeutic relationship is the most important and she has often learnt from her clients. She notes that there is a personal responsibility that one has towards your clients on an ethical level. She believes that a psychologist is born a psychologist and has a life purpose on earth. She wants to give back to the profession through supervision and means such as partaking in such research as this study.

Conversational partner F did suffer burnout earlier in her career from giving too much and found that with experience she learnt how to protect or guard herself;

and not to give her all. She destresses through hobbies such as decoupage, crafts, mosaic, yoga, meditation, relaxation, walking her dogs, reading, photography, going to movies and socialising with friends.

Reflection on process of F's conversation

Conversational partner F identifies with her profession as an educational psychologist. It seems, taking her spiritual life into account, as if she approaches her work as a “calling”, even as a purpose on earth. It seems that she can approach her psychological work from a higher level of thinking, realising that she (and other psychologists) is different than other people. Although her description of herself is one of eccentricity, it seems that she recognises the a-socialising relationship of a therapist with a client. Her higher order of spiritual life makes her aware of her plight to “give back to the profession”, and seems enthralled of research of this nature.

Burnout was a problem in the early days of her career. This was probably due, amongst other aspects, to her almost “missionary” approach to people in trouble. It is surprising that she could shift towards a position where she can also take care of herself and her needs for a private life. Although she uses the services of a lawyer for bad debts, it seems that she, from her humanistic philosophy towards life, deals with finances herself in a therapeutic manner towards her clients.

Continued professional development is for her valuable, though due to costs involved, needs to be selected carefully with regard to your own needs.

Introducing conversational partner G

Conversational partner G is a female, clinical psychologist. Her age range is in the category 50-60. She is a widow, with no children and lives on her own. The

first impression one gets from this woman is that she is a driven and dynamic person.

Description of G's conversation

Conversational partner G mentions that for her it has been a learning and a growth experience. She had to learn much about the field of business and never looked back. She started her practice after having some experience in psychology already and made a gradual transition to diversify, this helped her in the adjustment process. It is exciting, but running a private practice is running a business. She felt it took nine years of learning and thereafter she has experienced four years of success.

The business component of private practice includes: auditors, personnel management, staff, appointments, discipline, the practice rooms, finances, stationery, garden services, cleaning services, maintenance, referring doctors and their secretaries, and tenants for session rooms. She has a secretary who takes care of most administrative duties and books her appointments. She also rents a session room at the local psychiatric hospital where she sees in-patients, in order to diversify her practice. She says that she needs to “spoil” her clients and treat parents and family members with respect and care. She does this by making sure her practice is aesthetic and a comforting environment.

She believes that rendering your service is your marketing in that your clients will create word of mouth referrals. Dealing and liaising with doctors and referral sources also creates repeat business. She is of the opinion that conventional marketing strategies do not work for psychology, because of its personal nature and the human side of the profession.

She highlights that the key for private practice is maturity. As a young therapist she easily became upset or too critical. With time and experience and growth one

learns not to be judgemental or critical or moralistic, but rather to meet the client where they are at and journey with them. She had to put aside her prejudices and this journey resulted in personal growth.

Conversational partner G finds that she relies on her art and culture and her friends as the main sources of support to carry her through. She then also says that her spiritual convictions are foundational to her life. It is inevitable when one walks a therapeutic journey with a client, that one is also affected on all levels, physically, socially, emotionally, personally, interpersonally and spiritually. Order and structure helps her to deal with the impact of private practice on her life, she keeps her practice very organised, each patient has a file and she does not take work home. Creating strong, non-negotiable boundaries in actual fact simplifies matters and has worked for her.

The selection of candidates for professional training in psychology is an essential concept. She says that she thinks it is not something that can be taught but that it is in you to know whether you can do this job or not. Having good health is also important, as being off work means not getting paid. She takes a short one-week break or retreat once a year at the sea or in the mountains and creates long-weekends more regularly in the year, in order to maintain accessibility and availability in her practice. She believes her private practice has a natural rhythm and she follows this by creating the breaks she needs. She contributes to the field of psychology by being willing to participate in the present research study.

Reflection on process of G's conversation

Conversational partner G's experience of her involvement with being a professional psychologist seems one of continual development. A "learning experience" of not only psychology but also of business, personnel and general management is required over time, because success in practice is based solely

on your own responsibility and dedication. For this reason, she also maintains order and structure in her practice.

She is a person who discovered the diverse areas of clinical psychology and invests into it. She believes that rendering an efficient service serves as marketing.

A philosophy, which she strongly advocates, is one of self-responsibility, personal growth, and non-moralistic and non-judgemental attitudes. She is a practising Christian and believes that life entails loss, but that all people in life are touched emotionally, spiritually, physically and interpersonally.

By creating clear boundaries, conversational partner G is capable of balancing her personal life and her private practice; she also has a regular habit of booking spiritual retreats for recuperation.

The next step in the research is the process of narrative synergy. This is then the coming together of all the parts of the research, flowing together in unity to co-create the fortigenic exploration and description of the experiences of psychotherapists in full-time private practice. The purpose of this research process is not to discover some final truth, but rather to use conversation, exploration and co-construction to come to a deeper understanding and rich description on the journey of the research process (Du Preez, 2004).

Conclusion

In this chapter the conversational partners are introduced to the study and their research narratives explored, discussed and reflected on. A process of synthesis of these explorations with the research literature will be conducted in the next chapter, illustrating the synergistic process of the research.

Chapter Six

Findings and discussion: A synergy of the conversations, the reflections and the research material

*“Words are the voice of the heart”
(Chinese proverb, Prochnow & Prochnow, 1984, p.445).*

*“Moments of inner freedom, when the mind is opened and the infinite universe revealed”
(Jim Morrison, 1988, p.5).*

Introduction

The process of the research is narrative synthesis leading to narrative synergy. This is where there is a flowing together or a conversation of theory, research material and literature, in order to stimulate or produce new thinking and theory. This chapter also explores the process of creating a new story or narrative, the product of the narrative synergy. To enable me to develop a new story, themes were utilised from the conversations and the reflections as documented in chapter five. The new story is told in chapter seven.

As formulated in chapter four, the aims for the research are two-fold, namely to fortigenically explore the experiences of psychotherapists in full-time private practice, and as a second objective to determine if the study can contribute to the theory of positive psychology.

Fortigenic qualities: a foundation for a new narrative

The psychotherapist in full-time private practice needs to be aware of certain fortigenic qualities, which play a role in maintaining private practice long-term. I

do assume at the outset of the research that psychotherapists have certain fortigenic qualities. This is based on the literature reviews where the themes of coping, fortigenesis and resilience are explored and overviewed (Strümpfer, 2003). Fortigenesis focuses on the strengths and resources that a human being possesses, enabling the individual to cope with the demands of everyday life and stress (Lucock, Hall & Noble, 2006; Strümpfer, 1995; Wentzel, 1994). Furthermore, the concept of coping is a necessary one when considering the demanding occupational life of psychotherapists (Levin, 1983).

In the following sections, firstly, the identified themes from the conversations are discussed. Secondly, the stressors as experienced by professional psychologists in private practice, and finally, the fortigenic qualities as resources for managing private practice in a life long occupation, will be explicated. Overlap between the above will occur because of their interrelatedness.

The identification of narrative themes

All transcriptions are attached as Appendix C. Themes were collected from each transcription and from the reflections on the research conversation process (the private narratives). These are supported by references from the literature review (chapter 2 and 3 – the public narratives). The themes are the following:

Business and finance

What seems evident, as a prevalent and major theme in the research, is the business component and the financial side of private practice. These do, in fact, play a major role in fortigenesis. The reasoning here is that a good foundation and knowledge of business and financial skills will facilitate the maintenance of full-time private practice (Trull & Phares, 2001). This skill does not exist apart from or outside of the practitioner, but is rather inherent and part and parcel of the qualities of the psychotherapist in full-time private practice. It is noticeable

that the majority of the conversations start with this main issue or aspect of private practice (as in conversational partner A, p.1; B, p.12, 17; E, p.36; F, p.44; G, p.52)(Nash, Norcross & Prochaska, 1984).

You have to be able to be self-employed and work for yourself, which is difficult in psychology, as it could translate to long and inconvenient hours (conversational partner A, p.2; E, p.39)(Seligman, 2005). You have to be able to work individually and independently (Pepping, 2003; Levin, 1983). Conversational partner B (p.12) feels that entering a group practice makes self-employment easier, in that there are colleagues to learn from and get support from (Walfish & Walraven, 2005). You have to be able to manage conflict and communicate openly and honestly with one another, in order to make this work. Finances must also be handled well and correctly.

The lack of training in the business side of private practice is mentioned, as is the accompanying stress and anxieties created by this (conversational partner B, p.12; E, p.39; F, p.44; G, p.53). *“I think it is something that needs to be incorporated in our training, because you come into this field and you don’t have a cooking clue what is going on in terms of any kind of business”* (conversational partner F, p.44). It is evident that the concept of learning to cope by simply getting used to it, growing accustomed to it over time, is important (conversational partner B, p.12; C, p.20). In my opinion it is something that is learnt with experience, as the various conversational partners did not pinpoint any factor that contributes to this apart from time.

There are periods or phases within the private practice where there is instability (conversational partner A, p.2; B, p.11; C, p.20). This instability could be due to holidays or medical insurance being depleted or illness and this concern never goes away. Coping with this involves a cognitive factor of *“deliberately telling [your]self, to be able to say to yourself, this is how it works, I’ve been here before”* (conversational partner A, p.2).

Conversational partner C (p.20) says: *“The one thing that I have never gotten used to and never been able to cope with and never been able to say is easy, is financial hardship.”* An emergency fund or bank overdraft can also be useful in preparing for such times, or you can secure a financial foundation (conversational partner B, p.12; C, p.21; G, p.53). Conversational partner E (p.40) notes an important point; you make a five-year financial commitment when you start private practice. This is because it simply takes that long for the business to start showing profit. You must therefore be prepared for the financial challenges in private practice (Nash, Norcross & Prochaska, 1984).

Administration

A good idea is to appoint a secretary to take care of most administrative duties, such as making appointments, paying accounts, and even outsourcing administration (conversational partner A, p.3; B, p. 18; C, p.21; D, p.29; E, p.38; G, p. 53). The services of lawyers are utilised for dealing with non-paying clients and bad debts. The Internet systems, which submit claims to the medical aids, are also very helpful in facilitating the administration of your private practice (conversational partner D, p.30; F, p.43, p.45)(Trull & Phares, 2001).

Conversational partner A (p.10) identifies the important administrative concept of time keeping, which is related to business ethics and assists in maintaining boundaries in the private practice setting (Levin, 1983). You need to be punctual with consultations and respect the client’s time. Conversational partner F (p.45) and G (p.56) also find that drawing boundaries is helpful in coping with the occupational stress of private practice (Pepping, 2003; Wentzel, 1994).

Discussion of business, finance and administration

Though most of the conversational partners discussed the importance of good administration, the management of business and finance in private practice, only

two of the conversational partners did raise these issues out of their own. Though I introduced these issues in the other five cases and this could possibly be seen as contamination of information, it yet came across as a problematic issue, especially in the beginning phase of their careers.

It can be argued that though the ideas were expressed that the academic part of their professional training should have had training in business and administration, the mere fact that they all managed well is due to other factors. These could almost possibly be that their academic and therapeutic training made them independent, assertive and challenging of undiscovered areas of professional life, e.g., new developments in psychotherapy, and even managing a new business. It nevertheless seemed that the conversational partners, despite the possibility of contamination, enlarged upon and amplified further on these aspects. However, in the final synthesis this aspect will be allowed for.

These above components of business are the major issues possibly due to the fact that the conversations were structured in such a way as to focus on private practice (Krüger & Groenewald, 2002; Pepping, 2003). (I did not, for example ask about the fortigenic qualities of simply being a psychotherapist, but specifically the fortigenic qualities of a psychotherapist in private practice.)

Marketing

The capacity to do marketing is highlighted as an important quality, yet it seems that psychologists know very little about it (conversational partner A, p.2; B, p.12; E, p.37). It seems essential that you have to be able to market yourself and your services, which can be very difficult.

Conversational partner B (p.17) eloquently states: *"I must believe that what I offer is worth paying for, and I must offer quality service."* The same topic is something that conversational partner F (p.43) says she had to learn. Conversational

partner E (p.37) describes different ways to do marketing, such as making a list of referring doctors, making telephone calls, going for lunch or coffee and sending Christmas cards. These are business expenses and you have to put in the personal effort to market a practice (Wentzel, 1994).

It is valuable to note that conversational partner G (p.54) is of the opinion that marketing does not work in psychology, but upon further discussion it becomes evident that she believes in rendering good quality service and receives word of mouth referrals from previous clients. She liases with doctors and this is what the other conversational partners in their practices see as marketing. Perhaps this highlights a difference in interpretation and difference of opinion in what marketing is. For this conversational partner the concept of marketing is incorporated into her networking activities (Krüger & Groenewald, 2002; Pepping, 2003).

Discussion of marketing

Marketing seems to be closely related to the experience of the conversational partners' self. How assertive are they in their professional capacity as a psychologist and psychotherapist? From the conversations it seems that the partners have developed a psychological identity over an extensive period of practising which, eases the act of marketing. This is closely related to the process of networking as well.

Networking

Networking refers to the psychotherapist in private practice setting up various referral sources, both to refer out to and to refer into the practice on a continual basis. Included in this is an important quality of the psychotherapist, the ability to maintain meaningful relationships with referring doctors, psychiatrists, attorneys (in the case of forensic work) and colleagues (conversational partner B, p.18; C,

p.26; D, p.30; E, p.37). You can do this by staying in touch in person or by building a bridge via telephone calls, and it is professional to give feedback on cases that are referred to you (conversational partner A, p.2; E, p.36)(Krüger & Groenewald, 2002; Trull & Phares, 2001).

Discussion of networking

Relying on referral sources for efficient development of a private practice seem as important as training, business management and dealing effectively with therapy, which in itself (as mentioned by conversational partner B, p.30; G, p.54), is a form of networking through word of mouth by your clients.

Emotional coping

Most psychotherapists find it incredibly difficult to cut off or switch off after a day's work (conversational partner A, p.4; C, p.22). Coping with this involves various methods; from riding it out and getting used to it, to making a conscious decision (Seligman & Csikszentmihalyi, 2000) and making sure that you never take work home with you (conversational partner D, p.28, p.29; E, p.35, p.36; F, p.45; G, p.58)(Compton, 2005; Volz, 2000). You can also make notes in the session. Once the session is completed this saves time and helps you to stop thinking about that case straight away, in order to focus on the next person (conversational partner B, p.13; C, p.26)(Krüger & Groenewald, 2002; Pepping, 2003).

Speaking to colleagues and reading up on the topic is also helpful in dealing with and debriefing after a difficult case, you can also write it down when it comes to mind or even converse with yourself about it (conversational partner A, p.4; B, p.13; E, p.33; F, p.46)(Pepping, 2003; Wentzel, 1994). More practical coping strategies include listening to relaxing music and taking a hot bubble bath, even taking a headache tablet for the tension seems to work well (conversational partner B, p.13). Van den Bergh (2006) mentions that no coping strategy is

inherently positive or negative. The effectiveness of the coping response depends on the extent to which it complies with the demands of the situation.

A unique contribution from conversational partner A (p.7) is the concept of role doubling. This is where you as psychotherapist are able to play various roles in your life without letting them mingle. This is based on ethics, but also on protecting the people around you from the perhaps nauseating or traumatic details of your occupation (Deckard, Meterko & Field, 1994; Krüger & Groenewald, 2002; Pepping, 2003; Trull & Phares, 2001).

Discussion of emotional coping

Emotional coping seems to be not only dealing with the therapeutic process during a session of therapy, but also entails the “aftermath” or residual effects (to switch off). Several methods depending on the nature of the therapy and the person of the therapist, seem to counter the effects of emotional involvement, the strongest of coping methods seem to be a will to cognitively overcome it, debriefing or some form of relaxation. Yet, it also entails not to deny the fact of “not coping” (in Van den Bergh’s (2006) terms, it would have a negative effect). Congruence with one’s inabilities is paramount that is, to come to terms with one’s vulnerability and the possible crippling effects of emotional trauma.

Balance

Balance is a topic that is mentioned by conversational partner B (p.15) in the context of using yoga exercise as a mechanism to attain a healthy balance in life. Conversational partner D (p.27) elaborates more in depth on this concept by saying: *“I think that it is important in maintaining a practice to keep a balance in terms of one’s own physical health, one’s emotional health and spiritual life.”* This results in a sense of harmony in your life. Conversational partner F (p.47) also experiences this, where she feels she can balance her occupation as a

psychotherapist and her interpersonal relationships. This echoes Wentzel's (1994) idea of keeping a balance in life avoiding being engulfed by the demands of private practice.

Spirituality

Conversational partner B (p.14) talks about an interest in spiritual topics and how important this component is for fortigenesis and coping (Csikszentmihalyi & Csikszentmihalyi, 2006). Being involved in an Internet networking group on this topic is one possible way to fulfil the spiritual needs of the psychotherapist. For conversational partner C (p.25), religion and spirituality have allowed her to realise that she can hand over her work and reflect on her work spiritually (Seligman, Steen, Park & Peterson, 2005). Conversational partner D (p.27) views spiritual intelligence as necessary in understanding that healing of the soul often occurs through the experience of pain. Conversational partner F (p.49), and G (p.55), mention that psychologists need to also grow spiritually and be more aware of such topics, but that it is important to keep a balance (Compton, 2005; Csikszentmihalyi & Csikszentmihalyi, 2006).

Emmons (2006) writes that it is very important to acknowledge the spiritual component of the individual and to integrate this into our models of positive human functioning (Csikszentmihalyi & Csikszentmihalyi, 2006).

Support

Friends, family and colleagues provide a support system that serves as a foundation for your fortigenesis (conversational partner B, p.13; G, p.55)(Froh et al., 2007; Ryff & Singer, 2000). Activities like watching movies with friends or going to concerts and visiting friends all enhance your social contact.

There is an array of various helpful hobbies, which can contribute to your fortigenic qualities. These include: listening to music while driving home, art, photography, decoupage, mosaic, walking, tennis, yoga, meditation, hiking, biking, swimming, diving, snorkelling, fishing, hunting, training dogs as pets and gardening (conversational partner B, p.15; D, p.27; E, p.36; F, p.51; G, p.55). The physical component helps to shift your focus away from work or occupational stress, while also keeping you healthy (conversational partner D, p.29). It is possible that this physical component could relate to the cognitive and emotional components of private practice, especially seeing that psychotherapy is usually a very sedentary occupation with intense emotional and intellectual demands.

Art can be helpful as a tool of insight or projective technique as conversational partner A (p.5) makes use of it. If she has a difficult case that occupies her mind, she will spend time painting the free association of emotions and utilise this as a projective technique. This helps her to look more objectively at what might be happening on an emotional or subconscious level.

Self-care and spoiling yourself can work very well (O'Halloran & Linton, 2000). Conversational partner C (p.25) describes how she enjoys her hobby of developing real estate that also augments her financial stability and "*keeps (her) soul alive.*" This idea links to the opinion of Volz (2000) who discusses the importance of self-care for psychologists and he takes the idea one step further to an ethical issue of the responsibility to take care of oneself (Foucault, 1988). Glasberg, Eriksson and Norberg (2007) echo this opinion and refer to a stress of conscience that occurs when self-care is neglected.

Discussion of balance, spirituality and support

Balance seems to be important in dealing with daily, as well as the effects of weekly or even monthly escalating physical and emotional exhaustion. All of the

conversational partners expressed the need for balance, which includes health (physical and emotional), spiritual and practising religious beliefs.

Balance seems not only to be applied to the mechanism of work versus recreation. Balance dynamically also has to do with balancing the strain of emotional involvement and detachment, of being intensely “in” the relationship with the client, as well as “moving out” and coming to terms with oneself and your own life and environment. Though it seems that the conversational partners all see balance as important, how often they do manage a life of balance, is not certain, and even doubtful (taking into account their philosophies of caring and giving).

Spiritual needs can certainly be defined in different ways, as described by the conversational partners. It is however, astounding that spirituality is seen by the conversational partners as essential for balance and growth, an attitude or behavioural code more often than not excluded in the paradigms of psychology. The question which seems vital is how the quest for spirituality is experienced and developed from the training and beginning phase of practising psychology to the discomfort of later years, in the realisation of the pains and trauma of people’s lives.

Similarly, other people in relationship with a therapist supply the necessary diversion from the therapeutic encounter, though not strongly emphasised, it could be that the diversion away from dealing with people in need, be it in pain and/or for changing their lives, the wellness of others in intimate and social relationships, keeps the therapist emotionally stable. Also self-care, probably in the biblical sense of “love thyself” proves to be valuable in attaining professional maturity.

Continued professional development and training

Supervision groups are a valuable source of support for the psychotherapist in private practice (conversational partner A, p.9; E, p.40; F, p.46)(Balint, 1957; Pepping, 2003; Strümpfer, 2003). Learning therapy and a long-term supervisor are also options that enhance the skills and training of the psychotherapist, as well as self-care and the awareness of ethical issues (conversational partner D, p.32)(Volz, 2000). Conversational partner B (p.14) highlights a concept of joining a university for retirement age and continuing education through such a resource.

Reading journals and any new research stimulates continual growth for the psychotherapist, which is important and allows you to remain up to date (conversational partner B, p.17; E. p.40)(Ryff, 1995). Conversational partner G (p.54) notes that she experienced her career in psychology to be one of personal growth and learning. This leads to a point of maturity.

Getting to a point of journeying with the person, just meeting them where they are at. Don't bother too much about being moralistic about it or critical about it... I consider that to be personal growth (conversational partner G, p.54).

The above extract highlights the focus on personal growth, which is identified as a process towards maturity (Nakamura & Csikszentmihalyi, 2005). Conversational partner C (p.25) notes that good training is possibly the one most important factor that keeps you in long-term private practice. Conversational partner D (p.31), similarly to Wentzel (1994) sees analytical thinking as a prerequisite for a psychotherapist. Conversational partner E (p.41, p.42) gives a description of a person in long-term private practice as intelligent, self-motivated, tough, keeps growing and exploring, self-driven, having your own principles and values and not being dependent on feedback (Strümpfer, 2006a). In my opinion this is not a disagreement between the various conversational partners. Rather it

can be viewed as different facets of self-motivation, determination, drive, toughness, growth and maturity (Keyes & Haidt, 2003; Strümpfer, 2006b). These are then descriptions of fortigenic qualities from different personal perspectives.

A sentiment is shared that the current continued professional development (CPD) courses available are not of high enough standard and are therefore not of much value for continued education (conversational partner D, p.32; E, p.40; F, p.47). It is important to be selective about choosing the CPD activities that will be valuable for you to attend. It is also important to be selective when choosing a supervision group that will be helpful and beneficial for your continued development and education.

Discussion of professional development and training

Several aspects for continued professional development are highlighted. Supervision groups, meaningful discussion groups and learning from other therapists allow the therapist to feel a “partnership” (in the joys and sorrows of others), debriefing with regards to own experiences and the learning of other approaches and techniques with regards to therapy. Research and academic reading seem to keep therapists cognitively sharp and up to date in the field of psychology.

The formal continued professional development (CPD) programmes, as advocated by the Board for Psychology are criticised for the financial costs involved and above all, for not being of a high enough standard. It seems that therapists, despite costs, would entertain the idea of partaking in the offered programmes, but are disappointed by the quality of the presentations, thus query the costs involved as well.

The stressors as experienced in private practice

Various occupational stressors are identified, which place demands on the emotional resilience of the psychotherapist in private practice (Pepping, 2003; Wentzel, 1994).

Isolation and frustration

Difficult and dangerous cases are a major point of stress for the psychotherapist in full-time private practice (conversational partner A, p. 6; E, p.35, p.40)(Cape & Parham, 2001). It can cause you to stress, worry, cry, lie awake at night and expect an emergency call at any moment. These cases can include suicidal clients or ones threatening family murders. Because you cannot speak openly about these cases, there can be a component of trauma for the therapist to deal with. This can lead to feelings of isolation and frustration (conversational partner A, p.7; B. p.12; F, p.47)(Mehta, 2004; Strümpfer, 2006a). During such times, it is vitally important to utilise your personal coping techniques, as described in the section emotional coping above.

Another difficult component is cynicism; because it is a difficult career you cannot harbour an idealistic view of people (conversational partner A, p.8; E, p.38, 40) (Seligman, Steen, Park & Peterson, 2005). You are exposed on a daily basis to the shortcomings and mistakes that people make in their humanness. This has the capacity to taint your view of people in a way that you are not surprised by any strange behaviour that a person may exhibit. Therefore, by keeping a realistic view of people and not being surprised by their behaviour, you can counter this threat.

Emotional exhaustion

Working in private practice full-time can be very emotionally and intellectually draining and exhausting (conversational partner D, p.29; E, p.33). Conversational partner B (p. 12) highlights that the emotional drain was worse in the initial years, but that one can learn to expend less energy over time (Deckard, Meterko & Field, 1994). In his research study, Viljoen (2004), as young psychotherapist, also found his work in psychotherapy emotionally draining. The type of work in private practice is challenging and difficult (conversational partner B, p. 15). It is important to stop and to take a break when necessary (conversational partner C, p.22)(Strümpfer, 2003). A good idea is to regularly schedule breaks, holidays, retreats and long-weekends in order to get emotionally recharged (conversational partner D, p.29; G, p.57)(Wityk, 2002).

Conversational partner E (p.33) identifies that working in private practice can be very exhausting, especially if you are the primary breadwinner. She experiences our society as not particularly supportive in practical ways to the occupation of psychology. There is added stress when you cannot take off from work. She highlights that in other societies and countries a lesser workload in private practice would supply a good income (conversational partner E, p.33). Therefore she deals with this lack of support by noticing it and exploring options of countries where she might attain this support, while also focussing on optimising her earning potential.

Discussion of isolation, frustration and emotional exhaustion

Recent newspaper reports on the effects of isolation on a child incarcerated in a cellar, or of a prisoner in solitary confinement give ample support for the harmful behavioural consequences of isolation on a person. Isolation in the case of psychologists continually exposed to the problems of individuals in a society, though different from the above examples, also creates social and emotional

seclusion. Therapists who are continually exposed to such an environment - a *socially* abnormal environment (an a-social context) - may have difficulty in establishing and maintaining ordinary social contacts, even interpersonal relationships. Thus, if such ordinary social relationships are not pursued deliberately, the psychotherapist may evolve into having a rigid “therapist personality” unable to function interpersonally and intimately.

Emotional exhaustion and frustration may occur, probably as first signs of emotional isolation. As is the case of conversational partner E, even cynicism and a conditional attitude towards clients may develop.

Unpaid leave and sick leave

The English proverb “*All work and no play...*” can be adapted to “*all work and no pay, makes a therapist a dull boy.*” No pay does complicate private practice. An example would be the problems caused by ill health – you cannot be productive at work, financially survive or cover expenses (conversational partner C, p. 20) if sick. Physical illness further worsens the emotional exhaustion and lack of stamina, which further complicates the condition. The therapist deals with this by making use of her support structures, and by taking time for physical recovery, which is very important in such circumstances (conversational partner G, p.56). Conversational partner D (p.30) and E (p.38) feel that psychotherapists are not being paid enough compared to GPs, while conversational partner C (p.21) notes that the medical aid rates have improved over time and that payments are made speedily in comparison to previous years. I make sense of this disagreement between the various conversational partners by looking at the fact that conversational partner C has a hobby of developing real estate, which augments her financial status, while conversational partners D and E are both primary breadwinners (Walfish & Walraven, 2005).

Life stressors

Pressures from other areas of life, such as divorce, death, and illness in the family can also add strain on the psychotherapist. This increases the emotional demand on the resources of the therapist and could complicate emotional exhaustion further (conversational partner C, p.24)(Strümpfer, 2006b). It is important to note that the conversational partners dealt with these challenges in their lives, while still maintaining full-time private practice. They comment on how these challenges were growth processes, which in turn enhanced their skill as psychotherapists.

Discussion of paid leave, sick leave and life stressors

Though another source of income (or savings) may diminish the stress of dealing with illness or leave, it seems that only one conversational partner had such a “luxury”. Especially during illness, if prolonged, a vicious cycle may evolve where anxiety about income, the expense of medical treatment and the absence from practice, may have a detrimental effect on recovery.

Burnout

There is also a danger that emotional exhaustion can lead to burnout (Cape & Parham, 2001; Menninger, 1957; Vredenburg, Carlozzi & Stein, 1999). This can happen especially if you work in a care-giving occupation. Conversational partner E (p. 39) and F (p.51) mention this topic as a concern where burnout and emotional exhaustion can lead to social isolation and withdrawal (Schaufeli & Enzmann, 1998).

Discussion of burnout

Burnout, almost similar to depression, weakens the therapist's ability to work effectively, reduces functionality and slackens attention and concentration. Burnout, different from depression though, keeps the person behaving and operational but an overall tiredness and emotional exhaustion – even remorsefulness – interferes with being sensitively and emotionally alert.

Fortigenic qualities as experienced by psychotherapists in private practice

Various fortigenic qualities are explicated, which are resources for managing and maintaining private practice as a life long occupation (Pepping, 2003; Strümpfer, 2003).

Resilience

Resilience is identified as an important quality for private practice and includes knowing what your resources are and where to identify them (Strümpfer, 2003; Wentzel, 1994). Conversational partner A (p.9) notes: *“I am resilient, no doubt about that. I have to be.”*

Choosing your cases, referring when necessary, specialising in a field, which you enjoy, booking your own schedule, time management and rituals to take a break in a difficult session, are all factors mentioned to enhance your daily resilience as a psychotherapist (conversational partner A, p.9; B, p.19; C, p.22; D, p.28)(Gersch & Teuma, 2005).

I am of the opinion that resilience features as a component of the fortigenic qualities of psychotherapists in full-time private practice. I also believe that many of the various factors discussed here do in fact contribute towards the overall

resilience and fortigenesis of the psychotherapists (Sabin, 2006; Siegel, 2001; Strümpfer, 2003, 2006a).

Acceptance

Acceptance is a very useful fortigenic quality for the psychotherapist, knowing the nature of your occupation and accepting it assists you to cope with the specific dynamics of being in private practice (conversational partner A, p.7). Conversational partner E (p.34) highlights a sense of inner belief that helps you – this is based on a decision and conviction that you will make it.

Your previous life experiences can equip you, giving you depth and dimension as a therapist. If you are comfortable with yourself, self-disclosure can be used as a tool in your practice (conversational partner B, p.16). Focusing more on your client than on yourself also creates a state of flow or liberation, where you can thoroughly enjoy your work (conversational partner B, p.19)(Nakamura & Csikszentmihalyi, 2005).

Enjoyment and reward

Conversational partner D (p.32) describes it as incredibly rewarding to make a difference in somebody's life by creating harmony and healing from pain. It is both motivating and satisfying if you experience your work as positive, and if it fits with your personality (conversational partner F, p.43)(Strümpfer, 2006b; Walfish & Walraven, 2005; Pepping, 2003).

"I have a passion for this... I often say to people, I am really fortunate that I can do a job that I love like a hobby" (conversational partner F, p.48). There is a sense that she views being a psychotherapist as her purpose in life (Levin, 1983). Conversational partner G (p.56) believes being a psychologist is inherent, that certain things can be taught and that selection is very important, as it

contributes to choosing individuals who might have certain inherent qualities equipping them for private practice.

It is important to remain interested in your work (conversational partner A, p.9; E, p.41) and to always remain creative, not to just follow a recipe (Levin, 1983). It helps to work in a goal directed way and with conviction, where you can assess and evaluate the quality of your work. This is achieved by discussing the goals of therapy with your client and evaluating throughout the process (conversational partner B, p.17; C, p.25).

Humour

A good sense of humour is also a very important component: *“To be able to lighten up, both for you and the people around you”* (conversational partner C, p.26)(Volz, 2000). Humour also keeps you interested in your work and clients and gives you the ability to laugh at yourself (conversational partner E, p.34)(Strümpfer, 2006a; Wentzel, 1994).

Discussion of resilience, acceptance, enjoyment, reward and humour

In the literal sense resilience means to be buoyant, tough and is also described as “quick to recover”. A flexible person could be seen as resilient, while rigidity in behaviour would weaken a person’s ability to adapt to the requirements of the environment.

Resilience is thus seen as constructive and positive with regards to a therapist’s productivity. The danger of resilience may be in its definition of toughness and the qualification of swift improvement. This, I believe, is not always humanly possible. Resilience in interaction with, amongst others, humour, support from others and taking time off, is essential for the survival of the professional psychologist.

The foundation of acceptance of self, as expressed by most of the conversational partners, seems to be shared with a philosophy of life. With the exception of partner E, the conversations include references to the therapists' respect towards others, their compassion with people's dilemmas in life and with relationships and an unconditional acceptance of all people. The enjoyment and reward for conducting therapy seems to be interrelated, but also intrarelated. This means that in a therapeutic relationship, the sharing of the pain and strengths of another, as well as the inner satisfaction that one can assist, help, change (probably more than the financial gain); is enough to continue with the profession despite the personal hardship.

Humour is a state of mind, which affects constructively how we think and feel and behave, especially during problematic times. One can argue that humour is a higher form of thinking, where new meaning is given to a situation or a context. Humour can be a relief for exhaustion and burnout, and with the combination of rest, recovery is possible.

From the above, two specific additional qualities were observed, namely a constructive view of life and second order thinking.

Philosophy of life

Most of the conversational partners directly (conversational partner A, p.8; D, p.28; F, p.50; G, p.55) or indirectly (conversational partner B, p.15; 16; C, p.25) indicated a constructive philosophic view of life. This attitude or philosophy includes a respect for life in general, but also with the way people deal with life. It includes an unconditional regard for the other, warmth and acceptance; and empathetic understanding of their struggles or even enjoyment of life (Nakamura & Csikszentmihalyi, 2005; Seligman, Steen, Park & Peterson, 2005).

The internal belief system of a therapist seems thus important for one's coping with the demands of a private practice. In the example of conversational partner E (p.38; p.39; p.42) she seems to have lost her belief in herself and thus her respect for man's being in the world.

Higher level of logic

Conversational partners A, B, D and F (p.2; p.14; p.27; p.49) note that be it the continuous reflecting and observation of the therapist's position (scientist and practitioner) or the awareness of the spiritual dimension of the therapeutic endeavour, private practice seems to effect the self of the therapist personally and professionally (Truax & Carkhuff, 1967; Volz, 2000).

This then concludes the synthesis and synergy of the conversations, reflections and literature, which provide a foundation for the new narrative of fortigenic coping. This synthesis describes the narratives of psychotherapists with between thirteen and twenty years of experience in full-time private practice.

It is something that is part of who they are and that is also who they are and what they bring to the therapy. That is their own uniqueness, plus the training, methods and skills, continued professional education. Everything included. Everything that you are, everything that you have, forms part of what you have to offer (Researcher, Appendix C, p.48).

Contribution to the theory of positive psychology

The secondary objective of the study was to determine if the findings or outcomes of the study could contribute to the development of the theory of positive psychology.

As was stated in chapter three, based on Snyder and Lopez's (2005) and Strümpfer's (2005) ideas, amongst others, there is a shift in the paradigms of thought in psychology. The shift is from the pathological and disease model towards the study of human health and wellness. Such studies contributed to Strümpfer's (2003, 2005, 2006a, 2006b) thoughts and definitions of fortigenesis, or strengths in human experience.

Although Wissing and Van Eeden (2002) describe a multi-dimensional approach to the manifestations of psychological well-being, thoughts on the present study seem to indicate that the ingredients or various concepts applied to the thinking of positive psychology, are interactional as well. Strümpfer (2003) does postulate that various psychological variables, e.g. subjective well-being, quest for meaning, positive emotions, proactive coping and engagement fall under the construct of resilience. Yet it however seems that these constructs are linearly defined and the interactions of the strength and growth factors do not give power to the complexity of fortigenic thinking. This study indicates that positive psychology should rather be a field of circular thinking and about connectedness rather than simplistic descriptions. When interpreting the research conversations of the conversational partners from a more systemic paradigm, there are patterns woven into their coping behaviour which gives meaning to their existence as psychotherapists.

Another contribution, I believe which comes from the research conversations, is the sense of meaning regarding a constructive philosophy of life and viewing the world of clients from a higher level of logic. These two interactive 'factors' would include most of the fortigenic qualities usually described and seem to be the core business of positive psychology.

Conclusion

In this chapter of the findings and discussion, the synergy of the research conversations, the reflections and the research material, and the themes are found to be in interaction with one another. Instead of a simplistic presentation of these factors, there seems to be an interrelation between various aspects in interaction with one another. For example, one may feel burnout but the elements of humour and rest could counteract this, finances might be low in private practice but the interaction with colleagues enhances the resilience one experiences to be able to continue the day, or one might feel emotionally exhausted but a holiday, a break or a retreat could revive you.

The themes discussed in this chapter are then interpersonal, as well as intrapersonal factors contributing to the overall philosophy of life maintained by the psychotherapist in full-time private practice. The synergy of these factors, as well as their interaction with one another, results in the creation of second order thinking and the creation of new meaning.

Chapter Seven

Creating a new story or narrative in therapeutic practice

*"I heard a new story the other day; I wonder if I've told it to you.
Is it funny? Yes. Then you haven't."
(Prochnow & Prochnow, 1984, p.274).*

*"Suddenly an almost festive mood came over him. He settled himself,
picked up the book, opened it to the first page, and began to read."
(The Neverending Story, Ende, 1983, p.11).*

*"A publisher says many people think they can write stories.
The delusion is especially prevalent among novelists."
(Prochnow & Prochnow, 1984, p.211).*

Introduction

In creating a new story or narrative I am acutely aware that I am talking to me, a psychotherapist in private practice, who is developing a deeper understanding of the topic under exploration, a process of investigation, reflection and synergy.

The short story format is meaningful and useful as it fits in with and matches the narrative approach of the research and the qualitative methodology.

It is also the end result of the intimate process of being allowed into the consulting rooms of the psychotherapists. This was a personal experience that I want to share, therefore I act as the first-person narrator in writing about the various emergent components (Terre Blanche & Durrheim, 1999).

The various components of the research are woven together or integrated with the structure of the narrative short story. Here the topic: "The fortigenic exploration of psychotherapists' experiences in full-time private practice" is the title to the plot or story, which allows the various narratives to enter into

conversation with each other. The plot is then the sequence of events or interconnected facts that together form a storyline. In this study the sequence of conversations then form the basis for the storyline ([http://en.wikipedia.org/wiki/Plot_\(narrative\)](http://en.wikipedia.org/wiki/Plot_(narrative)); <http://www.flanaganhighschool.com/fcatstrat/l.a.e.2.4.1.htm>).

In the short story format, one can expect to encounter tensions, change and the concept of transformation (<http://www.flanaganhighschool.com/fcatstrat/l.a.e.2.4.1.htm>). There are tensions, questions, dilemmas and resolutions that keep your attention as you read along the plot of the short story. The genre of the short story lends itself to conveying the experiences of the universal therapist. That is, the therapist in conversation with self, indicating the ideal, a belief in what is good, though not always possible to achieve, but a way of being yourself in giving, thinking and coping.

The universal therapist is the person who is in touch with experiencing self and the other (the client) relating effectively with fortigenic assertiveness. Secondly, the universal therapist is not the superman or woman of therapy; s/he despite moments or periods of dis-ease, is a human being of highs and lows, of resilience and weakness. But above all, the universal therapist identifies with him/herself as a unique person, and in a personal way creates acceptance and harmony for others. The universal therapist describes the unique aspects of fortigenesis in private practice. This blends with the narrative research process, as it is again a narrative that is being co-constructed between the various conversations of the research.

As the new narrative is integrated and transformed in order to reach a point of resolution, so too is the research process integrated, transformed and reaches a point of resolution. The research study is transformed as it moves along the process, the conversational partners describe a personal process of integration, reflection and transformation; and I as the researcher experience a process of personal change and transformation through the research. Personally, I echo the

belief of the universal therapist that one cannot remain unaffected. In fact, I have been transformed in my learning and in the way that I view my field and my profession.

In the short story format as narrated by the universal therapist, the themes, stressors and fortigenic qualities, similar to those found and described from the research (chapter six) are printed in bold.

A new narrative – a story of fortigenic coping

Title: The words of the universal therapist from a strength perspective-fortigenic synergy.

Narrator: The Universal Therapist

“At the end of my day, I sit in my office at my large wooden desk. As I look out of the window into the lush and peaceful garden, I take a moment to reflect back on the years of full-time private practice. I want to tell you about it, maybe you’re an interested reader, maybe my colleague, maybe a student or maybe my friend. Let me count the years up, yes... it is over thirteen years of full-time private practice as a psychotherapist.

A fairly formidable amount of time, as it seems to me that few of my colleagues continue in full-time practice for so long. Some seem to have part-time private practices, augmenting psychotherapy with other jobs, and others remain in academia. I think of how I as therapist have grown accustomed to my profession as a psychotherapist. This nostalgic moment allows me to look back on my career, my life and my experience of private practice. To ask myself what keeps me here long-term, to ask myself what enabled me to do this?

*Immediately I am struck by what stands out for me, surprisingly, the most important factors are **business and finance skills**. You might have guessed it to*

*be something more closely related to psychology but believe me, I have had to come to terms with private practice as a business. I have had to be able to work for myself, which sometimes includes **long hours** – like today, where I worked a full eight am to five pm day of therapy sessions. I've got to be able to work **independently**, and I think that over the years I have come to enjoy the **autonomy** of working for myself. Maybe psychotherapists are like that – people who like to work independently. I could also have taken the option of working in a group practice, which some of my colleagues have done, but there one would need to be vigilant to competently **handle conflict and financial issues**.*

Looking back I think that a course in business training should be incorporated in our tertiary education, because I came into this field after graduating and I did not have a clue about business skills. I have found that with time I have actually learnt the necessary skills along the way. I guess it's been a bit of a trial and error run. On the other hand ...

*You see... private practice can be very unstable. There are phases and periods of being extremely busy or dead quiet. I deliberately tell myself, this is how it works, and I have been here before, thinking that seems to ease my anxieties and helps me to cope with that instability. I have gotten used to that over the years. But the one thing that I have never ever gotten used to is the squeeze of **financial hardships**. I can say that it has been helpful for me to plan ahead and use a bank overdraft to deal with this, but none the less it has been hard. I reckon if I was not a primary breadwinner and perhaps had a nest egg tucked away somewhere, it would not matter so much.*

*I have had to develop the skill of competently **marketing** my services and myself, just like any of my colleagues will tell you they had to learn to market their skills. This never comes easily, 'cause I had no idea this was part of private practice, it was an unexpected skill I had to acquire by myself. I mostly learned that informally. Marketing is necessary with referral sources and colleagues. I have a*

referral **network** from previous clients by word of mouth. Effective psychotherapy creates satisfied clients, which ensure a flow of new clients. I also contact the general practitioners, specialist doctors and colleagues in my area and introduce myself to them. I personally found this quite daunting, but you know, it might depend on your personality type. Someone who likes introducing themselves to others might even enjoy this. I stay in touch with them and give feedback where necessary. Over the years I realised the importance of this human contact in maintaining my referral base.

Another major issue of my private practice is **administration**. I use auxiliary services to administer my accounts. This has been very useful in saving me time and effort. I have a very efficient secretary who runs the administrative part of the private practice and she books my appointments. I also have a lawyer who collects bad debts. So 'my team', as I like to call them, all work together to assist me in keeping this boat afloat. These auxiliaries of course allow me more time to focus on my therapy, which is my main activity. When it comes to my sessions, it is important for me to start and end on time, thereby respecting the **boundaries** of my client. By drawing appropriate boundaries in private practice I can cope with the work stress better.

Something else I want to tell you about is perhaps on a different level but still very important. This is what I want to call my **emotional coping in private practice**. Over the years I have found that I need various things to assist me in dealing with the emotional strain of being a psychotherapist. I made a conscious decision to get used to it, and I try never to take work home. I make session notes in the session, so as not to have to take work home with me. When I have a particularly difficult case I will talk to colleagues, read up about the topic and write about it. This emotional strain seems to be part and parcel of working in what they call "the helping profession", so I guess nurses, social workers and doctors all experience this in some or other form.

*When I leave here tonight, I love listening to music while driving home. This takes the **stress** away and once I am home, I take a hot bubble bath to relax. I find that if I remember that my work role ends at the end of my day then I can switch off from my work. Once, as a young therapist I made the mistake of taking a specific file of an eight-year-old child with bipolar home and tried to write a report, but I couldn't! I actually felt upset and got emotional about it. Immediately I realised that for my own well-being I should not do that. I like to keep work separate from my personal life. Of course this is not always easy, but I try my best to **maintain this balance**.*

*I believe that it is important in maintaining a practice to keep balance in terms of my **physical health, my emotional health and my spiritual side**. I also tell my clients that balance is important for their lives too. But for me, balance gives me a sense of peace and harmony in my life. I think spiritual intelligence is important in understanding the healing of the soul through the experience of pain. At times, it has helped me to reflect spiritually on my work. In difficult times my support comes from my dear family, my friends and other colleagues and I find it important to socialise outside of work. I do hobbies from arts to sports, cultural events and relaxation. **Self-care** is a large part of this, because if I don't look after my own well-being, who will? I've got to take responsibility for this in my own life. I trust that in caring for myself, I act as a role model for my clients.*

*I feel that my supervision group takes care of my **occupational well-being**, as well as for my **continued professional development** and helps me to keep my skills updated. Learning therapy also helps in maintaining my skills and personal development. In my opinion it is, however, very important to choose an appropriate activity that truly enriches my skills. I find that my training helped me to think analytically and I keep updated with reading new research in the field. I subscribe to international research journals and search the Internet to stay abreast of new trends. I believe that I have grown to a point of **maturity** in my career where I am self-motivated, tough, self-driven, with my own values and*

principles and I keep wanting to learn and grow more. So in order to be a well-balanced person there is an integration between learning and growing more and my own qualities as a person.

*But I must also tell you about some of the **challenges in my career** as a psychotherapist. To be quite frank with you, difficult cases and dangerous clients, such as suicidal and homicidal ones, really cause me stress. Dealing with these traumas sometimes leads me to feel **isolated and frustrated**. It can really make me feel... you know, a bit... cynical, so I have learnt to keep a realistic view of humanity and not to be over-idealistic, in thinking that I have to be able to help each and every person whom I see. Who knows, maybe such challenges have taken me from the extreme of idealism to cynicism and over the years I have chosen a middle road of what I call realism in order to cope with this, or maybe I am just going through the motions and have become blunted. Yet, no, I think over the years of working with people I have grown accustomed to their antics. I am not easily surprised or shocked by what humanity can get up to.*

*My job gets **emotionally and intellectually draining** at times. I think back to myself in early private practice and it was worse then. I reckon over the years I have learnt to conserve my own energy a bit. I take breaks when I need them, I take holidays, retreats and long-weekends; these are great in keeping me strong and help me to do my job effectively.*

*The worst is that private practice doesn't 'provide' for **paid leave and sick leave**. So yes, it is true that when I go away or when I fall ill, I do not earn a salary. This creates a double-whammy of **stress** of course. But I have found that developing my skill to budget my money and creating an emergency fund has helped with this. Life sometimes comes at you with pressures like death, divorce and illness, and I have to be prepared for any such unexpected issues. People who are formally employed would not have to worry in such situations as they immediately get leave to deal with such life issues. However, in private practice I*

have to deal with that in my own way. Although an extra financial burden, insurance against such personal calamities does alleviate the worry of being unemployed.

Because **burnout** is a risk in the care-giving professions, I take self-care very seriously and over the years I have learnt to monitor my wellness. There are lots of articles and books written about the symptoms of burnout, and I have taken the time to know what to be careful for. I am very **resilient**, no doubt about that, with my job. I have to be! It helps when I choose my cases and refer if need be. I tend to specialise in the fields I enjoy and manage my own time.

You know... **reflecting** back, I have truly grown to accept the nature of my job and this helps me to cope with it. Maybe I worked at it, maybe it came with time. I find it really helps for me to have that inner belief that, yes, I can do this. My life experiences over the years have brought me to a point of being so comfortable with myself, that I easily self-disclose when I think it is therapeutically helpful, I know not everyone might agree with me, but for me this seems to work. When I focus so completely on my client in therapy, I lose all sense of time and I go into a **state of flow and freedom**. That's when I really enjoy my work!

I find it so **positively rewarding** to really make a difference in someone else's life by **creating harmony** and healing from pain. It **motivates** me and satisfies me. It's a passion! I often say to people, I am really fortunate that I can do a job that I love like a hobby. It's kind of like... my inherent purpose. I think the answer lies in the fact that I really stay interested in my work, I remain **creative** and I engage in my work with conviction. I believe my secret is my **good sense of humour**, just to be able to lighten up, both for me and for the people around me. It helps to sometimes just be able to laugh at yourself.

You know, I guess the moral of my story is this: It is something that is a part of who I am, it is what I am, it is what my clients bring and what I bring to them in

therapy. It's my own uniqueness, my training, my methods and skills. It's all included. Everything that I am, everything that I have, forms part of the gift that I have to offer. There is an integration of all of these parts - my being, my identity and what it means to me. In a very personal way I am affecting lives and my own life is also affected. One cannot remain unaffected."

Conclusion

In this chapter the focus is on what the fortigenic qualities of psychotherapists in full-time private practice are, yet as research synthesis and synergy occurs, the process is transformed to the writing of a new narrative of fortigenic coping. Then paying attention to both what the fortigenic qualities are and also to how the universal therapist copes, i.e. a new narrative, a story of fortigenic coping emerges from this transformation. Therefore the sum of the whole is more than the parts, where the research process is enriched and the product of the synergy emerges. The process is reflected in the new narrative, not only describing the fortigenic qualities of psychotherapists in full-time private practice, but also describing helpful guidelines for the psychotherapist in practice.

Furthermore the entire focus of the new narrative also then describes a fortigenic process in the short story. The short story format concluded with a resolution. The process of finding the correct format for the presentation of the research had to fit with the nature of the research (the narrative approach). It had to therefore be a distinctive, creative process. This research process therefore resonates with the unique process that the therapist has to go through to become an individual and creative therapist in private practice.

Chapter Eight

Critique, conclusions and recommendations

*“Even if we study to old age we shall not finish learning,
yellow gold has its price; learning is priceless”
(Chinese proverb, Prochnow & Prochnow, 1984, p.444).*

*“The only man who never makes a mistake is the man who never does anything”
(Theodore Roosevelt, Prochnow & Prochnow, 1984, p.438).*

*“Learning to write is learning to think -you don’t know anything clearly
unless you can state it in writing”
(S.J. Hayakawa, Maxwell, 2003, p. 134).*

Introduction

In this chapter the research process is critically discussed, conclusions and recommendations are made and ideas for the dissemination of the research findings are suggested.

Critical evaluation of the study

Upon evaluating the research process, a critique can be the fact that the initial “Information leaflet and informed consent for the psychotherapist” document could have been ambiguous and thus misleading. It states the following:

What procedures will be followed in the above study? If you decide to take part, you will be asked to participate in exploratory qualitative research conversations. For your convenience, the researcher will come to your premises to conduct the conversations. Conversations will be digitally recorded and transcribed for the purpose of the study (Appendix A.)

Here the conversational partners could have understood to be prepared for more than one conversation, thus holding back in a first interview. In the process of research, it ended up being only one conversation. Perhaps this can be related to the time constraint factor. Although the researcher felt that the themes of the research conversations could have been explored further during the conversations, most of the times the conversational partners themselves indicated the ending of the conversations, largely determined by time constraints. The open-ended nature of the email add-ons was an attempt on the part of the researcher to balance this issue.

The email add-on option used at the end of the research interview could perhaps have been replaced by a follow-up conversation for all conversational partners. Yet one has to consider the time limitations. The conversational partners contributed valuable time to the emergence of the study out of their full-time private practices in psychotherapy, without receiving remuneration for their contributed time. If one considers these factors then the email add-ons appear to be effective in allowing for any follow-up communication to reach the researcher, contributing to the open-ended nature of this exploratory research.

A second possibility could be to utilise the emails in a more structured way, by for example, following up the initial research conversation with email communication, used to further explore themes, used for reflection or to get more information. This might have resulted in post-conversation reflections from all of the research partners, compared to only two follow-up emails received in this research. This technique was not utilised in the current study but could possibly be a more valuable way of using email add-ons.

With regard to the psychotherapists willing to participate, a more gender friendly choice may have contributed to an understanding of possible gender distinctions and differences in coping. Though this study was explorative in nature and in

terms of coping in private practice, could have brought another perspective on how fortigenic qualities are experienced between females and males. In this study only one male respondent was included. The reason for this was the unavailability of males to participate, probably because of them being a minority group in the profession of psychology and not easily available. Furthermore, psychologists in full-time private practice for longer than ten years are also a minority group.

On the other hand, it might also be criticised and therefore unfortunate that there was in fact only one male perspective included in the study. It is noteworthy that the male conversational partner had a distinctly more pragmatic and analytic perspective of private practice. One could hypothesise that male respondents think differently about the challenges of being in private practice, which might indicate a possible gender difference. Another explanation could be the fact that this happened to be the conversation, which had to be re-recorded due to technical difficulties. This might have influenced the initial spontaneity of the research conversation. Further research might shed more light on gender issues in private practice for psychotherapists.

Another critique is that I as researcher briefly introduced the problems encountered by previous research participants to next conversational partners. This happened in conversation C and D. This could have had the effect of influencing the responses, contaminating the research. But in listening to the recorded interviews several times, it seemed not to have much of a contaminating effect. The conversational partners continued the research conversation with self-assurance. Similarly with themes from the literature review; the conversational partners seemed to comment their opinion on, for example, resilience and then continue with the construction of their own private research narrative (Potgieter & Heyns, 2006). In retrospect, I am of the opinion that this contributed to the co-constructed nature of the research narrative.

Another critique could be whether it was necessary to include the research conversation from conversational partner E, when it became apparent that this conversational partner was not necessarily coping in private practice. The conversational partner mentioned the possibility of herself suffering from burnout in her current condition. But it is vital to keep in mind that the fortigenic perspective does not aim to present a one-sided, idealistic view of life. For this reason it was of value to the current study to include the description and reflection from conversation E. Having a fortigenic perspective does not propose a perfect world, but rather focuses on exploring strength-enhancing and resilience-producing factors towards attaining flourishing, flow and well-being (Nakamura & Csikszentmihalyi, 2005; Seligman, 2005; Strümpfer, 2006b). Such factors can be explored from any case study and a burnt out individual could perhaps supply valuable information with regards to the prevention of burnout.

Trustworthiness, validity and stability of the research

Referring back to chapter four, an evaluation can be made of the research trustworthiness, reliability and validity. When considering the reliability of the research project, it can be commented that care was taken to explicate the entire methodology of the research process step-by-step, in order to facilitate the clarity of the process for the replication of the process. The research does not claim generalisability to the greater population, as it is not a quantitative research study. When it comes to the validity of the research project one needs to evaluate the credibility and stability of the research. All original texts and evidence for interpretations were provided in the study, this allows the reader to follow the trail of thinking and for continual checks on the credibility and validity of the research.

The stability of the research was ensured through interviewer-stability, intersubjective stability in the transcription of the interviews and the inherent logic of the study. Another component of validity is accounted for and this is self-

reflexivity. Due to the qualitative nature of the research, the impact of the researcher on the research process is accounted for.

Finally, a critical audit was conducted as in chapter four, according to the criteria from Kvale (1996) in evaluating the qualitative research process. This is a helpful and responsible way to account for the trustworthiness of the research. Therefore, based on the work of Kvale (1996) as in chapter four, one has to audit the research by accounting for the main criticisms against qualitative research:

Qualitative research is not scientific, but only reflects common sense; it's not objective, but subjective; it's not trustworthy, but biased; it's not reliable, it rests on leading questions; it's not intersubjective, different readers find different meanings; it's not a scientific method, it is too person dependent; it's not scientific hypothesis testing, only explorative; it's not quantitative, only qualitative; it's not generalizable, there are too few subjects and it's not valid, it relies on subjective impressions (Kvale, 1996, p.284).

Paradoxically, this list of critiques mentions some of the strongest and most valuable qualities of qualitative research.

Critical evaluation of the field of positive psychology

In order to retain balance, one has to be aware of the criticisms to one's field of study, as this pertains to the critical evaluation of the current study. Handler (2006, p.41) who attended a positive psychology course harshly criticises positive psychology as a movement saying that it does not go deep enough and equates it to Freudian repression. In response to his statements, Albert and Kahn (2006) highlight the value of positive psychology. The development of a new movement is bound to elicit severe criticism and scrutiny and I firmly believe any field of research should welcome such critical feedback in the process of

establishing theory (Aspinwall & Staudinger, 2003; Snyder & Lopez, 2005). I think this process in fact stimulates the necessary thinking and critical evaluation to give a movement its foundation.

Compton (2005) argues that positive psychology has a duty to show that scientific theory translates into positive changes in the world. According to his opinion this is already underway and is meeting with quite a bit of success.

Positive psychology has touched a chord in many professionals and students. Every year the area draws more attention. Many people seem enthusiastic about an approach to the study of human beings that emphasizes the positive, the adaptive, the healthy, and the admirable qualities of humanity (Compton, 2005, p.249).

In the current study, the definition of scientific theory is broadened and other forms of practising science, such as qualitative research methods, are being utilised. These methods can, in fact, contribute to the bigger idea of science contributing positive changes and outcomes in the world, as the research can be applied on a practical and pragmatic level (Kvale, 1996).

Strümpfer (personal communication, August 1, 2008) echoes (or resonates) the same sentiment in saying that the strength perspective (fortigenesis), which is part of positive psychology, is a value approach or a philosophical approach and not a movement in history. The reason for this is that the divisions of studying a topic like resilience is falling away, in that resilience is studied in a variety and array of fields like social work, medicine, economy, architecture and so on. It can therefore not be judged as a movement happening only in psychology, but rather as an approach. The focus is not on exclusion or seclusion but rather on the inclusion, consilience, synthesis and integration between various fields developing the concepts of resilience and fortigenesis (Wilson, 1998). Therefore it is becoming important to read a wider collaboration or variety of research from

various fields. Although Strümpfer (2006) has done much for the field of positive psychology and fortigenesis in South Africa, and can be recognised as the father of the concept of fortigenesis, his focus has been mainly on quantitative research, and I am of the opinion that there still remains a need for the development of qualitative research conducted in the field of positive psychology in South Africa.

Another critique is the question of whether salutogenesis, positive psychology and fortigenesis is a paradigm dream, or can this approach become a paradigm? Can this approach challenge the mainstream thinking enough to bring about a change or shift in perspective? Perhaps the world is ready for such a shift, perhaps such a change is needed in some way? Pilsner (2003) refers not only to a paradigm shift, but also to what he calls 'the wellness revolution'. While some wonder if this approach is in fact impacting on the world, others see it as causing sweeping changes globally. This is where positive psychology and fortigenesis is also developing as a field or perspective within the broader context of psychology in the twenty-first century (Seligman, 2005).

An important point to consider involves the theory of opposites and balance (http://universal-mind.org/Opposites_and_balance.htm). According to this ancient Chinese theory opposites dominate our existence on earth because we exist in the realm of separation. We experience night and day, we are male and female, we feel happiness/sadness, interest/disinterest, pain/pleasure and our existence is governed by opposite states. Opposites lie at the core of our experience and although they are distinct in their own right, one cannot exist without the other.

Therefore, there is up and down, sickness and health; and one state cannot exist without the flux presence of the other state. Each state is a temporal condition, thus happiness is followed by sadness, what goes up must come down, a bull market if followed by a bear market and so on. Yet, according to this theory, which is closely related to the Ying-Yang theory, the centre of two opposite states

creates harmony. In every aspect of life the centre of two opposites appears to create the most harmony and therefore also balance. Opposites need to be considered as part of a cohesive whole, where both sides are of equal importance, none being more valued than the other. According to this thinking, it might be important to see positive psychology as a part of its opposite, more “negative” paradigms of psychology, as part of the greater whole – a cohesive concept of psychological thinking and theory. From this position, balance and harmony can best be created from the centre of the two opposites. When opposites are brought together they find completion in each other, and perhaps likewise the same is happening in the field of psychology (http://universal-mind.org/Opposites_and_balance.htm).

It is therefore vital to understand the notion of ambivalence, where positive psychology is necessarily implying its opposite state of negative psychology. The process of holding two opposite states in mind at any one time, creates ambivalence. It is then the capacity to understand, tolerate or contain ambivalence, which is necessary to understand the place of positive psychology in the larger scheme of the field of psychology (Watzlawick, Weakland and Fisch, 1974). I find that the work of Seligman (1999), Csikzentmihalyi (1999; 2005) and Strümpfer (1995) introduce positive psychology but fail to present it as a both/and model - thus a model which includes its polar opposite options and which does not exclude these possibilities. It is then also the capacity to contain and understand ambivalence, which leads to resolution and well-being. In this way then, the interactional-systemic model of therapeutic intervention can also be viewed as a route to a well-being model (Watzlawick, Weakland and Fisch, 1974). The focus shifts away from 1st order fortigenic detail, such as only naming the specific fortigenic characteristics, beyond to identifying the 2nd order fortigenic perspective in reflecting resilience, coping and well-being through the interaction of various components (narratives).

Another aspect is the question of the cultural component of well-being and happiness. Sue (1998) highlights the idea that mental health professionals must demonstrate cultural competence, and this includes the ability to understand cultural variations of the definition of happiness. The work of Uchida, Norasakkunkit and Kitayama (2004) shows substantial differences across culture when it comes to evaluating happiness, where happiness is defined in terms of personal achievement in North American culture, while being interconnectedness in East Asian cultural contexts. Well-being is seen as predicted by a person being embedded in social relationships, which once again points to an interactional component to well-being. Perhaps, it is the interrelatedness of these various components that need to be considered within the field of positive psychology and leads one forward to contemplate possible future directions for the field of positive psychology.

The current research study utilises a qualitative research approach that is compatible with the values and philosophy of positive psychology. On a process level, this results in integration and synergy between qualitative research and the fortigenic perspective. This has been useful in the process of presenting the various complex levels of the research in a coherent and integrated manner.

Dissemination of the research

The usefulness and practical application of the research project is enhanced by the dissemination of the research to various audiences, including students and those in internship programmes. It can be presented as a workshop to students in clinical and psychotherapeutic training, and as internship training of psychologists at the various internship-training institutions. Presentations can be given at various continued professional development supervision groups for the benefit of practicing psychotherapists.

An academic article will be prepared for publication in an accredited local or international journal for interest of practicing psychotherapists (Elliot, Fischer & Rennie, 1999). A second article can be prepared on the methodology of narrative synthesis and the process of narrative synergy. A short article can be published in a popular South African magazine, e.g. *New Therapist*, for the interest of young practicing psychotherapists. The ideas and suggestions made by the psychotherapists in full-time, long-term private practice could also be incorporated into a manual for young therapists new to the field, with guidelines on how to embark on the journey of establishing full-time private practice. A research summary can be placed on the Internet to stimulate future research in the field, e.g. www.ResearchDigest.co.uk and a book or manual for practitioners can be prepared on the topic (Effendi & Hamber, 1999; O'Hanlon, 2003; White, 2003).

Furthermore, the research will be presented at national and probably at international conferences in order to present the research to the academic community. This would also open the research to deeper evaluation, stimulate and extend further conversations, which is in line with the ontological and epistemological perspective of the current study. This will in turn contribute towards the development of qualitative research within the field of positive psychology. Finally, a fictional book or literary work can be compiled with the permission of the conversational partners, loosely based on the research, which can be distributed within the field as a view on the experience of seven psychotherapists in the occupation of long-term, full-time psychotherapy. This idea is in keeping with the narrative approach of the current study.

Recommendations for the future

The process of research synthesis and synergy highlights various valuable contributions in the new narrative. Apart from the focus on the importance of fortigenic qualities in full-time, long-term private practice, various practical

guidelines emerge. There is a clear indication that there is a need for adequate business training, covering all aspects of business and finance, as it pertains to the running of a private practice as a business. This training can be implemented at university level as a six-month module to equip aspiring psychotherapists with the skills to succeed in private practice. This training can be enhanced by entrepreneurial skills training from the department of business and commerce, which in turn facilitates collaboration with this closely related field of psychology. Furthermore, training for psychotherapists should definitely include more focus on well-being and fortigenic qualities, as it is such a demanding occupation (Levin, 1983). A fortigenic perspective lends itself towards such an integration, and the possibility emerges that the training for psychotherapists could in future follow a more fortigenic approach. Student psychotherapists need to be made aware of the fact that in order to cope with long-term, full-time private practice the synergies need to be balanced, which then creates integrative fortigenic resonance.

Another contribution can include a continued professional education and development course on the topics of business highlighted in the research, as a catch-up or add-on for psychotherapists already in private practice. This in turn would then serve to satisfy the demand from psychotherapists for higher quality CPD activities and courses, in that such a course will be practically useful to the psychotherapist. Business and financial skills will contribute towards well-being in private practice and perhaps also to the success of full-time private practice.

I also recommend further in-depth research with psychotherapists in private practice. An important topic that I came across in the research process is the effect that the process of telling a life narrative can have on the narrator. This topic links with the research of McAdams (2005), who speaks of the narrative identity that is created by the act of telling your story. In this study the identity of the universal therapist is created in the telling of the new enriched narrative. This is the creation of new knowledge, which enriches our understanding of the topic

of research. Another topic for potential future research includes exploring the experiences of psychotherapists working in other areas, such as universities or corporate companies. One can explore what the fortigenic qualities are that allow them to work and function in such different environments.

Further research in the field of qualitative research can be conducted within the field of positive psychology. Currently the main focus in this field is still on quantitative research methods (Strümpfer, personal communication, August 1, 2008). The focus needs to move to unifying theory and terminology in order to create depth in this field. This will assist in further establishing the theoretical perspective of positive psychology. Qualitative research also calls for a more systemic approach, identifying the interconnectedness and relationship between the fortigenic qualities giving in-depth meaning towards the understanding and relevance of positive psychology.

On a pragmatic level, recommendations for the psychotherapist in private practice include: establishing competency in business, financial and administration skills; developing effective emotional coping strategies; making sure that you have adequate support and continually being willing to learn and grow. A suggestion is that psychotherapists in private practice reading this research will find it beneficial to read the transcriptions of the research conversations (Appendix C). This supplies the first hand communication from experienced psychotherapists in full-time private practice, where further, deeper understanding is gained. Furthermore, it is recommended that the psychotherapists explore the list of activities as a means to enhance life and increase fortigenesis. These activities include: listening to music while driving home, art, photography, decoupage, mosaic, walking, tennis, yoga, meditation, hiking, biking, swimming, diving, snorkelling, fishing, hunting, training dogs as pets and gardening.

The psychotherapist in private practice will find it valuable to explore the work of Fava and Ruini (2003) where they include the concepts of positive psychology and fortigenesis in a therapeutic model, which focuses on extending treatment to a focus on well-being. Their article in the *New Therapist* (2005) highlights how to incorporate well-being therapy into private practice. This is an example where the strength perspective of fortigenesis is practically applicable in the broader context of psychotherapy.

In order to maintain private practice over the long-term, it is important to incorporate and integrate several of the suggestions and recommendations obtained from the research. This integration is represented by a synergistic process, which is reflected in the research process as well. The psychotherapist who attains such synergistic integration would then enhance their fortigenic coping and personal well-being.

Original contribution

Evaluating whether the research makes an original contribution must be considered on various levels. The topic of fortigenic qualities have been widely researched, but the fortigenic exploration of psychotherapists' experiences in full-time private practice, seems not to have been addressed before. The research study presents a unique process of exploring the opinions and views of experienced psychotherapists in full-time private practice. The new enriched narrative, also presents a fresh perspective on the topic of study. Furthermore various practical recommendations are of pragmatic value.

Not only is it necessary to evaluate the topic of research and the theoretical research contributions, but one must also consider the methodological contribution of the research. Sometimes when a new field is chiselled out, like in the case of positive psychology, the ideas are in fact based on existing

foundations, as in the article written by Strümpfer (2005, p.21) where he mentions *“standing on the shoulders of giants.”*

Qualitative research has the component of exploring and describing the research, which leads to new understandings of the topic (Kvale, 1996). The research process and methodology is carefully described and accounted for. In the current study the methodology of narrative analysis is adapted and extended to include narrative synthesis and narrative synergy. This new approach is chosen as it fits with or resonates with the narrative ontology and epistemology of qualitative research.

The end of self-reflexivity

In a critical evaluation of the self-reflexive component of the research process it is pivotal to note that traditional research would not see the purpose of including personal insights into the research process. I believe that this process allowed me the opportunity to merge components from my personal process, as documented in my research journal, into the research process. My research journal dates July 2004 – April 2010, and closely follows the entire process I personally experienced while embarking on this research journey (Foucault, 1988). This allows the opportunity for my research journal to be another private narrative, which enters into conversation with the various narratives of the research process (King, 1996; Terre Blanche & Durrheim, 1999).

In evaluating the process of this research project, I was aware that I had the privilege of having three supervisors during the course of the study. I hope that I do justice to the remarkable contributions I received from these mentors. My first supervisor was responsible for leading me to the point of being ready for embarking on this research project. He was specialised within the field of positive psychology and research and contributed to the formulation of the theoretical components of the research study. I went through a period of mourning and grief

over three months after the sudden death of this supervisor. This time lapse was appropriate and necessary for the continuation of the research process. I had a second interim supervisor appointed by the university.

Finally, my third supervisor is highly experienced and stepped in to lead me forward to the completion of the research process, at a time when such guidance was dearly needed. This component created the conversation between the researcher and the supervisors; initially it was difficult to listen to all the different narratives contributing to the supervision of the research, but with some time and effort, I developed the ability to hold the ambivalence simultaneously in mind, which served to enrich the depth and understanding of the research further (Watzlawick, Weakland and Fisch, 1974).

There is then a process of coming together, or synergy, that occurs between the contributions from my supervisors, which enhances the quality of the research and reflects the synergistic process of the research methodology (King, 1996; Terre Blanche & Durrheim, 1999).

Conclusion

This final chapter of the research project is the conversation between the research and the academic community. It accounts for a final critical evaluation of the research methodology and the entire study. This evaluation is an important final step in qualitative research and must be rigorously accounted for (Kvale, 1996).

This chapter draws a conclusion to the research process by making various important recommendations and useful suggestions, which can be beneficial to the reader if implemented. In writing this final chapter it serves as a catalyst in sparking new ideas for the development of research into the future, in the words of Roald Dahl in Browning (1982, p. 83) *“Above all, watch with glittering eyes the*

whole world around you because the greatest secrets are always hidden in the most unlikely places - those who don't believe in magic will never find it.”