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APPENDIX A



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INFORMATION LEAFLET AND INFORMED CONSENT FOR THE PSYCHOTHERAPIST

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF PRETORIA

Researcher: Erica De Lange
Contact tel: 082 937 3319 or 012 362 5902

Introduction

You are invited to participate in a research study. This information leaflet will help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions do not hesitate to ask the researcher. You should not agree to take part unless you are completely content with all the procedures involved.

Title of the study

The fortigenic qualities of psychotherapists in full-time private practice.

What is the purpose of the study?

You are a psychotherapist in full-time private practice and the researcher would like you to consider taking part in this research study in order to explore the fortigenic qualities of a psychotherapist in full-time private practice.

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.

What are your rights as a participant in this study?

Your participation in the above study is entirely voluntary and you can refuse to participate or withdraw from the study at any time. No reason for the refusal or withdrawal will be required.

What are the risks involved in this study?

There are no risks involved in the above-mentioned study.

Confidentiality

All information that is obtained during the course of the study is strictly confidential. Any information that will be presented as part of the requirements of a doctoral study or that may be reported in scientific journals will not include any information, which identifies you as a participant in this study. If you wish to withdraw from the study, all relevant information provided by you, will be destroyed.

Informed Consent

I hereby confirm that I have been informed by the researcher, Erica De Lange, about the nature, procedures and risks of the study. I have also received, read and understood the above information regarding the study.

I am aware that the results of the study, including personal details such as name, age, sex, and date of birth will be processed anonymously.

I may, at any stage, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and declare myself prepared to participate in the study.

Participant's Name Participant's Signature Date _____

Researcher's Name Researcher's Signature _____
Date

The researcher, Erica De Lange, herewith confirms that the above-mentioned participant has been fully informed regarding the nature, procedures and risks of the research study.

Witness's Name Witness's Signature _____
Date

APPENDIX B

Checklist for Exploratory Conversations

Opening question for unstructured phase of exploratory conversations:

“Tell me about your experience of maintaining private practice for longer than 10 years.”

The researcher continues to:

- Probe
- Rephrase/reframe
- Clarify
- Explore meaning in the conversation (Kvale, 1996).

Broad theoretical themes for semi-structured phase of exploratory conversations:

The psychotherapist in full-time private practice:

- Historical development (Time frame) – journey of career in psychology.
- Strengths
- Underlying Skills
- Psychological Resources
- Stressors
- Personal Coping Skills
- Ethical Conduct
- Values
- Emotional Intelligence
- Self Care
- Psychological Challenges

* The checklist serves as a guideline for the exploratory conversations. The researcher will use the checklist to ask probing questions during the exploratory conversations.



APPENDIX C

TRANSCRIPTIONS OF CONVERSATIONS

CONVERSATION WITH CONVERSATIONAL PARTNER A:

- RESEARCHER:** Just for the record, for my record, it is CONVERSATIONAL PARTNER A. And just for the record, how many years have you been in private practice, full time?
- CONVERSATIONAL PARTNER A:** My son is 16, so it must be around 13, 14, it must be around that.
- R:** Okay, good. Now, my research question is basically an open ended question which says "tell me about your experience of maintaining private practice for longer than 10 years, or 13, 14 years that you have been in private practice?"
- A:** I take it you don't mean the business and admin part of it.
- R:** All of it.
- A:** All of it? I think, I might be wrong but I think most psychologists struggle with the business part. I was lucky there. I come from a family where don't work for anyone, we cannot do it. It is too difficult and we fight with everyone, so there is no way I could do that. And I think you sort of take it in, you don't mean to but its sort of automatically part of you and I know when we started, you know how we started, don't you?
- R:** No.
- A:** Did nobody tell you the story?
- R:** No.
- A:** Okay, I will give you the story. We were all working at the department, it was known as (department) before they went through a number of name changes. I have been there for about 2 or three years, but we picked up numerous problems there. Within a year we changed the department model with the same budget and the same staff we changed from R11 000,00 or R12 000,00 per year to R100 000,00 in one year. It changed the entire structure and management was incredibly threatened so then they started to forbid us from doing it. We are not allowed to do this, we are not allowed to do this, and the Director at that point couldn't stand me personally. The one day it was very funny. He was punishing the whole section and most of us were there from the whole section, and I decided I am not going to say anything, else we have a performance again. At some point I decided there is no way I am going to take this rubbish and I got up. And in front of everyone, I mean he was shaking literally, like this (indicates shaking) and he says: "Look what you do to me."
- R:** Ag CONVERSATIONAL PARTNER A.
- A:** Ja serious. And then he decided he had had enough of me. I mean at this point the Director-General asked me to leave meetings, saying to me "the Director is not able to talk when you are in the room. Would you please leave". It was chaos. Then he decided to transfer me to another office, that is where (colleague) was working. There was some report we had to do and I decided I was not going to do it. So, (colleague) said to me "you know, you have to do it." And I said, "Rubbish, I don't have to do anything." So, he said, "Why won't you do it?" So, I said, "Because I will never get promoted while so and so is here and I am wasting my time". So he says "Well will you give me that in writing?" So, I said "No, I will give you my notice in writing. I will no longer be working here. I will go and tell the DG." So, he says, "Have you told (another colleague) that you are resigning?" And I said "No, I have not I told my husband I have resigned." So I told (another colleague). She says, "What are you going to do"? I said, "I'll start a practice". She says "where". I said "(suburb)". She said, "Oh, I will come join you". So we got out and then we started and within four weeks we were working in private practice. So that is how we started, we walked out.
- R:** That was out of duress?
- A:** Within four weeks we were fully booked.



- R: How did that happen?
- A: I have no idea. I am a very good marketer.
- R: That marketing component.
- A: I spent the first two to three weeks booked every hour another GP, another specialist, another GP, another specialist and decided that if they refer someone, it doesn't matter if it is one of these social worker cases, I will achieve something. That they will refer again. Fortunately it worked. So, I guess that is one of the things, to be able to market yourself, and that I am good at.
- R: And that is the business side?
- A: The business side. The thing about self-employment is that you have to be able to be self-employed, that is part of being in private practice. A lot of people maybe don't understand that. I think it is a background thing. If you are self-employed, it is very difficult in psychology, you actually have to go a lot further than you would if you were working for someone else. You cannot say I am going to work five hours a day, if there is work and you would be very grateful there is work. And if it is inconvenient hours then so be it. I don't think it works otherwise too well, I couldn't do it. My father is in his 70's and he's got a new business going, so I think it is genetic.
- R: Wow. It is almost a different mindset? And were you maintaining that? So, you say you were full and booked in four weeks? How was it to maintain that?
- A: It is ok. Look you do have periods when it is up and down or not so busy and everyone panics. And that doesn't get better. I spoke to someone about it years ago, who has one of the largest medical practices in town, I don't know what her turnover would be... and she says to me, the one branch of the practice was quiet this month. She says, "I felt absolutely panicky and I am convinced I will never get another referral." I spoke to one of the specialists, about two weeks ago, and he is booked up four weeks in advance, and he says to me, "It is quiet today and I am quite convinced no one will refer to me again, I have upset absolutely everybody." It doesn't go away. It doesn't matter. So, you find your numbers dropping because medical aids are depleted or you just have too many people better at the same time. And you sit without a whole bunch of people. And then you think what must I do? And panic sets in and you must control it and think don't be stupid it will get better at some time.
- R: Controlling it, what do you base that on? Is that from experience?
- A: Experience, yes.
- R: That you know that it will improve.
- A: And deliberately telling myself, which is always a cognitive factor. To be able to say to yourself, this is how it works, been here before, I've been here before.
- R: And the reason why it goes up and down mainly?
- A: Medical aids exhausted and like I say, you terminate too many cases at the same time.
- R: Just to get back to your marketing, CONVERSATIONAL PARTNER A. Did you continue to market throughout the years of practice?
- A: Ja, I don't generally go to see doctors but I very rarely pass up the opportunity to make a phone call. So, if someone is referred by a GP or someone like I don't know, I will almost invariably phone that person and make friends on the phone and chat.
- R: Which is a networking skill, to be able to network and connect with the person that have referred, which gives you a referral base. And how did that work, is it specific to (this town), how did that work for you over the last 14 years?
- A: Because I would often ask "Where are you situated and can you send you details through?" or something like that., and then you get more referrals.
- R: Even that they just know your voice, and that they connect you to where you are working and your name.
- A: Yes. And you'll often find, that is often strange, three or four people coming in for the same person, not referred, but coming in from the same GP. That have the same GP. And it seems to come in waves or phases. And you have to stay in touch when it happens.
- R: Ok, well it is interesting to actually go with that, when you identify a pattern like that. It is to then follow that, because it might be a referral source for the future, it might be a way

of building a bridge. Okay, and administrative side, you mentioned that briefly.

A: Ag, my dear, look we do our own accounts. We don't give it out. We do it ourselves, we prefer to keep that control, I don't trust people to do it. You hear too many bad stories, that they didn't send out the account or follow up or whatever. We have one receptionist who does the accounts as well. She is very nice about it. So, she does that part. And what she, we also hand over, we have got to call into one of the lawyers to just check how it works, but up until the new Credit Act came in, we were very strict about it. I don't do it, I don't want to know about it. If an account is overdue, (secretary) knows exactly what steps to follow, she does it. I don't care who it is or what their story is. They committed to pay, they pay. I don't charge interest on accounts although it is written on the form that I have the right to. And I am accommodating when they come and they make arrangements to pay instalments. If they don't do it, she follows up.

R: Then that would be the legal component?

A: Yes, I will hand them over to attorneys. The one we are handing over to at the moment, I think is actually unusual, he is actually sweet. He is incredibly kind and actually phones the people and he talks to them. And tells them it is a good idea if you pay your account, it is amazing how many do. He is the sweetest thing and gets it right.

R: In the success rate?

A: High.

R: Is it?

A: We have used ITC before but not at the moment. The medical council has said you are not allowed to. But they are not in practice. This has honestly been my attitude on these things. If you are struggling to get things out of people, and they can't pay you, then they can't open another account until they have paid their debts. And suddenly they find the money to pay you.

R: I wonder, it is important CONVERSATIONAL PARTNER A, because that is exactly what this study is about, to find out what are the dynamics of practice over a long period of time which maybe doesn't go hand in hand with what the medical council says.

A: No, no. And they will send you info saying you are not allowed to do this or that. But at the moment because I am not sure what the new situation is in terms of the new Credit Act, at the moment I am very, very weary about giving any credit. I am expecting people to pay when they come in, if the medical aid is exhausted, but our bad debts, when last I bothered to look, I think they are about 2%, 3%. That is very low, within the framework of private practice.

R: It is extremely low?

A: You will hear of other practices that run on 50% plus. So, we have obviously got that more or less right.

R: And that basically what you are saying is running the system with your own control and using the resources, the legal side of it, if necessary to be able to manage the admin side of it. There are many of the people who are uneducated, they don't know about that because it is not part of the training.

A: Ja, it has never been part of the training. Basically we didn't have a single, single lecture on that ever. It is a waste... I think it will, because they don't know how to do it. They are at university and don't have to do it.

R: Run business?

A: Yes. And they don't know what they don't know.

R: Okay, and that might be why there was no module for business skills.

A: Yes. In training psychologists, to prepare them for private practice. It is very important because of that sort of business skills it should actually be, then be a six months course. And if you look at other directions, it is an integral part of the course. If you look at the para-medical fields, like OT, it is actually part of their course, they incorporate it.

R: When you started off in practice, getting that off the ground with the marketing, how did you experience the first say five years of maintaining that practice?

A: Same as the rest of it. I think I enjoyed it more. I was on a bit of high on it. It becomes routine afterwards.

R: After how long about would you say it was routine?



- A:** Oh, 3, 4 years,
R: After 4 years?
A: Ja, the first while, I couldn't cope, couldn't cut off at all and I have noticed with other people that start businesses, not necessarily practices, that even over weekends you don't cut off. You are totally involved with what you are doing, in knowing it has to work.
R: And then, how do you cope with that, what do you do to manage that?
A: I don't think I did anything to particularly manage it. I think I just rode it out.
R: Rode it out and got on?
A: Afterwards you get use to it and then it, and you get used to it, basically how things work and you start realising that the referrals come in and you realise previously who referred and you realise people, medical people start referring to you and it seems to work.
R: And the work side of it, the psychology side? Cutting off, I know it is important to be able to kind of unwind or cut off from work. How do you find that?
A: I think it is difficult quite frankly. I do it, to some extent. Some people are easy to cut off from, I think we all have people... this morning if you ask me who I saw I won't be able to tell you. It is not difficult, it is not technically difficult, there is no, one is involved when they are in the room and that is fine but there is no continuation afterwards. What I tend to do is when I see someone and I make notes in the session and I always end a session with notes to what I must continue with in the next session.
R: To give you kind of a link into the next session.
A: Ja, so it saves a hell of lot of time, and I try to develop a sort of treatment plan within the first, two or three sessions so that I have got a pretty good idea of where I am going. It saves me time, so with people like that, I dunno, I have got a pretty good idea of where we start and where we ended. Even if the session was quite rough I am okay with that cause I know where I am going. Whereas to sit with people that I am not quite sure how I am going to do this, especially with the difficult technical things involved where I don't quite have my answers yet, I have got an idea but I am not quite sure how to do that. I won't cut off from that, there is no way, not until I have a good idea of what I am going to do.
R: Does that stays with you for a while?
A: Until it is sorted out. That will carry on days, weeks if necessary. I won't cut off until I have got an idea of how to deal with it.
R: And how do you attain that, how do you get to that point? Do you do research?
A: I read up and sometimes speak to colleagues and sit with this stuff. I often sit with files and go through them over and over, to try and work out is there something I missed? If there is a question that I should be asking that I haven't asked. I will give an example to make it a bit easier. There was this quite nice technical case that I think I resolved quite well. He had, he is sadistic, not currently, but was involved in a lot of torture, involved with this sadistic element to it. When I started seeing him, he was no longer involved in that, but was using the imagery, he was PTSD as well, but he was also using the imagery of torture to calm himself down. So, now this is a whole problematic thing here. It is very hard sometimes to let go of these images, they don't want to let go of these images, they serve a purpose but it is not really okay to do this. I mean, to visualise how you are torturing someone or how you are assaulting someone to the point of: I can feel the blood, this is how it feels and at times the only way to calm yourself down is to visualise this. What is the bio-chemical process involved here? If we are talking sadistic element then there would be habituation thinking in place. If it is more an obsessive-compulsive thing, the habitual thinking is not going to take place. So, you sit with a technical problem of which way should we go and treat this? Should you aim at blocking it, as in OCD that you actually block the memories and see what effect that is going to have. Or you need to go the habituation route, if it is sadism. Choose wrong and you can have a build up of aggression and violence and an aggressive outburst. Or alcohol abuse, probably combined. So, this is the sort of thing I sit with for weeks trying to work out what is the better route to go and asking questions and then trying to work out technically, okay eventually deciding that it is a sadistic element and you have to go the habituation route, and then how to reduce the habituation? What are the steps involved



- to get this right? If you get it wrong, and again I can sit with violence.
- R: And this is the reality of private practice?
- A: Ja, for me it is the reality of private practice. It can be quite difficult.
- R: So, you are really saying that the difficult technical cases stay with you?
- A: They stay with me.
- R: The rest of the stuff you are able in a way ... (interrupts)
- A: If I know what to do, I can really let go of it and not worry. It is more when I am sitting with something which or I haven't really satisfied myself in terms of the diagnosis yet. There are things that are simply not making sense.
- R: And how do you cope with that? What do you do?
- A: I worry a bit.
- R: Worry?
- A: I worry a bit, but it stays with me all the time. I simply cannot let go that sort of thing until I have the answer in my head.
- R: So, it becomes like a project to find the answers and to be able to go on with that case. Exhausting?
- A: Oh yes, totally, completely, but it doesn't help. That is when I play Melissa Ethridge very loudly in the car, sometimes Pink Floyd. Depending on how bad it is.
- R: Okay, is that music and stress relief?
- A: While driving, yes.
- R: Okay, are there other types of stress relief that you do to cope?
- A: Paint, art.
- R: How often?
- A: I sketch by myself twice every week. It depends also on how agitated I am. If it has been an easy week, that is fine for me, if it has been a horrible week, actually I choose projects that I am working on, I do have a few projects running at the same time. If it has been a relatively easy week, I will paint something nice. If it hasn't been easy, I will paint something horrible. Or something that is very, very emotive and will express a lot more in what I paint.
- R: And that allows you to release it, to get rid of that.
- A: I did one recently, I don't have a photo of it here, it is actually quite a nice one, I think . I was sitting with someone as well. I am still not happy with him, he is still bothering me. I mean, he phoned me the other morning at 2 o'clock in the morning. "I am going to kill my family." And he has been drinking, I can hear it. And I am sitting in (another city). Fortunately I could sort that out. But I was sitting with this and I couldn't work it out, something about him was upsetting me. Fortunately I had a primed canvas and then I went and I took lots and lots of complementary colours, nice contrasts and I painted these bold, angry, upset, disruptive stripes all over the place. If you look at it, it upsets you. But you see with these people you sit with a fragility at the same time. So later when I was feeling a bit more in control, I painted these delicate flowers on the stripes. But they have no grounding, they are just floating on these stripes. And I think it is pretty expressive of how I felt.
- R: Do you use that almost as a technique of insight?
- A: Very much.
- R: Because what you feel you almost are then putting it into the art and you can interpret that again at another time?
- A: It is much easier.
- R: Okay.
- A: Because once I have projected it like that, I can actually sometimes see where I am with somebody.
- R: It is very interesting, because later you can cognitively interpret that, but you captured the emotion at the time when it was necessary, especially if it a type of case you describe that can be very-very difficult.
- A: So, for me that works generally well because I can pick up what on a subconscious level I haven't been aware of.
- R: Because it is pure emotion in the art.



- A:** You pick it up and you pick these things up in the session but you can't, or I can't always express it.
- R:** Of course not. Language is sometimes behind or limited in that way.
- A:** Yes, yes. The one behind you (indicates painting on the wall) I painted, is not a good composition, but it is quite an interesting one to do, that particular one. The guy has quite a lot of insight and he came in and he walked up and he looked at this, and he turned to me and he said: "Dit sal jou leer om met mense soos ek te praat." (That will teach you to speak to people like me). He picked it up immediately. Now, that one was quite an interesting one. When I did it I had the feeling that it was about him and I had the feeling that I was standing at the top of an abyss. And what he needed to talk about and had an intense need to talk about, the acts of perpetration, I honestly did not know what to do with. I knew if I go there, there is no standard treatment for this stuff, what do you do? How do you deal with this? So when I am standing at the top here, and I go down there, I am going to have to deal with this. I don't know how to work with it. If I get him to talk about it, I am actually... even if I told him I don't know what to do with him, which I have, I still sit with some responsibility in this whole situation. I can't then say, "Okay, now you have told me about all this rubbish you have been involved in and all this nonsense in your head." And then say, "I am sorry, I don't feel like this anymore." I've got responsibility. And then I decided I got to paint that, it's quite dark but I can't paint in dark, this nothingness. So I thought all right, let's put some light there. And it was the desert. Which is what I painted, then I did the face in the sand in the dunes. And only afterwards I realised I did not put a perpetrator in. And it was my whole sense of working with this person, and he picked it up, he called me Himmler. And in a way, allow him to approach what he had done, he was feeling tortured. He had voluntarily put himself in the situation, in the therapy, but I was picking it up. That I am doing this to him and all the psychodynamics relating to that, that are involved.
- R:** So that artistic mechanism, and that is from your own skill, in having been artistic, having that talent, having that ability and bringing that into your therapy skills? Ja, especially with those cases. Just for the record, CONVERSATIONAL PARTNER A, a lot of your practice is now part of the doctorate, is these kind of heavy cases?
- A:** Heavy cases, ja.
- R:** Do you find that word of mouth your practice is changing over to more cases like that or not?
- A:** I have quite a number, no it won't be word of mouth. They won't admit to it and certainly not refer buddies. There is no way. It is more that I will pick it up and ask the right questions. I had a guy come in this morning and I know where he worked, and I, at some point, I let something fall. And visibly paled and he literally asked me, "You know about that stuff?" And I said, "Yes I do know about that stuff." And an incredible need to talk about it, but if I don't give an indication that I am aware of it, they will not talk about it. And it is endemic. So, I think a lot of them see shrinks who won't ask those questions.
- R:** Perhaps just unaware of it?
- A:** Unaware, not just that it happened to them but what is happening to them, it is current.
- R:** Okay, and that makes it quite a tough practice.
- A:** Ja, but interesting, it is not work.
- R:** And in all the years in doing private practice, does it still remain interesting?
- A:** That part is interesting. They drive me crazy sometimes but that part is interesting. It is dangerous as well, because if I see someone like that, and they're all risks for family murderers, they're all risks for suicides. They are quite frankly quite dangerous people. It then, the switch over to someone who is relatively normal with every day issues, is difficult. If you see someone who is misbehaving like that and creating drama as far as they go, you know after that, if a kid comes in and says, "My boyfriend dumped me" it takes quite a bit of effort to say actually this is important. So that type of switch becomes difficult.
- R:** And over, your overview like overall psychology as an occupation, the switch over from that back to normal life?
- A:** I feel isolation.



- R:** In what way?
- A:** Because you can't talk about it. Look it is the same as you get if you work in the police, or a prosecutor. I can't if I see a friend tonight tell her what I did today. The isolation is part of the frustration, it is just there and you can't do anything about it.
- R:** How do you deal with that?
- A:** I paint.
- R:** Through the art?
- A:** Yes, and I think I simply accept it as part and parcel of what my life is. I don't particularly fight about it.
- R:** Does it become a bit of a social role, that you know that part of you, part of the work you do, that will not be discussed when you are out socially and you just don't go there.
- A:** I think most of my life will not be discussed. I spend many hours here. And it will not be discussed.
- R:** And you just learn to adjust to that?
- A:** I think there are no choices in that. We are all capable of that. There is a piece of research about the nazi doctors. Like doubling, the ability of people to cradle a baby in the morning and murder people that afternoon. We are all capable of various roles. But those parts of life don't mingle.
- R:** Has it also got to do with ethics?
- A:** Yes, it has got to do with ethics obviously and quite frankly people don't want to know these things. No one particularly wanted to know about somebody that was raped or whatever.
- R:** So, you are saying you don't in your personal life and family life speak about your practice? Where do you speak about it though?
- A:** Sometimes with colleagues. We are lucky here because it is a group practice, so we can talk to each other. I don't talk about the perpetration stuff, most of the stuff. Most of the time, because people simply don't want to know about it, even colleagues. They don't want to hear the stories, some of them are really very bad. But we all have the experience that if you have had a particularly bad session, you can say to someone, "Look, I have just had a horrendous session." And discuss the case. That we can do.
- R:** And that I think is foundationally, a bit of support which takes you through being in private practice, because it is very isolated to work on your own.
- A:** Yes. Well, I think here we have been lucky, we can do that. And you know I say people don't want to hear the trauma stories. But we protect ourselves and it is very hard to give the gory details. So you might say to your colleague you've had a session with someone who was raped or someone who was murdered or whatever happened there, and you won't give the gory details. It is protective, not only towards the client or patient, but also towards your colleague. Some of these things you hear can leave you nauseating to give the story to someone else, will be just as nauseating for them.
- R:** Where does it go and what do you do with that?
- A:** I feel it at night. It is basically, I feel slightly nauseas all day. And I get home and feel nauseas and I think it was someone's story, whose story was it? And generally one finds out whose story it was and I can think about it.
- R:** And does that help with getting rid of it?
- A:** It depends on how bad it is. You know, the trauma stuff I don't really struggle so much with. Depends how bad it was. That is actually in some ways not too difficult. Because when I work with someone that has been traumatised, you simply work through it. Your sympathy is with the victim in any event. Someone says, "I have been gang raped and this and this was done." I know what to do with it and I know at what level to work with it. I know what I can work with and what I can't. So, it is okay. When I am sitting with someone who is also a perpetrator, those are the ones that catch me. Because you sit with someone who is both a perpetrator and a victim. Quite often they have been badly traumatized and end up traumatizing others. And then you sit with the difficulty in the relationship of how do I actually feel about this person? He is actually nauseating. What he has done. So, I have to get past that in myself, in order to be able to work with him. So, that is the hard part, I think the part that I sit with for a while trying to work how am I



going to deal with that in myself.

R: And that would be thinking about it?

A: Ja, and I think generally the route that I go, especially with perpetration, is simply the awareness that we are all capable of it. And that I can't distance myself and think it is you, it is in me, we are all capable of it.

R: And that gives you a sensitivity?

A: Ja, that makes it possible. It is easier if it is not premeditated. If it is premeditated it is a lot more difficult. Something that happens due to the situation, like a mob being swept up is relatively easy to understand but when it comes to premeditated it is a lot more difficult.

R: What has been the impact on your life of 14 years of private practice, full time?

A: I want to say very little shocks me anymore, but the perpetration still does, it shocks me. That ...and that I don't expect much from human beings. I am always surprised if there is some goodness.

R: Is that based on the fact that you work with a certain portion of the population? And they take away one's naivety or gullibility?

A: Without a doubt.

R: So, the profession, in a way, working full time private practice with that 2% in population, makes you kind of more cynical?

A: Definitely, and I must say I work quite hard at it to keep an optimism. Because with most people you will find something in them that is worthwhile. That you can work with.

R: This is interesting because maybe it is connected to why many people who start private practice burn out in their initial period of being in private practice. It might have something to do with that, that it is a difficult career?

A: It is not easy, it is a difficult career.

R: That is what I am interested in, to know long term, what made you ...

A: I think what helps me, I don't think I came into psychology with an idealistic view of human beings. I don't think in that sense it was, I don't think, I have ever thought that people are particularly good or particularly bad. That they are capable of both, obviously. But I don't think it was ever for me a sense of I am going to save people or that people are wonderful or whatever, so I think in a way that saves one, makes it easier, that you don't expect miracles from people. Also when I get involved with people therapeutically, I take two sessions before I commit. At least to the emotional process of it. I wait and see if they are prepared to commit? If they are testing the waters, they may test the waters. So, I generally won't in the beginning get too emotionally involved with them. Once I have seen that they will commit to appointments and that they are aware of what the process will entail, then I will commit.

R: Longer term therapy?

A: Most of my cases are longer term. One, the other day, did choose to commit to therapy. Was hospitalised with PTSD and a previous psychologist abandoned him, so I know this is trouble, big trouble. So I go to the hospital, so I get the story from him in two or three sessions. And after the first session he says, "So what is wrong with me?" I say to him, "I will explain PTSD to you. But do you want the scientific stuff now or do you want to know what I really think? You are messed up." And he says: "You understand!"

R: Which is perhaps exactly the honesty he needed? To commit to the therapy?

A: Yes exactly.

R: Okay, with that, in the study my theoretical background is positive psychology, and I am looking at resiliency and engagement, and a lot of what you said fits into that. Do you know anything about the field of positive psychology?

A: Very little, very little.

R: And resiliency, as a concept?

A: I know the concept, but I don't know much about it.

R: Off the top of your head, what do you think it means in private practice?

A: You better be! You need to be resilient. And to know when to refer in private practice. You cannot work with people with low prognosis. And there are no other resources. When last did you try to get someone into (state hospital). It is a total disaster, see. So,

we really sit with a problem there. No one is going to keep paying me, if they don't get better.

R: And I think that brings in a component of proper diagnosis and assessing prognosis and choosing the appropriate cases also, when you are maintaining a full time private practice.

A: Yes, yes. Like I don't work with children at all, I don't like it. I cannot do it. (Colleague) she likes working with children and I could not work with a child and I know they have been abused, and I know, I have spoken to these parents and nothing is going to get better. I cannot do that. I need to work with people who take charge of their own lives.

R: And that is part of specialising into what you are skilled at, what you enjoy, what is of interest to you also, because you have got to maintain an interest in your practice in order to be able to maintain it over the long term.

A: I am resilient, no doubt about that. I have to be. With the hours I work, this year has been a bit quieter. I took two days off this year to get the thesis done. But generally 7.30 in the morning to 9 at night. So it is very, very long hours and I do my own bookings most of the time as well. So I try not to schedule two or three difficult patients after each other.

R: The time management helps?

A: It makes it a lot easier. You make a mistake and you have got two or three difficult ones and you feel it later.

R: You get emotionally, emotionally exhausted?

A: Yes. So if I know the session is going to be difficult, I won't book another difficult one straight after that. You can't do that.

R: And that would keep your resilience up? If it is planned correctly, you never dip down or you are completely depleted or exhausted, you actually have a bit more control over your energy?

A: Yes, and I have rituals. Like I go to the toilet, I go to the bathroom, fetch water. As it helps with switch over from one to the other. Also if, in the session I need time to think in the session then I will excuse myself for a moment. That helps.

R: Actually in the session, say you need to take a break?

A: Ja, I will say something like I need to fetch water or I need a cup of coffee or something like that. People never worry about it.

R: And I think also because it gives the person a bit of time to think, time for integration in the session. So, that is an interesting mechanism, I have never actually heard of that before. It must just work very well just to take a break when you need it?

A: Yes. Also obviously when you work with trauma and you see someone struggling a lot. I might just talk about unimportant stuff for a while and give them a chance to catch a breath.

R: And that is part of the ebb and flow of the session and the therapeutic process. Just some personal skills. What do you think are the coping skills to be able, or that psychologists need to have to maintain private practice?

A: Business skills

R: Number one.

A: Number one, if you are not going to make it on that level you can forget the rest.

R: Okay, is that so important?

A: Yes. You know, if you are going to be working at a loss financially, it is very difficult to maintain concentration in sessions. So, I think that is absolutely critical. If that part is ok, you don't have to worry about it. It is very hard to be worried about paying mortgages, while you see a client. So, I say that, I think people would say a good support structure, I don't know if that is terribly important. You can go to supervision and I have seen one or two shrinks before. I used it for supervision. But I left because they bore me. But I feel that it is unbelievably important not to follow a recipe. It is unbelievably off putting if you feel someone is using a recipe. Because I know this is the recipe they followed the whole day, everyday of their lives, and it gets incredibly off putting. It is incredibly easy to fall into this trap, to think this is what I do when I see the person. But you loose the person.

- R:** Ja, because a lot of techniques are given as step 1, 2 and 3.
- A:** And especially if you are doing trauma work, there are steps to it, it is always like it has to be. But that is not an excuse to loose the person. It is not a rule to always have three sessions, and then you are going to go into the trauma. You can be creative and change direction if you need to. But when you go there and you know this is what they do in the first session with every single person, this is the little recipe. It shows. It infuriates me.
- R:** Because that has got a lot to do with, I think it being one of the dangers of long term private practice.
- A:** Ja, of private practice. Because it takes less energy but you loose the people. And the client picks up, because a person comes in and they are very sensitive emotionally. And you know it is in tracking basic stuff. Like once I lost my temper. I went to see someone and the receptionist was making racist jokes. And I don't take rubbish like that. And another time, the therapist was late and I threw a tantrum. That sort of unprofessional thing is totally unacceptable.
- R:** Rightly so.
- A:** So she said to me, "Don't you have emergencies?" So I said, "That is why we train staff." I have a receptionist. I am very punctual, I don't often end late. I don't like to be late and if necessary, she will phone someone and say, listen we are running into problems, we want to reschedule or to re-book for you. That is her job. Or for me to actually go out and say, "Listen, I am going to be 15 minutes late, terribly sorry, is that okay?"
- R:** And that, you know it part of having ethical practice according to the health professions council but it is also showing basic human decency.
- A:** Of course, just showing respect for people.
- R:** Exactly, it doesn't mean that if you have a private practice, it means that you can be late all the time.
- A:** And people think that that is allowed, because GP's work like that, you know you wait for a GP, you go to the clinic, wait all day, but in psychology you cannot really do that. Then you are saying to the person, "I don't respect you. I don't respect your boundaries." How are you going to address that in a therapeutic setting, you can't change that. You have created huge problems for yourself.
- R:** So, what you are talking about is basic skill in the person, to be punctual, just having basic respect and being ethical in conduct in maintaining your practice. And that throughout, I mean, that is a challenge over time. It has got to actually become habit. If people will do it differently, what happens, what do you think happens?
- A:** I think they have boundary issues throughout. I might add, I have never had boundary issues with people. If someone phones me, it is an emergency. I never have nonsense calls. Not even with people with personality disorders. If someone phones me, I know it is genuinely an emergency. The last time I had someone call me, when it was not an emergency, I would imagine more than a year ago.
- R:** Might that be because they understand the boundaries?
- A:** The boundaries are in place. I respect their time, I expect them to respect mine. They will often say as they come in, "You know I had an issue this week, and I thought to phone you. And then I decided no, it can wait." And I appreciate that.
- R:** Okay, that is valuable, because I think you learn that over time, you know how to ... (interrupts)
- A:** I have never had a problem with that. With some people phoning me, that really have a problem, I will say to them, "You know, that sounds important, important enough to schedule a session for tomorrow, please call and do that." I don't get involved with therapy sessions over the phone. I mean, I had that guy the other day, but it was a genuine emergency, because he was threatening with a family murder and he is definitely capable of it, he had the sense in his head to actually phone me and to say "My control is slipping" and it was 2 o'clock in the morning. But I couldn't negotiate with him and he was prepared to allow his wife to leave and he was prepared to give her the phone, so that I can speak to her. So, if it was, even if he was drunk and I was angry, it was still an appropriate phone call because he was obviously not capable of taking steps at that time and definitely capable of murder.

- R: Sjoe,
A: So, that is the way and you won't get many emergency calls.
R: Okay, CONVERSATIONAL PARTNER A I have taken an hour of your time. Thank you so much. You have given me a lot to work with, you really have. Thank you so much.

CONVERSATION WITH CONVERSATIONAL PARTNER B:

- RESEARCHER:** Ok, the first thing I want to ask is, how many years have you been in private practice full-time?
CONVERSATIONAL PARTNER B: In private practice since November 1995.
R: 13 years?
B: Yes..
R: Ok. My question is: Tell me about your experience of maintaining private practice for longer than 13 years? What is your experience of private practice?
B: It passes through different phases. When I started and my book was empty, I had anxiety. Will I manage or won't I manage? And many years thereafter, until I became accustomed... Sometimes of the year it was more quiet and "so what"? My average for a year was always okay. I lived quite well. I had made provision for emergency capital and never used it.
R: Wonderful.
B: It was good for me. But, I also have to tell you, that the practice that I was part of, made the difference.
R: Would you like to share how it started?
B: I worked at (department) and then came the new South Africa, and the Minister, then it was...should I supply names or rather not?
R: (laugh).
B: (Name) called the directorate to the big boardroom. We named it 'paradise'. And he walked in and looked around the table and said "all these faces are white. This will have to change". I knew the writing was on the wall. I was scared of losing my permanent job with a reasonably good salary after 18 years for "I do not know what?" But I decided the writing was on the wall and then I was invited to join a practice, (their) group practice and I was more afraid to stay than to go and I went. I am still glad I did.
R: Was it an existing practice?
B: Yes. They had just started. They were not yet advanced but it went well.
R: Where?
B: In (area).
R: What did it involve...entail at the beginning?
B: Before I started full-time I "moonlighted". I had clients who came to me after hours and on Saturdays. So that I got the idea that I could do it this way. I did this for about 3 months. And then they handed out packages at work and I applied. I waited a year for the answer. And then they told me that Monday that I would finish that afternoon.
R: And then it was sudden?
B: It was very bad because I had been the Assistant Director and manager of a programme, I was editor of a magazine, which I enjoyed. And then I had to leave everything just there. After I left, the magazine never appeared again... but I wanted to leave.
R: And the initial years?



- B:** It was difficult. As I said, the anxiety levels were sometimes very high but then at times I had good months. I can well remember what made me most angry... Those years (medical aid) paid the patients and the patients had to pay the psychologist, and then they put the money in their pockets and never paid you. After a while, one learns to accept it. I now had too much money in my pocket, too much "cash flow". Many people did it this way, they would pay you cash money and suddenly you had money in your pocket where previously you had no money in your pocket. Later it changed back again to the medical aid paying the psychologist and not the client- this is actually better. It is much better this way. But it was very difficult for me to sell my services. I was not accustomed to ask the client for money neither to expect it. I reckon I worked very hard at the department. Very often seeing clients 8 hours a day and you receive your salary at the end of the month.
- R:** So, there was no business component connected to that work?
- B:** No.
- R:** And in private practice?
- B:** This is what I had to learn here. A colleague taught me much because she is a business woman and I am not. I easily work for free and I consult people pro deo...and also (interrupt)
- R:** Still today?
- B:** Yes, because in the first place I do not work for money. I need it, I must survive, and I do, but I do not need to work myself to a standstill to make an enormous amount of money. It is not necessary.
- R:** How come? Do you have resources?
- B:** Yes, because I receive a monthly pension from the department and half of my deceased husband's pension, and I bought a flat, paid it and the rental I receive is mine. Resultingly, I have a good amount.
- R:** Foundation?
- B:** Foundation every month and the 'jam on top' is delicious, but not a necessity.
- R:** And what did that do? Did that take the stress component out of the ...(interrupt)
- B:** I had to adjust to the times, because I had to earn enough to pay my expenses in the practice and my insurances and running costs because I have an expensive household - I run a hotel. But when I earn x amount every month I do not mind at all what happens.
- R:** Yes, I think that it is valuable to know that there is another component available. If you lay a residual foundation, it removes some of the financial stress of the private practice from you.
- B:** Oh yes, it would have been more difficult if I had not had that security.
- R:** And on other levels? What are the challenges to keep a private practice going for such a long period of time?
- B:** It was very demanding. Look, to be a psychologist is emotionally draining, especially at the beginning. At the beginning, it was often too much. And in the evening I was tired and went home exhausted. At the time I could still do 8 sessions per day. I would not want to speak to my household, I was so exhausted. Later I learned to give less. To not spend so much energy in a session, that I exhaust myself. It is a valuable lesson to learn.
- R:** So is that a general coping strategy to protect yourself and keep yourself healthy?
- B:** Yes, but it is also relative, because in some sessions it is just not possible. For example, these clients are taken home with me and I lie in bed and toss and turn, while I try to sleep. Yes, I am then angry at myself and tell myself: "Stop it now. You are in bed and you must now sleep." But some of the information, the trauma that we hear, is bad. One morning I got up and stood crying in the kitchen about a story I had heard.
- R:** That's bad.
- B:** But then I have my colleagues and (one of them) asked me what was wrong and I could speak to her about it. There then was healing in speaking to a colleague for me. And it is very important. I never want to be alone in practice. I don't think I could cope with it.
- R:** Is that component important of speaking to someone at that moment?
- B:** Yes.
- R:** A debriefing.
- B:** Yes, and even if it does not happen immediately, it helps to know that there is somebody

and I write my name in somebody's book and I can say: "I want to talk to you." Yes, we do that for each other.

- R:** It is wonderful that there is a support system?
- B:** Yes
- R:** And those that you take home, what do you do with them when you toss and turn like that? How do you process that? How does one cope with it?
- B:** You know, I think of one specific case, when we did the CPD session on transference and counter transference, when I went home I was distracted. I was unfocussed, I couldn't do anything. And then I went to write the case down and that helped enormously, just to write it down, that already improved matters. I went to sit at my computer and tried to play my favourite game. I could not focus. I couldn't! It irritated me and I switched off the stupid thing. I did not want to access my e-mails. It is a near listlessness and I had no strength for anything else. What helped me tremendously then, is a cd on relaxation. I then have a bath, get into bed and switch on the cd.
- R:** That is meditation.....(interrupt)
- B:** It is relaxation, physical relaxation because I get like a taut string and then I do a few physical exercises on the cd. The heartbeat and breathing one works well for me and I become relaxed and restful.
- R:** Okay. So it is an external tool, like a cd, a relaxation cd, which you use to get a grip and to cope.
- B:** I must tell you: Normally when I am in that state, I get a headache, my magic wand is then 2 Anadin tablets. The only ones I ever drink, and it has to be 2 when my headache is very painful. Then I take 2 and lie down and the next morning I feel fine. This is one of the lowest points that I have told you now. I also think that later on, the stuff that is not so bad you just roll around in your head. And because you have so many things to do after that, and you did not only have one session to brew on, but more than one, so you just go on. And often, I as a psychologist, feel like a speed train. Every hour a different station (laugh)
- R:** (laugh).
- B:** "And you (laugh) keep up to change sets every hour".
- R:** That is very true.
- B:** And this is one of the single things: That within sixty seconds flat, I have to get up, switch off, make an appointment at the appointment book, greet the next client and say "come in", and immediately be totally with my next client. This took me a long time to practise.
- R:** Of course, to practise and to get it right?
- B:** Oh, yes.
- R:** And do up to now?
- B:** You have to, you can't sit down and think about the previous client when you are busy with the next one. But one learns this. I think... (interrupt)
- R:** I like the way you termed it 'roll over', as this is what it is. Is there perhaps a mechanism in it, to protect you? Is it perhaps to end immediately, continue and later return to that case? Then you won't sit for many hours and think about that one specific person and you don't have the chance in practice to do it, so you continue with the next client. And practise, there is a component of practising it, it is a skill that you learn in this.
- B:** But you know, there is something else that I learnt over the years, which helped me with this. And that is: At the end of each session I write down where we ended. And my planning for the next session and when I open the file I immediately am there, and I quickly read the previous notes, within 10 seconds I can get an idea and get to that point and know exactly where I want to pick up the thread of the therapy. But, as we all know you don't start at the point where the therapist is at but at the point where the client is at. Often I do not follow my agenda and carry that over to the next session because what the client brings is more important than what I want to speak about. Except when they have verbal diarrhoea and you have to stop them. Not only do you have to succeed in that, but you have to get depth as well.
- R:** This is wonderful... Just to go back what you mentioned there, that a person has so much to do in a day that you sometimes forget to focus continually on a specific client. What

else do you do, to keep balance in your life?

- B:** Oh, I read. I will die without books and I listen to music.
- R:** Which books?
- B:** I like philosophical spiritual stuff and a good story when I want to relax. I have just read "The Secret Lives of Bees" it was a story about bees. I like a story with substance, it stimulates me and I am now reading "The Godmother". My word, when she is not drunk, she is in bed with a man, but now the story begins to fascinate me, it is beginning to unfold and it is more interesting.
- R:** Fiction?
- B:** Yes, it is fiction and I also love reading spiritual stuff because I struggle with it myself and it is interesting to me how many of my conversations turn in that direction, that it is also a topic that my clients struggle with. And I am not at all dogmatic, I am open to listen and that is why I read and joined a network group where these things are discussed. I am also enrolled on a spiritual network on the internet. I think I am in the phase of life where the final analysis stuff matters and are becoming important to me.
- R:** May I ask your age?
- B:** In a week or 2, sixty seven.
- R:** Wow, that is amazing!
- B:** Yes.
- R:** And is integration part of this phase?
- B:** Yes I think so. Yes, there are certain things that were more important earlier on, but are not anymore. This is liberating. It is really liberating.
- R:** Yes. And other things in your life, like music?
- B:** Yes, I have music continually and I also have my cronies, I gallivant all the time. Many of them, and some of my friends go to certain places. (My friend) and I go to heavy stuff, opera and stuff. And with the other friends I go to lighter stuff, like music performances. (My friend) and I decided we must remain current and listen to the young man who is hardly ever in this country, I have never heard him, I will remember his name later...the old mind does not always remember so quickly. We have to listen to his stuff he is very good. I want to stay on top and hear the new artists. Sometimes we go and listen only once, for example, Karen Zoid, she is a bit heavy for me. I want to hear and participate. I read Harry Potter because of the children I consult, it is their world and I want to stay up to date. I like to speak to children, young people, not the very young ones, e.g. from ten years upwards. The younger ones I refer. Because that is a specialization field. But besides that, I had a daughter and a son. My son is away now with the 2 grandchildren. I spent much time with my grandchildren, we often eat out and visit. I do not like inviting people to my home, I am too lazy. I entertained much in my life but now I don't feel like it anymore. I invite one or 2 people, we visit, I prepare easy food and we drink bit of wine. Actually I don't like much wine, I will rather drink a bit of whiskey and we visit together. For many years I had an interactional group at my home on Sunday evenings. It was incredible, it was good for us.
- R:** Tell me about this group?
- B:** You know, yes... it was therapeutic and I think where things started to fall apart was when it became social. Then we started the social thing on Fridays and Saturdays evenings. The group went to "Aardklop", the first time was fantastic, the second time was not pleasant and the group crumbled. People left and some went overseas. It is a pity, I like groups. I then also joined the U3A University where there is much intellectual stimulus.
- R:** U3A?
- B:** Yes, it is an international university for retired people.
- R:** Is that so?
- B:** Yes.
- R:** That is wonderful.



- B:** They asked for suggestions of programmes. I suggested we could surely start a programme 'Aging Gracefully'. And naturally if one opens your mouth you get the job. But Prof (name) had presented such a course and many people attended. So many phoned me and showed interest but when they heard what the content was they declined because they did the course with Prof. So at the moment I have not started but it is still on the agenda. I don't know if this is a hobby or work. I visit, when I really just want to relax. I played tennis for many years. I loved playing tennis but now my shoulder hurts, rheumatism or whatever. It does not want to play tennis. I love walking and do yoga.
- R:** Wonderful. How many times a week?
- B:** Three times.
- R:** Three times, that is a lot!
- B:** Yes, an hour and a half, 3 times per week.
- R:** Good.
- B:** Yes, this is really for me, it is a new thing. I started at sixty-two and am sorry I did not start thirty years earlier, but then it was a 'no-no'. You must know I grew up conservatively. And yoga is a heathenistic eastern habit, you see.
- R:** You have an interest in it?
- B:** Yes, it really is, I benefit physically, emotionally and at all levels. I think it helps me to work better. When I heard that my children want to leave the country, I was heartbroken to lose them. But my head said: "Don't be stupid it has to happen, it is the right thing for them." And then one morning I lost my balance in yoga, couldn't stay on my feet and I left. My teacher asked: "Is there something wrong?" And I said: "Yes." And the next time I spoke to someone and they told me yoga helps one to draw yourself towards yourself and if it happens again I should curl up in the foetal position and sit a while until it gets better and then lie and relax in the yoga manner and then stop. So for the next session I could continue half way and after that it was all okay again. So I think yoga really helps me to continue working, have energy and become healthy.
- R:** That is wonderful. So the many components are: social, family, contact, and being associate with adult education, presenting courses, continue studying, continue reading, physical activities, enough exercise, specific exercise, walking and energy.
- B:** I don't think I would be telling you my whole story if I don't tell you why I continued with my studies. After matric I went to study. My parents were not wealthy and I had to study with an educational bursary. But in standard 9 we had a pastor who came to our house for house visit and he told me about psychology. That is where I decided this is what I want to do. I could do my subject choices so that I could have admission to University and I wanted to study Afrikaans and Psychology as main subjects. And then I wanted to become an educational psychologist to work with children. But then, then the bug bit me to fall in love and marry. And then I was married and seven years after our wedding my husband became an alcoholic and this shocked me and rattled me like nothing else. I could not handle that and then I got cancer and I thought I was on my way out. It was in my glands, started in my loin and spread to my arm and neck and I really thought I was going to die. And my dream was to study psychology. Then I sat with a husband who was trying to drown himself and a body that was ill. And then I decided it is now the right time. It was probably the best decision I have ever made. So I enrolled for psychology honnours at (the university). Just for interest sake, the class fees were then R120.
- R:** How old were you then?

- B:** I was diagnosed with cancer in 1972, I started to study psychology in 1974 because I first had to get chemotherapy and start to get better. And then I rested a year, after which I applied for selection. But I believed I could not get in as I was just a stupid housewife. I had two children. My children were six years and 18 months when I was diagnosed with cancer, then I started studying and when my nose was in a psychology book, the world could disintegrate, and I would not know it. Then I did my honnours and rested for a year. Thereafter I applied at (another university) and studied part time and started to work. My husband was boarded medically unfit out of the defence force and I studied part time. Oh, yes I never thought I would make selection. I decided that if that university did not inform me by 5 pm that afternoon then I did not get in, that would be fine, then I would do an eighteen month internship and an academic masters. At 6 o'clock (a staff member) phoned and told me I had been accepted. This was a miracle. It gave content and meaning to my studies. Because I also sought answers for myself. I think this is where the spiritual side developed. Because I could have died at a young age. What is really important in life? Is the kind of thing that my clients and I often discuss.
- R:** So it is a deeper aspect of practice and your human side that one considers?
- B:** Yes, as I said it was formed by this. If it was not for these 2 aspects I would not have studies further. If my husband had not been drinking and had cared for us properly and stayed healthy, I would have been a quiet housewife. Although I don't think so with my restless spirit. I would have just studied, but these incidences equipped me, part of my equipment. I then also worked hard for many years with alcoholics when my husband rehabilitated.
- R:** So, what you are basically saying is that your experiences equipped you to work with those cases? And to have insight which other people might not have.
- B:** Yes, especially for the wife and children. If the husband is the alcoholic, or the husband if the wife is the alcoholic, the dependents I worked a lot with. Even today where alcohol is so readily consumed I often give self-disclosure when we speak in that direction and that again gives dimension, which makes sense to the clients.
- R:** Do you find it has meaning for the clients if you share?
- B:** Yes.
- R:** And you are comfortable to do that?
- B:** Yes, it does not threaten me. With cancer also. I can speak to people with cancer in a different way because I have been there myself.
- R:** Wow, that is unbelievable!
- B:** I know what it feels like to have a landmine in your body.
- R:** With that you say how important it is to study what you have decided and to work it through.
- B:** Yes, it is a process of finding answers... but you can't give your answers to others. You have to lead them to discover for themselves what truth is. But it helps to give a bit of input from the sideline.
- R:** Do you see practice like this? A process where you give input and accompany someone through the process.
- B:** Yes, yes. This afternoon I gave a fellow feedback about his (test). He was in tears. I said to him "You are too upset I will give you a breather. Do you need some water?", "Yes" he said. Then we spoke more lightly about something else. The things we do are heavy and our people have trouble hearing what we say... and I think as far as I am concerned, the most important thing is to be where the client is, to be really present.
- R:** Added to that, to get the listening skill working, to pick up where the person is.
- B:** Yes.
- R:** And what you are talking about, that moment... and ethical aspect, to know when to take a bit of a breather and then to know which technique to use to take the process forward.
- B:** I could see he was falling apart and had to take a hold of himself and it was bad for him. That is why I say Erica, our work is not easy. (My friend) and I often ask ourselves why we do what we do?
- R:** And?



- B:** Well, I say to her, “the way I know you, you need heavy challenges. Heavy ones. Not that I would want to do the cases she does, those are heavy.
- R:** And you?
- B:** Do you know I love working with relationships, I think it is my forte. To help people in relationships to open them up, to understand, and bring change. It is different in each case, no two are the same. This surely is where psychology will never loose its attraction.
- R:** Wow, you enjoy that. What would you say are the underlying skills that one would need to maintain private practice? What does one need? If you look back over your life?
- B:** The one thing I definitely did not have, was business skills. It took me some time to understand that where there is a pocket with money, I need to stick my hand in there, else I won't get any. And yes, I must believe that what I offer is worth paying for and I must offer quality service. If you just sit and say “oh, ah” and you don't really have something to give to your client for coming back to, then it won't work. And I think a very important thing for me is to evaluate, with my clients, to evaluate what happened in the session and what did not. And what was the agreement with the client, especially because there is a lot of resistance. I tell them, “You must start.” Look, all people cannot talk easily. I say: “I don't know if you are going to like my method of working, let's evaluate at the end of this first session if we can work together, and if it does not work you can fire me immediately and then I rather refer you to somebody else, than to be continually stock taking, as I call it.” This is what I have learnt years later. And to work goal-orientated. For me it is very important that both my client and I know what we are working to and where we are going. To my mind this determines the success of psychology. One often hears it said of psychologists, “It was airy fairy and pie in the sky. Yes, it most probably helped but I don't know what we really did?”
- R:** To do this you actually must be able to evaluate and that evaluation is an indication of success or failure?
- B:** And it leads to the next. I mean, I once worked for 5 years on and off with a little girl, before she told me she had been raped during primary school years. Some things take so long and then I blame myself and think: “Couldn't I have determined this earlier?” Perhaps I could've, but I did not know how. Or she was not ready to disclose it.
- R:** You are speaking about time to take stock, to evaluate, but this quality - How do you think this quality is built in the psychologist beforehand?
- B:** You know, earlier years we did not have CPD and I now realize how it, CPD, helps me, it stimulates my thinking, especially in the development of our psychology. We must stay with it. I reckon if I did not do the EMDR course, if I do not read, I think of all the years of reading, I really love reading all the new stuff and the “Psychotherapy Networker”, I don't read it , I swallow it all.
- R:** That is the international journal which you ... (interrupt)
- B:** Yes, we have received it for 3 to 4 years.
- R:** That's great.
- B:** Every time I consider it is impossible that there will be another such good edition, and yet, there is another one. So that stimulation to grow as psychologist is very important to me. Did I answer your question? I chat so much.
- R:** Yes, yes, definitely. I have the information, these things you highlight are very valuable. So much of this one does not know when you start out in practice. One really needs these guidelines as they are like beacons that one sets to say these are the things one has to consider. It is so valuable to me to hear, what I think it is, as you look back over your career, you see all these things. But when one starts in practice, one does not know these things.
- B:** Yes, my current focus is with the new brain research. I find this unbelievably exciting. It is as if I cannot get enough of it, with this course we are doing. I really think this was one of the most valuable things I learnt at this late stage of my career. Mirror neurons that reflect in the session and neural networks. This client of this afternoon that was so upset about his test feedback, we can take it back to neuron networks that affect his life. He says: “*I don't want circumstances to define me. I want do define my life*”, but he does not succeed and then these things start showing and become clear to him and bring him to tears.

- R:** This is very powerful stuff.
- B:** Very powerful stuff. And yes, I am sorry that I did not know this earlier. Still we know so little.
- R:** It is important that we have technology in psychology and we need to stay up to date and stay current. What Dan Siegel says about Interpersonal Neurobiology (2000) is so important and we need to remain current.
- B:** Yes, but you know, even if I do not practice any longer, because I think I must start to downscale, I will still read. I don't think I will ever stop being interested. Neuroplasticity is now the wow thing for me.
- R:** Wonderful. I remember when I worked at the Anna Freud there was a psychoanalyst in his 80's, who came to lunch once a week, to supervise the analysts there. He was a dedicated luncher, I prepared lunch and once asked him "You know, you are still in the field of psychology, what does it mean to you?" And he said: "*My brain is not sharp anymore, but I will always be intrigued and excited by psychology.*"
- B:** Yes!
- R:** The element of interest, even at retirement.
- B:** Yes, I believe if you don't use it, you lose it, but when you become older you lose much, my memory is not so good as it used to be. Nor my hearing are not what it used to be. I hear what my clients say close by and verbally I can pick up well but not small sounds. But yes, I want to continue using my mind and intellect.
- R:** And in the future?
- B:** Well, as I said, I think I must scale down, especially now that I am moving further away from my practice. I will work about 3 times a week and not on Saturdays. But I don't know because I enjoy working. But I will scale down a bit and slow down.
- R:** Just a bit less. A bit of time extra for yourself and a bit of practice to keep your skills going?
- B:** I still think that the day that there are no appointments in the book I will get the message-then we close the book. But it has not happened yet. I tell my colleagues, please to inform me when I am becoming senile, so that I can pack up and go.
- R:** To give you feedback.
- B:** But I must tell you, the biggest blessing in my life is to work in this practice, there is no tension here, if something bothers us we say it in no uncertain terms. As you know we can be terribly honest – a good relationship.
- R:** What do you think? Are these the components that make it work?
- B:** Yes, honesty and to be able to manage conflict well. Because people don't understand how to handle conflict. And when you work with relationships, you work with conflict. And the moment you go underground and pretend that all is okay; you have these tremendous authority structures which you must overcome, that you only say yes and amen, and do what you don't like doing it, then it becomes difficult. And when you are in a practice where you can't speak about things that bother you, you can hit trouble. Or when the finances are not handled properly, or unreasonable demands are set, money is a big factor. People get unhappy about money.
- R:** So, it has to be sorted out, the financial side and then communication also.
- B:** Yes.
- R:** That it is an open relationship. And conflict management is very important.
- B:** Yes, and this is the part that I had to work on mostly, because I was stupid with money. That is why I don't want to handle my own accounts. Somebody has to be here who can do it, can follow up, can phone people and say: "*Your account was not paid.*" Because I will not do it myself. At one stage I hand people over to the lawyers, but then I decided I would not do it anymore. It cost me a lot of money and they could not get anything out of them. And I let the lawyers write a letter. That was the worst. If they do not react, I write it off. What makes it easy for me, is that in the first place I need not work for money. Yes, I have money and it makes my life pleasant. I am not dependent on my income.
- R:** Not dependent on bread and butter.
- B:** You asked which other factors. I think, with time, you build up a referral network of doctors who know you and refer to you, they know your methods, like (the local doctor)



who knows us well. She knows what I do best and she sends people to me. And in turn, I refer to her. Networking is surely one of the most important factors.

- R:** Of a private practice. So one needs marketing skills?
- B:** And remember the feedback to the doctors. In order to cooperate and create a relationship. Without it, you cannot function in a clinical practice, where we work with medical referrals.
- R:** And to focus on that. It is not something we learn in training, it comes with the years of experience.
- B:** No, I reckon, I spent eighteen years in civil service where people were referred from everywhere. The books were full, and you never had to market or advertise. Even there we delivered good service. And we were left in the corner to do our thing and render professional service. We were a good team for many years. Until the one director left and things became bad. And when the new South Africa came, I had to leave.
- R:** That component is also quite different, marketing and networking. But very important.
- B:** Yes, you must know the interesting fact is, the exposure I had there I still use today. I mean, you always get to work with disabled, unemployed, and even guidance cases. Although, today I do not do career guidance training anymore, because there is no demand for it in this world, I have lost my touch in that. I really enjoyed doing it in earlier years. I enjoyed sitting with a child and plan their future, I seem to miss it.
- R:** So you say if you don't practise it, you lose your touch?
- B:** Of course, I can't really call myself a counselling psychologist anymore, not in terms of career guidance or counselling. I can't do it, I have lost the skill. That is why I had to learn other skills and have to do other things. Perhaps one thing I have not done, which could have furthered my career, I never became a specialist, I remained more or less a generalist. I did a bit of everything. A bit of this and a bit of that. If you really want to make a name under your colleagues, you have to do research, that is worth something. That people will notice and give you recognition, and you establish yourself as an expert on a certain field or two, where your colleagues can refer to you. Because your expertise is bigger than theirs. I never did that. Perhaps, if I could do it all over again, I would choose an area or two and really focus on it. Mine is relationships, but relationships are very common, it still is what I like to do the most.
- R:** Wow, that is very valuable. I would like to thank you very much for your contribution, cooperation and input.
- B:** Was it enough?
- R:** Yes, thank you!

COMMUNICATION CONVERSATIONAL PARTNER B :

From: CONVERSATIONAL PARTNER B

Sent: Sunday, January 13, 2008 7:42 PM

To: ericadelange

Subject: Further to our conversation

Hi Erica,

Finally I can write to you what I still wanted to say, it is luckily short.

I remember so well the story of "Big I, small you" as a new therapist. I was so aware of my "role" as the psychologist and to do and say "the right thing."

The change that happened so unnoticed and gradually, was that I could disappear into the background and focus ALL my attention on my client, especially his/her emotions. And today- after many years- it is easy to just spontaneously be myself and to go with the flow of the conversation. It is so liberating!

Greetings.

CONVERSATION WITH CONVERSATIONAL PARTNER C:

- RESEARCHER:** CONVERSATIONAL PARTNER C, I just want to ask you how long have you been in practice?
- CONVERSATIONAL PARTNER C** Since 1975.
- R:** Wow! Full time private practice?
- C** No, it hasn't always been a full time practice, sometimes it has been part time, depending on what I was doing in the middle of the day, you know. Sometimes, when we went down to the farm in 1979 and before that, from 1975 until 1979 I was at children's hospital and I was part of a team that started the first child abuse unit. That was very exciting times because there was so much to do and it was all sort of pioneer work, worldwide, it was pretty much pioneer work. And in getting, the people aware, you know in the early days they called it baby bashing and Cathy's syndrome and I know at kids hospital they worked terribly against this, it was a very Jewish community and they didn't want to admit that this could happen, you know torturing children, so soon after the Second World War. So, I mean it was just a no-no to try to put it into being in that milieu was very-very difficult.
- R:** This private practice where you are now, how many years have you been here fulltime?
- C** Here? 1993 I think we have started, I cannot remember to be honest with you.
- R:** 1993. That is 15 years in private practice full time.
- C** With another therapist, ja. We have to get it, but I think it was 1993.
- R:** Ok. My research question, if I can read it to you is to tell me about your experience of maintaining private practice for longer than 15 years. If you have to think back?
- C** You know, I think 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.
- R:** And you find that pretty much part of full time private practice?
- C** O yes, for me it has been. I think it was a couple of years after we started this particular practice, that I broke (body part), and there was a second time a couple of years later, three or four years later, so for me there has been these breaks, like October, November, December, I spent three weeks in hospital, bits and bits and bits and bits and trying to get on top of an infection and eventually they had to operate after which I couldn't work for almost six weeks.
- R:** What was the implication of that? No work no pay?
- C** Exactly. But because of the medical aid structure also, a very lean time from September, October, because people who we have been seeing all year can no longer come because the medical aid resources have dried up and they have gone over their limits and cannot afford to pay out of their own pocket.
- R:** How do you usually deal with that?
- C** Always with anxiety because of the, you know your own commitments never stop. I mean cant tell you kids not to eat and you cannot not pay your electricity and water and rates and taxes and of course, for me it has been keeping home and office on the go. You know, whatever I made had to be divided between practice overheads and home and ja, it was a matter of, well it has always been a matter of juggling that financial ... I think in all honestly the hardest part for me has been this financial juggling.
- R:** How do you get, you say you always deal with the anxiety, in order to deal with it, do you get used to it and you just learn a skill how to go ahead or what would you do? What did you do?
- C** You know, by the beginning of every year when you think you cannot take it anymore and rates go up, you get sort of a "I can do this" kind of feeling. Ja, I mean I don't know what I have done in order to cope. I do know that every year it is a terrible issue, particularly in the beginning of the year. I was trying to negotiate with my auditor then, instead of paying my VAT in November that I could actually pay it in December, pay October, December

and February rather than November, January. Because that payment in January is a nightmare, always.

R: Where does ... (intervenes)

C: Even though it is probably the lowest payment of the whole year because your income in December and November wasn't all that great, it is still the hardest payment to make. It is just, it is just one of those things.

R: It is interesting what you are telling me CONVERSATIONAL PARTNER C because it definitely came out in the first interviews also that that administrative business component, and in private practice also part of the finances?... (cell phone interruption)

C: Okay, I cannot really switch it off, but I put it onto silent. Ok, it says silent. Is it on again? Sorry.

R: No, no.

C: You know we are blessed with Secretary because she has become our accountant as well as our receptionist, she is our office manager, and she is so incredibly trustworthy. And so much of the burden of that in this practice, which could have been a nightmare, has just been lifted off my shoulders. I can remember before she came, it was a major problem. We had two people for example working in her post. And, the things were always having to be checked up. There was always this brittleness in the air because somebody was being taken to task about what hadn't been done. My blessing is her, she has really, just taken all of that and coped with it and stayed up to date with it and knows exactly where to go for stuff, ja,

R: What a wonderful resource in a person.

C: Wonderful! Totally trustworthy, totally competent. If you ask her a question like "why are they sending this back?" you know, and it is a bill for a couple of thousand rand, you want to know why the medical aid hasn't paid out, and she has always got the answer. If she doesn't have, she comes back to you within 20 minutes with the answer.

R: Is that a large component also the medical aids with regards to private practice. Do you have to think about that?

C: Generally I think we are blessed. They pay quickly, particularly if you are one of these programmes that does electronic transfer, last week we were all remarking, you know I was being paid on Friday for something I had done on Monday.

R: Ok, wow that is good.

C: And that is how fast the turnaround is. When we first started in private practice and it was, it was just another therapist and I together and we were doing this all by hand, there was an act or a law that stated that if you submitted your accounts directly to the medical aid, they had five months in which they had to pay you.

R: Very long wait..

C: But if your patient paid and they claimed, the medical aid could pay them back within three months. But basically to get your patient to do that, they had to be aware that that was the scenario and they didn't want to take the knock, so we ended up taking it, and to start a practice in those days, you had to have enough financial backing in the pipeline to see you through this gap and the first year, I can tell you that neither the other therapist or I made a cent. It was just an absolute blessing we survived. So, and we have always tried to be kind for the first year or so to people who join us in the practice because we know, ja but things have lightened up considerably now. So, for all that people do complain about medical aids, it is damn sight better than it used to be.

R: Ja, that sounds like it is the electronic system that facilitate those payments a lot faster.

C: Yes, it is happening literally within days with some medical aids that you get your payment. One for example makes a payment every Wednesday. Hallo, what a blessing. You know if your patient load is on that, it is good. Another medical also pays on a weekly basis and I think obviously, there is one or two more. But the rest pay on a monthly basis. I mean I don't think we are out anything more than ever 60 days anymore.

R: So, it sounds like now it is easier to start a practice than before?

C: Yes, when the other therapist and I started in 1993, our first accounts that went out if I am not mistaken were for R49,00 an hour.

R: Wow.

- C** It was definitely under R50,00 because when it went up to R55,00 she and I burst into tears with relief.
- R:** Sjoë, that came along way in 15 years, the rates.
- C** It went up, in one year with a tremendous amount. I cannot remember when or how. I think it was from R55,00 to R90,00 if I am not mistaken. It was a major jump. And that was, from then on it was smooth sailing.
- R:** And your experience personally in private practice, CONVERSATIONAL PARTNER C?
- C** You know, at the end of the day the only positive in private practice is that you are working for yourself, you keep your own hours. But you are always really working for your patients, you are always really doing it for somebody else and the only control mechanism we have got is: I can stop now, if I am really tired or sore or emotionally exhausted or physically exhausted, stop now. I think the big thing is because it is private practice, you don't often feel particularly kind to yourself in order to say "stop now" but at the back of your mind you know, that is it. I can remember sitting on one Saturday afternoon, that was about a year ago, and I had two horrendous reports that I had to write, had to get them off of my, they were forensic reports, it was a nightmare to sit down and the only quiet time I had was on this Saturday after I finished the morning session. Finished them and I sat here and I realised it was six o'clock on a Saturday night and I haven't had time to recuperate. And I burst out crying, it was, and I don't cry all that easily, and I just sat here sobbing and I turned to the computer and I went into my Mweb and on the thing was this Fly SAA and I clicked on it and there was a special going to (city in Europe) that week and on Sunday night I went to (city in Europe).
- R:** Oh, my.
- C** Ja, I mean there in is the joke when you get to that point where you just cannot anymore, you know.
- R:** And you need to take a break.
- C** And if you need to take a break, you can.
- R:** But that is change of scenery, change of location, it is a complete break, going abroad?
- C** It was only a 10 day, two week break, but I ...
- R:** What did you do in (city in Europe)?
- C** Well, I didn't actually do anything in (city in Europe). I got to the airport and I rented a car from Eurocar and I started driving. I was brought up in Europe and my folks always went to (city in Europe) and I really am not too terribly fond of (city in Europe) and I knew it wasn't what I was looking for and I just hit the road and I ended up in Central (country in Europe) in the x area. I went to (a town) because I took with me a tapestry that have been left to my by my mother and she had, it was a cartoon actually for a tapestry and I thought you know I will take it to (this town) and see if they can place it and give me some details and some history. And when I went to (this town) and made an appointment to see the lady who was in charge of this, she was an amazing woman and she went to such trouble for me and I saw her, I think it was that Tuesday morning at 9 o'clock and at lunchtime there is this terrible noise outside her office and in walked this man into her office with white Wellingtons and grey sloppy jersey that was ravelling out all over and I thought, oh my goodness you know, even in (country in Europe) they have this sort of "inbreker goed". It turned out to be her brother, she introduced me and he was a catholic priest and he was shouting because we were going to be late for lunch, I must also add that he is a round little butter ball. So, she invites me to join them for lunch because every Tuesday at such and such a time he comes to have lunch, he comes to (this town) for lunch and that was the beginning of this amazing relationship because he is very dictatorial. He says, "Where are you staying" and I said, "No, no I am staying at a (b&b)" which in (European language) is like a bed and breakfast, "I am staying at a (b&b) just outside (this town)". He says "Nonsense, nonsense, you must come to (another town)". So, I said "where is (another town)?" I had seen the name on the signboards as I was driving through. He knows exactly where, I must come to (another town). Six o'clock tomorrow morning I must be at mass. And for the next week, 10 days I just went everywhere with this priest and he dragged me to visit his parishioners and introduced me as his friend from South Africa. It was the most incredible food and met the most



unbelievable people and got taken to the most unbelievable restaurants for free, he is the local priest and nobody allowed him to pay. Oh, it was just the most magical.

R: Needless to say, I bet you came back refreshed?

C: Oh, totally, totally. By experience by the weirdness of handing yourself over to such a situation. I mean it is not something that I would normally do, but I was just ordered into it, if you know what I mean and I took the orders because I was too tired not to and it was just miraculous, it was literally a miracle.

R: That is wonderful.

C: Ja.

R: CONVERSATIONAL PARTNER C you mentioned tiredness, is that part of private practice for you?

C: Well, you know it is a weird one. Yes, for me it is but it hasn't always been that way and I think a lot of it has to do with your physical health and your physical stamina and I, I always ignore it, until you know, it gets to breaking point.

R: And it shouldn't actually?

C: No, but yes, for me it has a lot to do with physical health. It is strange you know for a (body part) to be operated on in December, I got here, I sat in my car and I literally could not get out of my car one morning and (the secretary) came out and said, "This is crazy". And I said maybe you should phone (the GP) and ask her if she could come across. I said, "Bad idea, (the GP) has been operated on this morning.

R: Is that the doctor?

C: Our family doctor. And I had literally no option because the only other doctor I know is the orthopaedic surgeon and I phoned them and his secretary said, "Yes, come straight in. There are three names on a list here, if these people phone they must be seen immediately and yours is at the top of the list, so come in." And 2 o'clock, that was about 9h00 or 10h00 and at 2 o'clock I was being operated on.

R: And after that you needed your recovery time also?

C: Ja, even as we sit, I am sitting here holding my (body part).

R: Is the (body part) an old injury that you needed to operate?

C: No, this is an infection in the bone. I haven't broken my (body part) but I have broken it three times in the past.

R: So, I can imagine that you have to pace yourself carefully CONVERSATIONAL PARTNER C, for your health?

C: Well, certainly when this infection flares up, ja.

R: And do you take time off, take a few days off to get yourself a good rest?

C: You know this year it happened at just the right time, thank God. Because I didn't work after that day until January. I mean that was, I think it was 6 or 7 December when it happened, so it was taking just quiet time anyway and ja, fortuitously, using it to recover.

R: I want to ask you if you enjoyed being in private practice for 15 years, having a job in private practice?

C: Ja, I wouldn't like to say I won't want do anything else. There is a million things I love to do, but I enjoy being in my office, I enjoy being here, I enjoy working with people and ...

R: Uh-huh?

C: Once I am here, there is an ethic that just makes you be at one with the person that you are seeing. I don't know how to say it, without any doubt, it is a switch, it is a switch. Because there a plenty of mornings that I don't feel like coming in but I throw my handbag into the car and drive like, with a real attitude. But once I am here, different story. And ja, I don't know whether it is coming in the door or whether it is coming into my office, but somewhere there is a switch that gets turned on and it is good to be here. This is where you need to be, this is where you kind of belong.

R: And it has always been like that?

C: Yes, and going home the same thing. There has been that switch that somewhere between walking out of your office and walking into your front door, it gets turned on and you be the mommy and the ja, housekeeper and cook and laundry maid and it is a totally different lifestyle. And I have always been able to make that switch and I think that if there has been one thing that has been a saving grace, it is been that. If I am at home

- and you ask me who I have seen today, I cannot answer you.
- R: How do you do that? That is remarkable.
C: Don't know.
R: Just put it out of your mind?
C: Out of my thoughts, ja.
R: Step into your role as mom and caregiver in the family?
C: I have no idea, I can only think that, our family has been very chaotic and during most of this period, I think in 1998, yes it was in 1998 that (her son) was diagnosed with cancer, so basically from 1998 until now we have been, no it was before that, I cannot remember now. Can you believe it? It has been so many years. We have had his cancer to live with and you know, everything had to change, the meals we cooked, the way we ate, the places we slept, I mean his bathroom became a bedroom because he was forever vomiting and diarrhoea and, suddenly there was this tremendous emphasis on laundry. Not just one but two loads everyday and sometimes three because his sheets were drenched with blood every morning. So, you know when you go home, you go home to a totally different life and it had its own incredible pressure to do so much, and you know, learn to cook in a different way and he is not a difficult person with people who don't know him well, but with me he was very difficult and a lot of his attention and anger got taken out on me. And at one stage I actually moved out of the house in 2000. Again just, I felt that I couldn't handle it anymore, like I sometimes do here at the office and I just packed my bags and I left and I stayed away for a year, I actually deserted my kids, not that they were kids, I mean (her son) was 23 or 24 by that stage and (other son) was already out of school and in the profession and whatever. But yes, I just left them at home and I thought you know, I don't need this rubbish.
- R: A strenuous time at home and you had to make a switch cause they needed you there?
C: And it was, you know two very emotional demanding environments. You know this is, I don't think I have ever been emotionally able to cut off from my patients. I have always been emotionally present and involved and I hope not intrusively, but you know, emotionally I have been with them and going home and being emotionally present and in my family, ja, there were times when it was very, very difficult almost to go home.
- R: I can imagine that.
C: And as difficult to leave home and come to work.
R: What was your saving grace?
C: With (her son) I think the saving grace was not having anything to cope with at home besides him. (Her other son) was not a problem, in fact, I think that child was a saint during that time. He was just so supportive and loving and gentle and as I said (her son) was this horrendous child. But then as well I didn't have to cope with (ex-husband). So, it was all focussed on (her son).
- R: Where you not with (ex-husband)?
C: In 1998, within three or four months I think of (her son) been diagnosed. Yes, it was 1998. (Her son) was diagnosed the day before his 20th birthday and three months later (ex-husband) packs his bags and left, just as the first bills started coming through.
- R: Sjoe.
C: Anyway..., but yes I mean I think, if I had to have coped with (ex-husband) and his drinking problem and his inability to cope, it would have been a nightmare.
- R: So you could just focus on (her son) .
C: I could just focus on (her son) and although it wasn't pleasant, ja. Getting through the first couple of years of that and then he started to become easier with it and I think it was in 2001 he went to London for almost a year, when his doctors realised you know, they had handled everything that could be handled for a significant amount of time and we could all breathe again.
- R: Sjoe, that is challenging, major challenges over a period of time. CONVERSATIONAL PARTNER C, when do you make space for yourself in life between work and home? What do you do for yourself?
C: I think I spoil myself horrendously.
R: In what way?



- C:** I buy property and develop it. I had a project, which was also in 2000. It sort of matured in 2003, but in 2000 I bought I piece of property in (suburb), 2 hectares for R297 000,00 which was in those days was a fortune.
- R:** But now it is small change for property.
- C:** And I sold it in 2003, no I am lying, 2004 for R3,6 million.
- R:** My goodness.
- C:** So, that sort of thing I just love, I love playing with that, but I am a developer as well and I loved working with the architects and sitting there and doing all the architectural drawings and that sort of thing keeps my sole alive, yes.
- R:** It is wonderful.
- C:** That to me was stunning. And I recently now, having sold, got involved with another projects similar.
- R:** And you do that in your spare time? It is very creative to design a home.
- C:** Oh yes and being a female that, that has lived in various scenarios you know ... I don't know how to explain this to you, but ja I did live in some real dumps like when we lived on a farm, it was a very basic farmhouse and I lived in Europe in a palace at one stage, so exquisite, a magnificent setting. So, this sort of design thing has the elements of both ends of the spectrum, which to me is just quite exciting. And I can really let go of troubles when I do that.
- R:** Cause that is a creative process and something completely different. That is wonderful. Anything else you are involved in?
- C:** Church, although I am not really involved, it is extremely meaningful for me and for years, actually until this year I went to mass every morning before I came to work.
- R:** Okay.
- C:** I used to go to (place for mass) and now the sisters have pretty much closed down and I could go to (church), but (church) is very painful for me and I mean that in a physical sense. The benches are constructed in such a way that you cannot sit or kneel without pushing against the kneeler and I always end up trying to get my behind out of the bench with my leg on the seat and ... I can't go there. I know it sounds a bit weird to not go to church because your leg doesn't fit, but it sits me right bad, you know. But, yes very oriented in that direction and every time I don't know what to do in a therapeutic scenario, it has been second nature just to hand it over and say, "Okay look, you put us together in this room, now you sort the mess out." And pretty much to hand things over. You can say it is an infallible system. I have certainly learned from it, in that you don't have to have all the answers, you don't have to know everything, you don't have to be all things to all needs, all answers to all needs, that is okay, you know to have gaps. And quite often I say to people: "You know, sometimes really you should just pray because I don't see a way out of this rubbish." And quite often I have had people come back to me and say you know, we have done so much better and I think okay, I did nothing to help. I know I did nothing to help and, ja, just the act of coming in and saying it all out loud has been a help and it hasn't been necessary to intervene or be therapeutic. It's just providing a setting to get something off one's chest. So, ja, handing it over has not been a particularly bad way of handling things for me.
- R:** And that reflection of quiet time with mass in the morning I think must be very valuable?
- C:** Oh, ja, ja. Ja, I think I could happily have joined a convent about 10 years ago. I love that life. Maybe not 10 years ago, maybe 8 years ago but I think I could have quite happily been in some form of holy orders.
- R:** CONVERSATIONAL PARTNER C, just to wrap up, I want to ask you from your experience, would there be anything that you would recommend people that go into private practice would need to have, skills or training that you picked up over the years that you think is important?
- C:** Ja, skills first up, good one, I mean if you look at us in this practice. How different can we all be? I don't think there is any one particular skill, I don't think there is any one particular personality trait. I don't think that there is any one perfect menu for the, or recipe for the menu, I think everyone brings themselves into that task and there is obviously something there that says, in you, that says, "I want to be able to help people" in an emotional



scenario. But I mean kids have that, I have seen very many caring children, and I have seen my children go through periods like that, where both of my kids at various times have brought lame ducks home and said “Mo, this kid needs you”. And they’ve done it, out of a sense of caring and commitment to a friendship and the need to help. So, I and they have grown out of those, I must tell you, they had really grown out of those traits or characteristics. I am not even perfectly convinced that that needs to be there. I honestly, Erica, I don’t, I can only say to you that I don’t think there is any one thing beside from good training that really gets you into this scenario and keeps you there. Every time I look at (2 colleagues) and I see how different they are to each other and to me and how different the three of us are and how different we are from (2 other colleagues) or you, I become more convinced that this is the way to work, because if there is any way of doing it, it is to use the skills and the characteristics of other people. When somebody who doesn’t quite gel with you, you can refer out.

R: Sounds like a network.

C: Yes, so I can remember years ago at kids hospital thinking I am young I can get on the corridors and I can play horsie-horsie with kids, and you know that is what it is all about, this is good stuff. And a year, later I was totally off of seeing children. You know, if you saw a child for an assessment your sole purpose should be to see this child for the shortest possible time as you possibly can, because kids need parents, they don’t need shrinks and what you need to do is actually to get the parents to do their job or again or whatever it is that is lacking. So, I suppose 30 years ago I would have said you need to be energetic and have a sense of humour and rubbish like that, but no. Ja, you need a certain amount of energy, ja you need it, actually a sense of humour is a good one, maybe the best thing, really does help, and to be able to lighten up, both for yourself and the people around you. I cannot think that there is any other one major thing.

R: CONVERSATIONAL PARTNER C, thank you so much for your time. Is there anything else that you wanted to mention or that you thought of?

C: Not that I can think of, except, use your convictions because they are the things that stand you in good stead at the end of the day. Whatever they are, it does not have to be any one set of convictions. Just use them.

COMMUNICATION WITH CONVERSATIONAL PARTNER C:

Reflection afterwards:

CONVERSATIONAL PARTNER C felt she still wanted to clarify:

Her career began 1975 where s/he was travelling extensively between towns in the rural area, having one day practice in each town

Monday (one town), Tuesday with the prison wardens, (town), (town), (town), (town)– upper class and the next day in the location.

She says s/he had to “forget” about the day’s work, in order to focus on the next day and place, as the locations and cultures were so very different.

This is where she thinks she learnt to make “the switch”

She feels it has been a strength to be a psychologist, only here at work and not at home.

CONVERSATION WITH CONVERSATIONAL PARTNER D (version two)

RESEARCHER: Ok, I just want to ask you to tell me about your experience of maintaining private practice for longer than 14 years.



**CONVERSATIONAL
PARTNER D:**

Maintaining. I think that it is important in maintaining a practice is to keep a balance, to keep a balance in terms of one's own physical health, one's emotional health and spiritual life and when it comes to physical health it is extremely important for me to be involved in physical activities. Especially physical activities when it comes to my family. I have a situation where, when it comes to the physical activities I am not only involved in terms of physical exercise such as hiking, riding bicycle, swimming, doing snorkelling and fishing activities as such or hunting activities but also I have grown a vegetable garden

R:

Oh lovely

D:

And every day after I've completed my sessions I go to this vegetable garden with my kids and they are totally involved in what is happening there, the planting, the growing and then of course also involved in the various insects and what is happening within mother nature there. So what I am trying to say to you is that it is extremely important for me to create harmony. Harmony within myself, harmony with people around me, harmony with nature. And that is why I cannot allow the practice to become so dominant in my life that it totally overshadows everything else.

R:

So there's still space for everything else?

D:

There's got to be space. And in creating the other space beyond the practice, there I find that the interaction with my family is extremely important.

R:

So you also combine the extra space with the family? The distress of gardening with the fun of being with the family?

D:

What I have created is a situation where I enjoy home. So the moment I shut down in terms of my daily activities within the practice, my full focus is away from the practice and that took some time to get there. Initially as a young psychologist I allowed patients to take away my energy. And that is due to inexperience.

R:

In what way, like to drain you?

D:

Yes. You see I allowed, due to inexperience, I as a young psychologist, I became a rescuer and I thought that I could rescue each and every patient, but that's not my task. As I grew older and with more life experience I have realised that I am not the one to prevent people from experiencing pain. I cannot take their pain away and then I begin to realise that pain is not a negative, it is not a destructive part within our lives, that pain is an essential part of you.

R:

In what way?

D:

This is where I realised that within psychology we cannot, we cannot deny the spiritual part. You know we get IQ, here we get emotional intelligence but we also get spiritual intelligence. And the spiritual part comes into the equation where I believe that we can only heal through pain, that the soul enters the body at a personality, at a specific given point of times given at a specific moment in time on this earth for the soul to be healed. That only happens through pain. That is why in Genesis it was put to mankind that Adam and Eve moved out of the paradise, it was put to them from now on symbolically you will be in pain. So we only heal through pain.

R:

And how do you understand that process?

D:

You know it is like – The example that I always use is, it's like an athlete running the hurdles, for the athlete to get to the winning post, the athlete must confront the hurdle. But he's got a choice, he can either confront it or he can avoid it. If he avoids it he gets disqualified. So painful events come on our way. These painful events are related to our inner most fears. Fear of death, fear of survival, fear of rejection, fear of abuse, being abandoned, fear of failing, fear in terms of financial difficulties and it's not easy to confront the pain that comes our way. Confrontation implies that I've got to experience it in full.

R:

Deal with it.

D:

I've got to deal with it and I've got to overcome it and that implies that fear does not create within me anymore feelings of anxiety, anger or guilt feelings. So, pain comes our way I've got a choice. I either confront it, work through it, I deal with it or else I avoid it. How do I avoid it? By suppressing my emotions, by using denial as a technique, by using the fight or flight response. Using alcohol, excessively drugs, that is where eating pattern

disturbances comes into the equation, suicidal tendencies. Those are all techniques that we use to avoid pain that if we avoid pain, another painful incident will come our way and the intensity will increase because the soul does not care through how much pain we go as long as there's a healing. You see the problem with suicide is, if I commit suicide, I take the opportunity away from the soul to be healed and that is why I put that soul actually into pain but a pain so much more intense that the pain that we experience here on earth and as part of the greater plan of the Creator, a soul is placed within a specific body with a specific personality, with specific parents and circumstances, for that personality to be exposed to painful incidents because each and every painful incident is a message for what it is about the soul that needs to be healed and that is why the time I realised that we should no really look at pain from a negative point of view, that it is all part of healing and that is when I realised that if I am going to take up the role of rescuer I actually prevent the patient's soul to be healed. So what I want to say Erica, is that in my therapy it is extremely important for me to focus on a physical level of the patient. By that I mean to advise the patient to get involve in physical activities. So within the patient I also try to create the sense of harmony on an emotional level. We focus on emotions and how to deal with emotions, how to create healthy emotions and then we also move to the spiritual part when it comes to soul healing. So that is my approach. What happened in my own life. By that I mean trying to create harmony within my own life, that becomes my motto with my patients as well.

- R: And this you have learned from experience?
D: Life experience.
R: If you can say you were a rescuer in the beginning and you had to unlearn that, how do you see your role as a psychologist now?
D: I see my role basically as a healer, but in this healing process I need to, I need to create within patients the realisation of the patterns they are caught up with and the necessity to change those patterns. Patterns that stem from childhood years. Patterns that prevent harmony on all those dimensions that I have mentioned previously.
R: So the patterns develop because of the avoidance of the pain?
D: Yes
R: Due to the obstacles or hurdles?
D: Yes.
R: Which create that kind of a pattern of behaviour?
D: Yes. When I say that I see my role as that of a healer it is not – I am not trying to patronise, I'm not trying to be dogmatic in my approach, not at all. I am trying to create realisation within the patient of their own true potential. But that potential is not only in terms of physical well-being or emotional well-being. I bring into this process the spiritual well-being as well.
R: In order to reach a balance?
D: That's right.
R: And I think if you, if you see the pain as a positive factor that's where the growth comes in and that leads to healing.
D: Absolutely.
R: And with regards to the practice years in your life, how, what role does this play in your life, how do you balance that for yourself? How do you implement it from day to day?
D: Well I've made a decision not to overwork myself within the practice. So I've identified specific hours and I do not go beyond the certain number of patients a day.
R: And what's that?
D: That is on average about 9 patients per day.
R: That's 9 hours of working in therapy per day?
D: That's right. I do find that it's difficult for me to keep it up without taking a break every two months. I need to take a break. Then I create a long weekend that we go away, every two months I need to take that break. Otherwise I will get emotionally totally drained.
R: Is that to balance the emotional drain of working 9 hours a day in therapy?
D: That's right yes.
R: And breaking away completely away like in nature or out of the city?

- D: Yes, absolutely, totally away, totally away from the practice, totally away from the city. And again, in this breaking away weekend I believe in physical activity, I need to be physically active. There is a total shutdown then when it comes to psychology. Total shutdown. I don't read psychology, I don't think psychology, I don't feel psychology.
- R: Are you able to make that shift?
- D: Yes.
- R: How's that?
- D: It's a conscious decision.
- R: Do you just decide that you don't think of work?
- D: Yes, and because of the physical activity one takes away the focus, it's that physical activity that takes it away.
- R: Keeping busy with physical activity?
- D: That's right.
- R: And you do that then with the family?
- D: With the family. Yes.
- R: And I think what's nice about that, is if you work for yourself then you can take a long weekend every two months. If you prioritise it and if you schedule it that way?
- D: That's right yes. And on top of that I also break away for at least four weeks per year.
- R: Okay
- D: On an annual basis.
- R: And that helps?
- D: Absolutely yes.
- R: It sounds like from the way you talk about it, if it's more a necessity, it's a must.
- D: It is a must. In my case it's a must. I cannot - lets face it, it is emotionally very and intellectually a very, very draining profession and there's nothing wrong with that. It is how we manage that, that is important.
- R: That's very true. So that management meaning how you schedule?
- D: That's right.
- R: How you take charge of scheduling and things like that. And managing your practice, what have you found has been important over the years?
- D: In managing my practice I'm very much involved in the account system. As a result, if there's any query I can immediately address it. All the particulars of the clients I will myself enter into our computer system and again that keeps me in touch of all the particulars of the patient. The one thing that I have learned is if a patient has a query about an account, and it differs from my, lets call it perception or experience, for example, if I saw a patient for a hour and the patient says: "No you only saw me for 40 minutes, for example and I know that I saw the patient for that full hour then I will always accommodate the patient. Always. But why do this? Immediately it takes stress away from me and it creates a situation within the patient, a feeling within the patient that the patient can reason with me, can negotiate, and by doing that I also immediately address the stress factors within that patient's mind for emotions to settle down. That difference, that monitory difference between... of 20 minutes is not going to impact on me financially. It is not worth it, to allow something like that to take one's energy away.
- R: And it potentially can?
- D: That is true, and that is why I'm trying to create a situation where unnecessary, let's call it administrative problems within the practice, I try to minimize that, I try to deal with it in such a way that there is no confrontation. You see what happens if you confront a patient about something like that, you create a situation where the patient will never come back to you. You lose the patient.
- R: And they don't come back?
- D: That's right.
- R: CONVERSATIONAL PARTNER D do you use, do you make use of administrative systems, like to outsource some of the administrative work in your practice?
- D: Not the outsourcing, but my wife is involved.
- R: Does that help?
- D: In the accounts department as such. Yes, she is involved with it.

- R: Does it help?
- D: Yes. And she takes quite a lot of the stress away of that kind of thing.
- R: So that you can focus more in the work?
- D: Yes.
- R: And utilize that resource?
- D: Yes.
- R: Alongside the practice to maintain it? In some of the previous interviews I conducted for the research, it came up that it is a business. CONVERSATIONAL PARTNER D, you spoke about the administrative side, is this part of business? Is this what we are talking about now, that private practice has business as a part of the experience of going through or maintaining private practice?
- D: It is a business, there is no question about that. In the beginning I feel that psychologists were not paid as well as they are nowadays. Although I still feel, that in comparison with a GP we are underpaid, but it was a lot worse before. But it is a business. And that is why I believe in this business principle that the client is extremely important and it is the client or patient that is actually keeping this business alive by referring. And that is why it is so important to have a good relationship with my patients.
- R: They refer to you.
- D: Yes. They are the referral base. No question about that.
- R: Have you found the networking component important in private practice?
- D: Yes. When you refer to networking do you mean with colleagues or medical aids?
- R: Both, I don't know how you see that?
- D: In maintaining practice in terms of the medical aids I find that to be involved with a system on the internet with direct billing, that is essential. And why I say that, is, not only is there an improvement in the payment from the medical aid funds but it is also on a very regular basis almost on a daily basis, there is a payment from the medical aid funds. But one can also, by using such a system, one can easily determine whether patients' medical aid limits have been reached. But one can address it then with the patient.
- R: Okay which would avoid going over and you having bad debt?
- D: That's right. So that's great help.
- R: That's technology, IT used as a resource to improve the practice, the administrative side of it.
- D: Yes.
- R: And colleagues in the medical field?
- D: Very important. I have a specific system in terms of colleagues that I refer to, Especially when it comes to children, I'm not a child psychologist and then also when it comes to certain cases where I just feel that I'm not competent enough to deal with such a case I will refer immediately and then of course I've got a very close relationship with psychiatrists as well and medical doctors. So the networking in terms of my colleagues within this field is extremely important.
- R: Almost as a foundation to the practice?
- D: Yes.
- R: Important referrals from colleagues but you also mentioned referrals from clients that you saw before?
- D: That's right.
- R: Mmmh...
- D: I would say that about in my case about 50% of my referrals are from my patients.
- R: Okay and that is from establishing a practice that then over the years people start referring people?
- D: That's right.
- R: Did you feel that that was generational that you would see somebody and a few years later their children or?
- D: Yes.
- R: And what would that experience be like?
- D: Well it is almost like I am part of that family. This is very interesting. It's almost as if there is such a, let's call it respect and belief. The belief in the ability of the psychologist to

address a problem. One almost becomes part of their family situation, one knows everything about that specific family. At present, and its very interesting – I still see on a regular basis for example my number 2 patient.

R: Sjoë and that's a long time.

D: That's a long time. And I have seen the grandchildren.

R: Wow, that's 3 generations.

D: That's right.

R: What does that do for you. Does it give you feedback on your practice or as therapist, how do you interpret that?

D: I make a difference and its good to feel that and to know that one is making a difference and it is good to see how people can actually overcome their pain and move on in this process of soul healing. That is incredible. It's very rewarding, it is very rewarding.

R: Being able to see that in a private practice. Also, one doesn't get concrete, you know like additional performance appraisal that you get feedback on your work, but I think this that you are talking about now, is, in a way, that reward or a feedback from the work that you've done over the years. So there is a measure of feedback on your private practice.

D: Yes.

R: I want to ask you CONVERSATIONAL PARTNER D, according to how you've experienced it, do you think there are certain things that, because of the job demand and the type of job that a psychologist does, that a person needs to be able to maintain private practice long term? Or things that are important, either in a person or that you need to be aware of in order to be able to maintain private practice long term?

D: Yes, I think that the psychologist should be able to think the analytical way. And maybe I'm saying that because my training was all based on the psycho-analytical dimension but I believe that it should actually be a pre-requisite that psychologists should have maths as part of their matric qualification.

R: Why is that?

D: Because it teaches us how to be analytical.

R: And how does that help a psychologist to be a psychologist?

D: To be able to identify the origin of pain and then to create a systematic pattern how to deal with it. Or programme.

R: Do you think that there is not enough attention placed on analytical skills, because I know psychology forms a part of art, it falls under a Bachelor of Arts degree?

D: Yes, I'm a very – psychology is part of medicine. It belongs to the medical model. And why I say so is, whenever we are being exposed to trauma or any form of abuse, that has a physiological impact on the body, our stress hormones are being depleted, the stress hormones we need to enable us to cope with everyday stress, and as those stress hormones are being depleted it impacts on our immune system, not only on the physical level but also on an emotional level. And when we talk about the emotional level, as the stress hormones are being depleted then it reaches a certain level, a message goes through to the brain that the person cannot cope anymore with stress. That then impacts on certain systems within the brain, the serotonin levels, the dopamine levels, the nor-adrenaline levels and affecting the part of the brain that controls our emotions. So we cannot divorce our emotions from the psychological part of the human being. That is why we belong to the medical model, the not to the arts.

R: That is the analytical component?

D: That's right.

R: Analysis and also I can imagine the diagnosis, the assessment, to be able to analyse where the problem lies?

D: That is right.

R: And other characteristics of a psychologist?

D: To be successful. The ability to create this harmony that I was talking about. You know Erica, we all have pain, we all carry pain. It is not the presence of the pain that is important, it is what we do with it. And that is why I believe that all psychologists, especially in their final year, should go through a therapy programme for at least a year.

R: Learning therapy?

- D:** Learning therapy for at least a year. But that's not where it stops, it carries on. That is why on an annual basis I go and see somebody.
- R:** Like a supervisor?
- D:** Like a supervisor but more in terms of my own personal well-being. You see, on a constant basis we are being exposed to pain so we need to deal with it annually and there is no ways that we can deal with pain on our own, we cannot. We need an outside intervention. It cannot do it by ourselves. We cannot create that healing by ourselves. If we were capable of doing that, nobody would have any emotional problems. So we can't.
- R:** And you are subjectively involved, so you can't really objectively find a solution.
- D:** That's right.
- R:** And for yourself in also over the years you've gone annually to –
- D:** To a specific person.
- R:** To like a supervisor or somebody to get that input?
- D:** That's right.
- R:** Now that is very valuable to assess yourself, asking where you are at and what you need, how you are doing. How good you are or not, are you coping, how it is going with the practice. And with regards to training, training continued education how does that feature? Is it important for you to maintain practice, what type of training?
- D:** That is now a very interesting question. The continued training experience that I've been exposed to the past 2 years were not really up to standard. I'm actually quite disappointed. I think why it's not really up to standard, I think it is the training I attended, other health professionals are also involved in this training program and as a result it is almost to me as if the training is more geared towards them, by that I mean that it is almost on the, let's call it the "M" level, the "MA" level ---
- R:** Nothing beyond that?
- D:** Not really anything beyond that, which I can understand, but in terms of myself it has been disappointing.
- R:** What have you then utilized over the years to continue to build your learning, have you been doing reading and ---
- D:** I've done my own reading, I've used the internet.
- R:** That's great, it's an international tool.
- D:** That's right but it's mostly the internet and my own reading that contributed more to my personal continued education.
- R:** Has it been important?
- D:** Yes. You know if I look back I can actually see how my techniques would improve on a yearly basis.
- R:** Yes.
- D:** Yes, I can actually, if I look back, I can see it.
- R:** And that education that you went through, has it been purely psychology or has it been in other fields as well, different topics that you were learning about?
- D:** Mostly in psychology and then part of it is research in terms of the soul that I've made part of my psychology process. So it's a combination of that.
- R:** Okay. Thank you so much for your time. The last question I just want to ask you is if you had to choose again a career for your life, would you choose psychology again?
- D:** Yes. No doubt about that. That is part of who I am and interesting enough I have often thought about what would happened if I decided on medicine, becoming a GP. But then I would realise I would never get to that point where I can feel that I'm creating harmony within peoples life and that is why psychiatry is also not part of who I am really. Not psychiatry in this country, they do not have the time really to do therapy. So that healing process, the healing of the pain that to me is essential of what you CONVERSATIONAL PARTNER D must do.
- R:** Thanks a lot.

CONVERSATION WITH CONVERSATIONAL PARTNER E

- RESEARCHER:** First thing I want to ask you - how many years have you been in private practice for?
CONVERSATIONAL PARTNER E: From 94.
- R:** 14 years. Wow. Okay. The question I want to ask you – tell me about your experience of maintaining private practice for longer than 14 year? What has been your experience of long-term full-time private practice?
- E:** It's exhausting. Oh I would say that would be my primary description is that its exhausting because I think there are very very few support systems of any kind available to a therapist and by that I don't mean as in emotional only but I just mean the practicalities – this is not a society that is friendly to psychologists or therapists.
- R:** In what way do you mean that?
- E:** Well, you have to fight to persuade the medical aid that you have a profession that is worth financing. You have to fight to extract money from the clients because they think you're a social worker and should be working for nothing. You have to fight to explain to people that if for 46 years they've been doing a thing in a certain way, they are not going to change what they are doing within two sessions. Yes, so in think it's a pretty hostile environment.
- R:** And the exhaustion. If you could describe to me what type of exhaustion do you experience in full-time private practice?
- E:** I think it's all of those things. I think if you are fortunate enough to be in a relationship with someone that's making money then perhaps this is not so bad but if you are a primary breadwinner or you are alone then it is extremely stressful because you cannot take a day off, you can't, because if you don't work you don't get paid.
- R:** No work no pay?
- E:** No work no pay. And whereas in some other countries seeing for example four patients a day is considered to be doing well and will give you a good income.
- R:** Like where?
- E:** Australia. Here if I saw four patients a day I wouldn't even begin to cover the basics of my expenses. So here I need to see six or seven a day plus do forensic work in order to make a reasonable living. So I think in that respect it is extremely stressful.
- R:** And because of the amount of sessions you see also exhausting?
- E:** Yes of course and exhausting and it also depends I think on the type of patients that you see. I think you go this sort of consultant route, which is these organisations that offer EAP programs, and the psychologist sees the person, maximum 8 sessions. Now I mean you can't really do anything in 8 sessions unless the person comes with a very pertinent specific problem and it is not related to anything else in their lives. If you are going to do therapy with someone that's got a behaviour pattern that has been established for 30 or 40 years, you are not going to change it, unlikely to change it in 6 sessions. So then you end up working with serious problems. Lots of trauma in the society is based on trauma and that comes a very long road. I mean, you are looking at the people that used to be in the army and the offshoot in their families and their families and the violence as it is at the moment, the disrespect for human life. So I just think that if you do in-depth therapy or depth therapy I think it gets very tiring.
- R:** How did you cope with it over the years, what do you do with it?
- E:** That's rather difficult. I just go on. I think I take very little of it home directly. Indirectly yes, because I read a lot and I think a lot but not necessarily specifically a patient, more a tendency or a condition or whatever. So I don't take specific people home. I think speaking about... I have a few friends that I ...in the same sort of job and I talk to them, I think that helps.
- R:** Are those colleagues that have become friends?
- E:** Yes. We studied together and I think that does help because they pretty much know what I'm talking about because they're there themselves so that helps. I don't know, I think, things don't get me down. I don't know how to put that, it's – they don't get me down. I



haven't encountered anything yet that has made me feel I can't make it, I know I'll make it.

R: Is it like an inner belief that you have?

E: Yes.

R: Have you always had that?

E: Yes. I've known I am a survivor. I have always known I am a survivor and that if I put my mind to something there's absolutely nothing that will stop me. Once I have decided to do something and its always been that way, if I decide to do something I do that. So I trust that and I find it – I feel sometimes, you know when you are working with a patient that's missing, I want to say to you but you will make it. You know, there's no way this will carry on forever. You will make it and I see that's missing very often – you will be fine, you will be fine.

R: I can imagine that a strong drive like that can protect you in many ways and keep you going through stressful private practice and things like that. Is there anything else?

E: Humour.

R: Having a good sense of humour?

E: Because its hilarious. What we do is actually hilarious. I mean its bizarre that anybody would actually subject themselves to this kind of crap on a daily basis. So its actually hilarious, you have to laugh at yourself, why are you doing this, you know, and people don't want to listen to you anyway and you give them the best possible advice and they go and do whatever they want to do anyway, why do you keep doing that. It's funny. Punishment, self-punishment? I don't know.

R: What was initially your interest in psychology, how did you get into private practice full time?

E: I couldn't see myself staying in an organisation because organisations have motives that are their own. In other words, whoever happens to be the manager, their motives are what is instituted. For as long as they are the manager. If they move on the next guy comes in with his own motives and reasons for empire building and what have you. And because I think I am very independent I cannot buy into someone else's plan of action. I have to have my own plan of action and I'll make my own decisions and I'll take my consequences. And I can't see myself getting that in an organisation where you have to often apply things you don't believe in. So I could never work in – so that's why I got out of an organisation.

R: It is interesting as this theme came up in a previous conversation as well, that to be a psychologist in private practice you are in a sense an individualist, somebody who works on the own and having the capacity to be able to work on their own and are comfortable with that, in order to maintain that private practice for such a long period of time. What have been the challenges for you in private practice?

E: I think not to care what anybody else thinks.

R: Okay.

E: To realise that I have what I have and some people will use what I have and some people won't and that it really doesn't matter. If they don't like it, it's not my problem. Those that, for whom it works, come and they send others and for whom it doesn't work that's fine they don't have to come back and that to me was a huge step because I think I am perfectionistic and I don't fail, I don't ever fail and to learn that you are never in control of other people's motives and you can never control how they interpret what they are saying or what they do with it. That was a huge lesson.

R: Yes, I can imagine that because that's something you learn from experience –

E: Yes, oh yes.

R: It takes you a lot of time to realise that's how people are. Some you could help and will continue, others you might refer out and others don't come back.

E: And you know I think what happens is, certainly with myself, some of the basic principles of psychology I've decided are nonsense. If a patient irritates me I am going to get rid of him. I am really not going to sit down and analyse why and how and reinterpret and what have you, if they irritate the hell out of me they're out of here. If it's an hour out of my life I'm not going to waste it. So I think its very nice if you've got the time and you want to be

an academic you can sit for 20 hours and analyse why this person provokes you, I am not interested. If the irritate me, they're out of here.

- R: Mmmh.
- E: Yes.
- R: And you have quite a busy practice, is it just here of where do you ...
- E: Here and in (another town) and the forensic component.
- R: So it's almost three in one. Three different practices in one that you are doing and you do it all from different venues, not from home?
- E: Yes.
- R: What do you think in how your practice is structured now at this time of your life, what about it, has made it manageable for you to maintain on the long term?
- E: I like moving. I don't like being in one place long. So I think being active in different places helps me a lot. And moving.
- R: Right.
- E: And I like driving and driving gives me a lot of time to think about what I am doing and what to do next and why it's happening. So I like driving. I think people's interests are very different in different areas. If you worked in a small town you see different types of people than in a larger city, which makes it really interesting, and then the forensic part I started doing that only for the money.
- R: Financially.
- E: Because its quick money and its relatively guaranteed. But at the same time I was bored also. At least the forensic work is a bit of a challenge, you've got to try and think and you've got to present a coherent argument and that was challenging again because you do get – I was bored, I was unbelievably bored. You know how many interesting divorces can there possibly be.
- R: So you are saying that a further component of extra education or taking extra training, having expertise in a special field, specialization field, took you forward in your practice to not stagnate? Or get bored with the same things over and over?
- E: And as I say, that one on one – the quality of the forensic work is very different from therapy because in forensic work you really don't give a dam. You use what they give you and it's not confidential and you apply what you know to it. So whether I say what the attorney likes or does not like, to me is entirely irrelevant. I must present a coherent argument and to me that's the challenge. To be able to justify what I am saying based on experience and the literature or whatever that's out there. That makes it a challenge whereas I say one on one therapy – you know how long can it really be challenging? The odd patient that comes along that with a certain dynamic and with a certain behaviour pattern is really interesting, but how many depressions can there be, a depression is a depression is a depression. You know a borderline's a borderline's a borderline, you know what's new? You can only slit your wrists in so many ways before it gets boring so ...
- R: And you say forensic work was for finances. Was it a strain on private practice, the financial component, because you mentioned it in the beginning?
- E: Yes. It has always been a strain because I am alone I think primarily, I don't have an additional income. I don't have someone that also brings an income so that if I have a bad month that income still comes to cover the basics. If I have a bad month there is no income. So to me that has always been.
- R: How have you cope with that over the years, has it been planning ahead or saving up beforehand or how do you manage that in long term private practice?
- E: You get used to it. You just get used to it. It doesn't get better.
- R: You get an overdraft?
- E: That's it. You just get used to it. You laugh, you go to your bank manager and say: "Hi how are you, you are looking a bit older, you know." Because you are going to be back there a few times, because that's the way it is. All you need is two or three really bad months or something happening with the medical aid that your primary medical aid isn't paying for some or other reason then you're in trouble. So you just get used to that.
- R: So it's just getting used to that type of stress?



- E:** Eventually you know I've been doing this for the last 14 years, if I was going to fail I would have failed a long time ago. So this is more of the same, so you know this routine. You've got used to it and you try to pay as little attention to it as possible.
- R:** So you get familiar with it, you get used to it, a familiarization and then a strengthening up because it is a repeat of a pattern and then with experience you know how to manage it. And that makes you stronger to cope with that, with the uncertainty of that, but the uncertainty does not go away.
- E:** I can't see it ever going away. Because every month you start at zero. So I don't think that will ever change.
- R:** For you personally, what do you do with your stress, what are your hobbies?
- E:** I'm not sure I do anything for my stress really. I dive and I train dogs and both of those things have absolutely nothing to do with people, because I don't like people you see. The more in know people the more I know for sure I like my dog.
- R:** Oh no man CONVERSATIONAL PARTNER E!
- E:** I am serious. I don't like people. The more I know them the more evil, stupid, pathetic, childish I know they are. I train dogs. Because it's totally not intellectual in any way. It's a very very basic and it is immediate. And I think the same goes for the diving. It's physically quite stressful.
- R:** It is quite challenging to dive.
- E:** And the kind of challenge that you set yourself there – you know you control them. If you decide that you want to go and look for a certain type of creature then you can do that, you go where you know they will be and then you do that. You can decide you want to do deep diving so then you do that. But that's a challenge you set to yourself and you are in control of it and if you fail and if you succeed, that's altogether your problem, no one else's, which is not the same in our profession because whether you fail or whether you succeed has absolutely nothing to do with you. It is dependent on someone else whether or not they utilise what's there.
- R:** Mmh, that's like feedback?
- E:** You never get feedback and the feedback you do get, you have to reinterpret as it being the client. Suppose someone says: "Oh you've helped me very much." Then you say: "Well that's very nice but if you haven't used it I wouldn't have helped you so its not me its you."
- R:** Have you over the years had feedback that has helped? How did you cope with that or with not getting feedback? Like in another job you might have a performance appraisal but not in private practice.
- E:** Well, I make money my performance appraisal. If I make enough money to survive then I am obviously doing the right thing. If that stops, then something has gone wrong, then I know my practice has left me and then obviously somehow I will – you know you don't leave your practice your practice leaves you – then obviously something's gone wrong, something. And I think you know what is also very important, is that I didn't want to believe it, but I believe it now, is, it's not how good you are, it's what contacts you have. If you are able to establish contacts that will bring about a regular input of patients you are well away whether you are good or bad or indifferent, is irrelevant.
- R:** So it's almost a network thing?
- E:** That's it. And being, I think that's what – not all psychologists but certainly myself – I am a very bad marketer. I don't market myself. My opinion is send me a patient if I can do the job send another if I can't don't, but it doesn't work that way. People do want to be buttered up they do want to be taken for lunch and for coffee and they do want you to phone them and send them Christmas cards and to drop off a bottle of champagne, they want that and then they will keep sending you patients.
- R:** And psychologists really don't do that.
- E:** No. You know I have to consciously make a list and say I haven't seen that attorney in a year, I better take them to lunch. Because please I want more of those referrals cause I want their money.
- R:** This sounds like the business side of private practice, which we are not educated for or trained for.



- E:** Absolutely and that took a long time for that penny to drop, a long time. I kept thinking, you know, if I'm just good enough and I do the job well I am going to have this longhaired carpet and this teak furniture that is going to be beautiful. Rubbish, you can be as good as you like if you don't have a good support network, forget it.
- R:** Sjoe and that is important because I know CONVERSATIONAL PARTNER E that your academics is cum laude, I see it on your wall, so academically and with skill you were up to standard but through years you had to learn the business side and how the business side works.
- E:** Yes. And as I say I really, it's only I would say the last four or five years that the penny dropped that I have to put in effort in marketing. I actually have to do these things that I find highly irritating. I have to talk crap with people if I want to get clients and I want their clients and if I want their clients, I'll talk nonsense with them.
- R:** These are the forensic attorneys?
- E:** Yes, and I have to tell them that they are fantastic and I am so impressed with them and they keep sending me clients. And I make money and then I am happy.
- R:** And I don't think we get any training in that, that business side.
- E:** No not at all. I don't think they begin to emphasize how important that is. If you want something from someone else you have to make them feel good about themselves. They want to feel good about themselves, they want to think that we think they are wonderful so you've got to go and do it. If you know someone is having a baby, even if you couldn't care less about the little blight, you phone anyway. "How are you and how's the baby?" and you really don't care but you do it.
- R:** And that creates a kind of network?
- E:** That creates the network and before you know it then this attorney is sending you someone, you don't know how they got to you. Then that one is sending you someone and I firmly believe, and its not just attorneys, its GP's as well you know. GP's want that recognition that they are extra special and that they can identify these people. They need to know that, so you have got to go out there and you have to take them to lunch and stretch your budget a little further, that you don't really have money for. That's got to be done.
- R:** So there is a component of expense, business expenses that goes towards marketing and networking as well?
- E:** You've got to do it. Even if it feels to you that I am wasting money, but I do think you need to do it.
- R:** And then it becomes word of mouth, like you say, one tells the other?
- E:** Yes. And you have got to do extra special things. Like someone will phone you and say I have got a case coming up on Friday, I know its Monday, can you do this for me and generally you tell somebody to go straight to a warm place when they say that to you. But if it is a new attorney and you think you might want work from them in the future, then you do it nevertheless because you know for sure, they will send you someone else if you do it for them. So, its manipulation... obviously.
- R:** Yes, and that creates repeat business for you then? If they are happy with the work that you do for them.
- E:** Yes. And some attorneys you also then have to send straight to ...(inaudible) because they take too long to pay or don't pay or their patients don't turn up or whatever and you decide you don't want to see their patients anymore.
- R:** I can imagine the fees components over the years, you need to keep a check on and need to be clear on that because there are difficulties with that and you are living from month to month.
- E:** The forensic work, if you want to do a lot of forensic work, you work that you get paid when the work is complete. So you carry that until the case is complete which can be anything from 2 to 5 years ---
- R:** And then you get paid?
- E:** Then you get paid. So if you want to do forensic work you start and you work about three years before you actually start getting any kind of a financial gain from it, on a regular basis.



- R: Okay, that's an interesting consideration for long term planning that you need to do, to do that type of work.
- E: I think when you hit about R150 000.00 outstanding in fees, I'd say then you start getting money on a regular basis.
- R: CONVERSATIONAL PARTNER E how do you run your administrative component at your practice, do you have somebody who does it for you or do you do it yourself?
- E: I just have someone who does my accounts because of the QEDI. I don't like, I hate admin so I am not going to do more than I have to. Writing of the files is already more than I can stand so - but you still have to go out there and phone the people and beg them to pay their accounts and I am just not going to do it.
- R: Are you actually using a consultancy service to support you in that part, that administrative part of the practice?
- E: Yes.
- R: And that alleviates some of that stress for you?
- E: It does. And you know if I had to do it, to phone and ask people for money, I will get unpleasant. The next time I see them I am going to tell them I don't care what's your problem you haven't paid me. Bugger off. Which of course the person who does my account, doesn't do. She's completely different. She will approach it differently and I won't know about it, so I'll see them and I'll be very nice to them even when they haven't paid me which is the way it should be. I don't want to do those fights, I don't think it is right to do that fighting.
- R: It can get very unclear.
- E: I don't think its fair to do that. That, and then the attorney component, when it goes after 90 days outstanding then I give it to the attorney to collect the money. I'm not going to fight. I think the basic principle is if they haven't paid you in three months they are not going to pay you.
- R: Yes because they should be used to a system where doctors – 30 days then they start phoning you to pay up an account.
- E: Yes and I don't want to do that. I think that will really cloud the relationship.
- R: Has it happened a lot in your practice over 14 years?
- E: I don't think I've got a lot of bad debt. I don't have this 33,3% that some people have. I don't have that but I also try to make very sure they have finances ---
- R: Before you start ---
- E: Before I start and if they don't I expect them to pay at the consultation and if they can't then they must rather postpone their appointment until they actually can. I see Pro Deo's as well, but I mean those are the people that said to me they are honest and direct enough to say, you know I know I need to come for help but this is my situation and then I negotiate with people. I negotiate for R50.00 a session if necessary but then we begin with an honest relationship from scratch. It's not a case of someone who turns up who doesn't tell you they have no money and when they've run up a R4000.00 account suddenly they don't have the money to pay you. So this I only do with people from scratch when I know that there is a problem because then I have a choice. If I feel I have a choice to give my tenth or whatever you call it to society by doing that. I don't have a choice when someone just sort of absconds. Then I'll fetch their refrigerator, I really will, I don't care, I'll take their food I don't care, I want my money.
- R: That where you use the attorney structure?
- E: Yes. And if I have to take them to the small claims court I really don't care I'll do that as well. Because I do seriously think that one of the most important functions of a psychologist is to teach people responsibility and honouring your account is responsibility.
- R: That's step 1.
- E: That's very basic. So – put it on the table. You can have my time and my undivided attention but put the money on the table and Erica I think that if I compare with where I was when I started, I had all of these illusions – I was going to have this roaring practice, it was a large office – with this long hair carpet and I was going to always say the right thing at the right time and there would never be any financial problem and I mean its just



nowhere near that at all. So I think yes that after 14 years you are disillusioned, I don't think I have any illusions left about people, and what they do and why they do it and how they do it and yes.

R: What do you think has kept you in the profession?

E: It is hilariously funny, its very amusing, it really is. People are very funny, what they do is hilarious.

R: And that's kind of been a driving force?

E: Yes. It just stays hilarious.

R: And then also it stays interesting?

E: Yes. No it does. You know, you always, as I say there's always this one patient that just absolutely stuns you. Just when you think there really is nothing anyone can tell me anymore then they come up with the most unbelievable thing and it's hilarious, it's just so funny. Don't they realise what they are saying to you. Yes, and then you are hooked for that number of sessions with that person. Because yes, they are interesting. So yes.

R: CONVERSATIONAL PARTNER E, In the beginning you spoke about exhaustion and that tiring component. How do you experience that and on what levels? What do you do with it when you are physically tired do you just get enough rest or how do you cope?

E: Um I don't sleep, I don't, I know that sounds strange, I don't sleep a lot. So I don't know whether I feel the intensity anymore. I honestly feel as though the edge has been rubbed off it.

R: From when you started?

E: Yes. So I think the exhaustion is no different, I just don't feel it as intensely as I used to. It's also another: "Okay, so this is what I know it's just the way it is." I mean I think the last leave I had was 4 years ago. Then over Christmas, I mean, what kind of needs do you have over Christmas. You have no income over Christmas. So you sit there worrying yourself into a flat spin because you know come January you are going to pay nothing because there is nothing so you don't say, look 10 days you have over Christmas you rest because you are stressing. So the longest I had was a long weekend and that I think was about a year ago that I went away for a long weekend.

R: And then where did you go?

E: Diving. So yes, I just think you get used to living with it.

R: And mental exhaustion? You say you think about more say, a condition, than a certain person? And you read up in your own time?

E: Yes and I don't want to see people. I really don't want to see people. I will be quite happy not seeing anybody most of the time. It's bad enough that I have to see the patients you see, so do I want to see anybody else? No, not really.

R: So you will read and relax at home, do stuff like that? Have your own time.

E: Yes. I don't phone people. I don't make the effort to make any kind of social contact, I don't want to see anybody. They can come and visit me if they really must. I don't know whether that's the profession, although I think I was pretty social when I was a student and at school and so, maybe it is the profession that's done this and I know that when people start wanting to talk serious things to me then I try to sidestep it. They say they are so unhappy and I say so is everyone else because I don't want to hear it. So I don't know, is that burnout? I think I burnt out many years ago. But I mean is that burnout?

R: It's interesting that you are still carrying on. You are carrying on – you are still doing the job but there are things that you identify that you almost do things to maybe navigate your way through the profession. And if you are a type of person that likes being on your own, busy with activities that do not necessarily involve other people, like diving or training dogs or your own time reading, I think those are very strong trends that you've built into your life to be able to just get through work. Just do the work and it differs from each person because what I found in these conversations is that each person has very individual ways of dealing with that. One other therapist said to me they go walking. On holiday they make a point of being in nature and physically active. Another one does art, which is a very individual thing to do. That is there to balance the existing stress – I think initially in the private practice you don't cope with it very well, it's there, it is part of the job description and later people develop these mechanisms to be able to function through

that and to be successful in private practice.

- E:** Look – the first two years of private practice I would lie every night in my bed hyperventilating. I got panic attacks I think just about every night. I gave up a job, I mean I had a salary, it was the most boring job on earth but it was a job and you got a salary and you knew what you were getting every month so yes predictability and stability, which is all an illusion anyway, but I literally had panic attacks every night. I used to lie in bed like a stick with my eyes open, thinking: “What have I done?”
- R:** And it is, the first three years of practice is difficult to get it up and running and for referrals to start.
- E:** You know I think we don’t realise – you know that’s another thing they don’t teach you is, if you buy a car you are prepared to make a five year financial commitment before that car is paid off – um when you support a private practice that is pretty much the same thing – before you really have a relatively stable turnover it’s going to be about five years. Nobody told you that to start off with and I really, I used to think the statement is arrogant to say that those who can, do, and those who can’t, teach but I am absolutely convinced that that’s what it is, those that cannot are out there teaching people to do the job which is hilarious once again.
- R:** Then there is a gap for practitioners, who are doing the job, to bring some insights into the training?
- E:** I would think so. I don’t think an academic has the faintest idea what they are talking about when it comes to private practice and yes I do think – but once again this – you know this is the thing that gets to me – when they have got all of these wonderful CPD courses that you’ve got to attend for an X number of thousand rand which God knows where I am supposed to get, because while I am attending it I am not making any money you understand. Who goes on these courses? Are all of these inexperienced, unqualified people in organisations because the people doing the job don’t have the time or the money to attend this nonsense? So I really don’t understand where these people fall out the bus. I should be attending these things because I am going to be applying it, but I don’t have the time or the money to attend. I don’t have the energy to attend it. And you ask them what do they do – ag actually they shove papers from one side of the desk to the other but they get sent on these courses. How? So I don’t know, I think there’s a serious gap between those doing the job and those imagining themselves doing the job.
- R:** And for yourself, how does your CPD work?
- E:** If something comes along that I really think is fascinating I’ll go and do it otherwise I’ll try to put as little effort into it as possible because I think it’s a moneymaking racket. I think those presenting most of the courses don’t really have skill. You know I go to these courses, they don’t tell me anything I don’t know. I wish they did, it would be wonderful if I can come away there thinking: “Wow this was amazing! I was very stimulated.” But I think, I know that. So and? We learnt that in fifth year.
- R:** Which is picking up on the fact that the courses are not on standard or not of high standard.
- E:** Yes. But what I mean is who is presenting them once again? The clinician is out there doing the job, so who is presenting these things? Someone that’s got the time to sit in the library. You are not going to learn to do the job in the library so again.
- R:** And I also know that you have been a part of peer supervision group. Has that been valuable for you?
- E:** Yes, I really think that is valuable but also you have to be very selective. You have to actually select people that think probably in the same vein. And when I say “think” I don’t mean they must think the same thing but they must at least have information, they must at least do some study, they must at least have some experience. So you have to select, it wouldn’t help me to sit in a group of second or third year people in private practice because honestly I could contribute to them but they are not going to contribute very much to me. So you have to go and look for people that have actually been doing this job for a while and I also think that have the same line of specialisation, of qualification, yes.
- R:** And I think the further you go in private practice, it seems to be, the less and less people there are that remain in full- time private practice and it becomes more scarce to find



people like that.

- E:** I think staying power is – I think everybody can start up with a huge bang ...(inaudible) but very few are actually able to stick it out and actually get a good result at the end.
- R:** And those few, what to you think help them to stick it out?
- E:** Intelligence I think. I think those that are – that do it for years are very intelligent people and I think they are self-motivated in the sense that they'll keep growing and they'll keep exploring and they'll keep trying and they don't need anybody to tell them what to do or to guide them, they do it by themselves because they are driven to do it by themselves and people that can survive with very little feedback that don't need that constant shining of the halo.
- R:** They have an internal sense of who they are?
- E:** Yes. As apposed to waiting for people to tell you how great and wonderful you are, you are not going to get that.
- R:** And then with years the expertise and the wisdom comes with that, have you found that it increases with time?
- E:** Yes. I think it really does. I think you use what you have. I mean, you use what you learnt but I think eventually you don't apply it in the way you learnt it. You apply it your way. And people keep talking about eclectic, which I think is a useless word, but I think it does become that. In the sense that you, make it your own, so it becomes a therapy, your therapy. You don't do Jung, you don't do Freud, or whoever is doing cognitive behaviour therapy. You do CONVERSATIONAL PARTNER E or you do you, whoever.
- R:** I think what you touched on there is so important because what I almost see it as, is an integration, is integrating that what you have academically learnt, integrated into yourself and to be able to present that and work with that and it's not as the textbook says Kernberg applied by you, it's actually a theoretical foundation but you know you have integrated that, in a unique and individual way, and then it is fitted or matched as it is applicable to the client and the issue. And that speaks of a sense of integration for me.
- E:** I don't experience it as work, as in the sense that I am applying anything. I think I do myself – I give what I can of what I know and what I've experienced and hopefully for some people that is an aid and for others it won't be.
- R:** Do you still enjoy what you do?
- E:** Not often. I do it as a job most of the time there are highlights, there are moments of light when you really run across people that exhibit insight. By that I mean is – you know what – I really firmly believe you can't teach people insight they have it or they don't. Because if you get a patient that has no insight, get rid of them because you aren't going to help them anyway. But there are some people – and they are not necessarily geniuses they are not even necessarily very intelligent but they just have a way of approaching the world that is so genuine that you can't help but really be interested by them and I think they have a way of still being fascinated by the world which makes them very interesting. But its rare, I mean this is not a phenomenon that I see very often. More often I see people who are in complete denial and they want you to tell them what they want you to tell them and if you don't then you are a very, very bad person.
- R:** And if you were to study again would you study psychology?
- E:** Never
- R:** What would you?
- E:** Good question. Maybe I'll be a dive master. It must be wonderful, you know just having such an easy life basically. I mean there are only a few basic principles to diving and if you apply those you keep going and its great. But probably that would bore me.
- R:** I think it might bore you!
- E:** I think you know maybe law would have – I think I would be a good advocate, I think that was my second choice anyway and I do think perhaps that would be something that I would study and then the other thing was engineering probably. But then I would specialise mechanical engineering and I would like to do something that would be somehow related to space. I wouldn't want to stay on earth thank you very much.
- R:** Yes, which are challenges, challenges of finding what is out there?



- E:** Yes and because its endless and infinite and its away from the petty squabbles and I mean, the very fact that we have consciousness is such a miracle, the fact that we can think about the fact that we are thinking, it's unbelievable and we are wasting it with petty squabbles which is I think very sad. Whereas if you stand back and you realise you are this tiny speck of nothing in the middle of nothingness and there's this incredible space then I think it puts it into a little bit more perspective, that you are irrelevant really. In the greater scheme of things you are nothing really. And all you have is what you've experienced and experience is the only thing that makes it worthwhile. You better make sure you have a good experience and if you want to be bored then that's fine, that's your problem.
- R:** And I think that is a philosophy of life.
- E:** Yes, because I think there's no sense to any of it. There's no sense to life. I mean what happens, you get born under the most extreme circumstances, you have brought your poor mother into agony, you live, you pretend to yourself you are busy with something significant, which you aren't, I mean in the greater scheme of things, then you die and the worms eat you. So if you don't make it meaningful along the way, its pretty futile.
- R:** And that is the journey of creating meaning and finding meaning?
- E:** Yes, and I think – I do think people who are religious by nature have the advantage of believing that you think if you are a good person here, you delude yourself that you are a good person here, that you go up to the great beyond and you float around on a pink cloud and you are very happy indefinitely. Now if you don't believe that, this is it, this is as good as it gets. If you don't use it, that's it.
- R:** It sounds a lot like that which you spoke about in today's conversation, that spirit that you have. That you have always been able to carry on and do your thing, you get in touch with that every day, engage with that?
- E:** And I had weird parents and it helped. You know, if you have got run of the mill parents, I think your thinking might – it's probably going to be more run of the mill thinking but if you've got two completely pathological parents you have no option really but to become a bit odd yourself and I think my oddness has to do with that I question everything, I believe nothing, I trust nothing. I try to experience everything, make your own decision whether anything is good or bad or indifferent. And I don't think a psychologist can be a good psychologist if they come out of a very happy, stable family because how good are they supposed to understand anything coming from a happy, stable environment. I think you need to be slapped around a couple of times by life to realise oh okay.
- R:** A little bit of life experience?
- E:** Yes.
- R:** In your experience, has that been a trend amongst colleagues for you? That they have a bit of life experience behind them?
- E:** I don't – look, most good psychologists – look once again this is a subjective judgment, I'm saying good psychologists – I mean by that the people that I think are good psychologists are different. They don't play to the same tune that everybody else plays to. They have their own thoughts and their own principles and their own values and I can live with that. There are lots of psychologists that don't, that follow the rules, follow what's expected, say the things that are expected in the way that's expected. That's fine. I just honestly don't think that they are good psychologists. I think they are mediocre actually.
- R:** And then it would be the same thing with people that are able to maintain private practice over a period of time, to the point where its between 10 and 15 years experience, Very few people get to that point and I think, with what you say it is very important then to have that individualism, having that experience and having that stamina or the fibre of a person to be able to maintain-
- E:** I think you have to be tough, you have to believe in yourself, you have to believe that this is what I am doing and it's right, not everybody likes it, but that's bad luck, but I believe it's right, yes. So I do think you have to be tough and I know and I think you must also be disillusioned because if you are coming to this with all innocence you are going to be beaten about the face something terrible. You are going to have a bloody nose for a long time.



- R:** And you will keep doing it, psychology, practice full-time?
E: Yes. I guess – you know what – if on a bad day or on a good day, however you want to look at it, if someone in an organisation made me a nice cushy offer and all I had to do was say whatever they wanted me to say, I could take it because I know I think I can play that game. I can just say whatever you want to say, say it. But, at the same time knowing myself, I probably wouldn't. So you know when I'm really having a great fantasy for the day, I can see myself working in this nice little office and seeing maybe four people a day and spending lots of time writing up my files, organising everything alphabetically, but it would be boring. That's not what I want, so probably what I'll spend the rest of my life doing is not being paid adequately, worrying and having panic attacks.
R: Thanks so much for your time for the conversation.

CONVERSATION WITH CONVERSATIONAL PARTNER F:

- RESEARCHER:** Ok, CONVERSATIONAL PARTNER F, just to give you my research question that I am looking at. It states "Tell me about your experience of maintaining private practice, in your case 20 years because you started in 1988 and you have been practising since then. Maybe you can tell me a bit about what your experience has been?"
CONVERSATIONAL PARTNER F: Just my personal experience?
R: Ja.
F: To me it has been very positive. I enjoy doing it, and ja, I think it depends also on the personality. Some people like to be more industrial or like an academic. I am not an academic, so I don't like lecturing. I like working with the people. So, for me the motivation and the satisfaction I get is working individually with individual psychotherapy.
R: So for you the 20 years of practice has been a positive experience?
F: Oh, yes. Definitely. I don't think there is, it is very much satisfying but I don't think if people want to do it for money, then it is not a good thing to be a clinical psychologist in private practice. Because I think one, sometimes you get emotional about patients and you see a mother who is divorced and the father is not going to pay anymore for the child's therapy, then you have a sort of dilemma, you know. And I think one can go one of two routes, you can either the very ridged one of "I won't see you then" or you can go the route of saying you know this is a human being, I am going to see this child for a few more sessions. So, that can be a bit of a dilemma. And you have got to learn that because when we start studying we are not taught anything about business and I think that is a hell of a problem. Because you work in a hospital, you don't ask people for money, then suddenly you are in a private practice and you have got to ask people to pay. In my experience to do it it was just terrible because you are supposed to do this to help people and you have got to teach yourself that you are delivering a service and you are actually worth them paying you. So, that is something one has to work on.
R: You know, this same topic has come in in some of the previous interviews too, it has repeated, where the business component is such an important part of having and maintaining private practice.
F: Ja.
R: Also the money structure. How has it worked in your practice, how do you manage that?
F: Ok, I don't have a receptionist. I used to in the past but I work totally on my own, so I do all my accounts everything. Except when people really owe me money, I have a lawyer but it doesn't happen very often. So, ja, it is not really a problem for me to do all that. I think some people have criticism if you handle your monies with the practice, you know they feel it should be totally separated. You don't discuss accounts or anything with patients. You know and in actual fact I feel it is quite part and parcel of the therapy. So, I discuss it with patients because I put the stuff through the health bridge so if I feel that it is not going to pay out, phone the patient and I discuss it with them. But it was in the



beginning quite a problem you know, because I had a receptionist and then I am doing it all myself, so ja, it can be a problem. But I think one can work through it and it become part of the therapy as well. You know, why doesn't this patient want to pay? What is going on? So, in the beginning it was quite bad to do it, but you know I do it now because I don't have a receptionist to do it.

R: It is interesting you say that because one of the other therapists also said if their job had been to teach somebody to take responsibility for their finances, then that becomes part of the therapy because there is a problem if somebody doesn't pay their medical bills. So, in a way that also can be incorporated in the practice.

F: Ja, I think that is something, but I think that is a personal thing. You know I know some of my colleagues wouldn't think of doing that. You know they just won't do it, but I do it that way and it doesn't really worry me. But that is something that you have to overcome. I don't think people know how many anxieties one has thinking of doing things and sort of almost being scared sometimes, you know to... because we don't, we also don't learn what does a lawyer do when you hand it over to them. You know what if, you sort of think maybe you can land in court, you know that you maybe do something wrong. But I think that 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. I don't know if it is trained, but I think they should, they probably didn't, we are in this field to help people but in the process you also have to help yourself.

R: Can you touch on a broader field of business skills? Maybe I can ask you, with your experience of so many years in private practice, what were the most important business skills that you needed?

F: First of all I think, just to know how to, look when I started we just started having computers. So, that was slightly easier because you could sort of rely very much on the computer. I think in terms of starting a practice and thinking of how you are going to get money to even finance the practice because you go to the bank and they say "I am going to give you an overdraft". You don't really know what that means, hey, and the banks are quite easy to give you credit cards and so you spend thousands because this thing didn't tell you. So, I think even the basic stuff of "jou bates en jou laste" one need some structure with that. And ag, the income tax is not such a problem because usually I just put it, I still write my stuff up in a ledger book, a huge ledger book and give that to my financial manager. So, I think everything, you know, they should start you at the basic, this is how you do your basic stuff, this is the rules in terms of practice because the rules vary so much in terms of even our fees. You know our fees say if you are not registered for VAT then you can ask this, but a lot of people vary, you know. We have a psychological group and usually in the beginning of the year we decide what we are going to ask and I think that can also be confusing to patients because psychologist, you ask anything, if you contracted out, I know some people that ask double what I ask for a session you know, and again it is emotional thing because I would ask less than the fee I can because I want to see the patients more than 4 times. So, I think there is an, I come back to emotional aspect a lot about the money, but ja I think they must have a full course on how, and also deal with the emotional stuff that psychologist have about asking money. Because you have got to teach yourself "I am worth asking this fee" you know, because if I don't and I don't see the patient then you know I am not doing the job that I should be doing. I often think I wish I can sell lawnmowers because you know if you go into a shop and you buy something, you cannot say you know, I will give you some of it later and so on. It is a terrible correlation but ja, why do we think about that and many psychologists do. So, I think the whole business spectrum, and teach you also the, there is so many different stuff on the market now, you know people come to you and they have this book system and that one and so, ja 'jy word soort van oorval met baie goed" that I don't think we should have an overall.

R: And they sound like basic business skills training of how to run a business.

F: Ja.

R: From the word "go" of how to do, set it up with your financial side, your management side and what you also talking about then is utilising your external resources like having a

financial accountant as your auxiliary service to support your work as well.

- F:** Ja.
- R:** Then you are using those professional services as well.
- F:** Ja, if you can. Fortunately with you know, computers these days you can do most of that yourself. I use the Healthbridge. I everyday just put my patients through and they for instance are quite good, they immediately send you a to do lists to say this has not worked out or the medical aid is not paying anymore or whatever, then you can immediately do something about that and you know, it is quite easy. It is not I think, like 20 years back where you didn't have time, somebody had to write it up and I can remember we had a book and then you get al.I these cheques and stuff and then you have to have somebody to go and pay it in, so you know, that became much easier.
- R:** I actually heard that in one of the other interviews too that it is, comparing to before, it is actually now a lot easier to run the financial side of practice, the medical aids pay out sooner now.
- F:** Ja, ja.
- R:** Which I think us as young psychologists are fortunate, to receive the money immediately, you know we never had that, when you waited months ...
- F:** Ja, and if I look at outstanding monies, I hardly have any problem with that now. I have about two people ...
- R:** It is better now.
- F:** Much better now. I think that runs more smoothly. I can think about a lot of expenditure also on getting a lawyer and having to pay him for you know, getting the money in and stuff and that is hardly, I have about three, four cases a year that I actually have to look for the money.
- R:** So, bad debts are less now.
- F:** Ja, much, much less.
- R:** Linking computers having facilitated speeded up the process of administration and making it easier by using your own computer.
- F:** Ja, it helps a lot.
- R:** CONVERSATIONAL PARTNER F, to ask you about yourself and the emotional side of private practice. What has been your experience?
- F:** I have the most fantastic job I think. My job is my hobby. I just love it. I know I spoke to a guy, in joburg, the other day, a young guy who studies philosophy and he said he would like to do psychology but everybody tells him no he mustn't do it, even people that are working with you, I said "you know, if it is your passion, then you must go for it." I have a friend that is studying now, she is 40 and you know if you think how strict the selection is, she had a passion to do it and she got selected and she did her internship. So, the emotional side for me has been very good. You know like people would say, you work with depressed people everyday and I think if you are a young psychologist it is true. I can remember going to bed, not literally with my patient, you know and thinking about them, but I think with time you learnt to be more objective and not being not emotional or, you know put it away. I work from my house and I work in this room, and my computer is quite central in the house, but I would not take a file into the house. I just, I switch off totally. So, my experience has been extremely good. I love my job.
- R:** You love your job. Do you think that is part of what has been ...helped you to maintain practice, to have structure in place like that, not to take a file into the home boundary, not to, you know in a way to switch off emotionally and leave it there, the work where it belongs at the workplace, in the office and not take it with you into your home.
- F:** I think you know, one does have 99.9%, there obviously sometimes is something, because I work from home, sometimes it is a problem because people know I am here. So, you know they think they can pop in any time, yes but I do set sort of limits. You know if somebody said "no, I just want to come and pay you on Saturday", I will say "what time?" and they will sort of say "oh, but it is Saturday". I will say, "you tell me a time, I have time in the morning between 9h00 and 10h00". Because otherwise they think yes, I can pay 3 o'clock on a Sunday afternoon. So, ja I think it is important to have those kind of boundaries set. It helps one to, and you have got to divorce your personal life from



your practice.

R: How do you do it?

F: I switch off. I think you know, but it is difficult, there are sometimes... I work a lot with children, my practice for four years was actually just with children, so children are very hard work. An adult can walk out and you can say to him come for therapy and he doesn't want to then that is fine, because a child is always your responsibility and it is harder work because it is not just the child, it is the parents, maybe he needs to go to a special school, he gets occupational therapy and you have got to sort out maybe medication with, you know, I say it is much harder work and then it is more difficult sometimes to switch off. And I believe that is why one does this job. If I say switch off, I don't mean "wah, finish, klaar, you go", I work in Kempton Park once a week and often when I drive home people would be looking at me because I am talking with myself and it would be about the patient you know, and it is sort of just releasing, and getting it out of my head.

R: Oh good, and that is a nice mechanism to do that. You just talk about it.

F: Ja, I think it is fine. And also we have a little group of psychologists and I think that is great because you know we often say we discuss topics but we don't actually. We talk about how we feel about patients or why this could happen. I think it is important to have that because this is the most isolating job one can do. I remember when I wanted to do psychology, (Prof), I don't think you would know him, he was head of our clinical psychology in the 70's and he asked me "why do you want to do psychology" and I said "because I love people" and he said "well, then you mustn't do this job" and I thought you know, he is very old, I think he is slightly out of touch. But I realised he was quite right. If you want to socialise with people, this is the last job you must do because you see patients, they walk out and you are totally alone. You cannot go and discuss your patients with other people and even one's family gets tired. You know you can sometimes say, "I have such a bad case" and you can see they sort of "oh, here it comes again" and they walk off. So, they don't really want to hear. So, I often say to people when they want to do psychology, exactly that. Remember, if you want to have a social job, go do a public relations job, this is a serious job. You cannot socialise with your patients, and that is you know, I think one of the problems. It is a very lonely kind of job. That is why you need a group, I think, but I think it also is your personality, if you look at some psychologist they can do industrial psychology and I cannot imagine myself standing on a stage and you know remembering all the people's names and doing that. I think there are different groups of psychologists and I think like our group, I often say we are a bit schizophrenic. We like to work like this in little corners and just do the therapy. The passion is the therapy. Ja that is what I like.

R: And that supervision group or support group of peers is actually pivotal and actually breaking that isolation and also allowing you to be with other people, share with people in the profession within the boundaries of confidentiality of cases.

F: Ja.

R: And are they continuous, is it once a month or?

F: Ja, we do it just once a month and ag, I think you know we complain alot about the CPD points, the way they do that. We call the HPCSA the SPCA. Because you like start with something and then they have these rules, then they throw away our points and for psychologists this is a problem because doctors get sponsored and we have to pay. I spend thousands of rands to get points and then they throw it away. You know or they say you have attended this lecture and you can't have points because it doesn't qualify as a psychological topic or something. So, that I do find, I have gone through that crisis and I have been angry about it and so and I have often find now that lectures and stuff one attends, you know, I go for what I think I need and ja, I go for the therapeutic stuff, like for instance that lecture at (hospital). If I can use some of that stuff practically in my practice ja.

R: I have heard at some of the other interviews that the level of quality of CPD is often not what it should be. You have to sniffle, you know search around a bit until you find a course that CPD is really valuable for you because the clinical psychology practitioners



need a bit of depth to a course that they can utilise in the therapeutic environment.

F: Ja, I find often that these courses are just, they tell you what you are already doing. Ok, in a sense it is good because at least you know that Ritalin is still the product of ADD or ja, and some of them are just a repetition of what you know. So, I don't think that is of value and I don't think these CPD points must be in any way just to get the points. I want to be able to say I learned something, I think that should be the purpose of this, not just going to say, ok I need another three points so let me go and sit and sleep in a lecture just to get the points. And also now, I am saying this, I think it becomes a moneymaking business because some of these they are ridiculous. You know a three-day course for R4 000? Even if it is income tax deductible, I am sorry I will not do it you know, so I think we are still sort of getting into a niche where everybody is going to be happy. But ja, I tend to select now more what I am going to attend

R: Then I want to ask you CONVERSATIONAL PARTNER F, in your practice with regards to the work itself, how have you found that being in private practice have impacted on your life?

F: Impacted on my life?

R: Yes.

F: ...Does that answer? Silence... Ja, I think psychology, the job itself, has taken over my life in many ways. When I was young this is all I wanted to do. When I finished at university, I got a bursary, so they had to look for me for a job because there was no job at the psychiatric hospital. So, they got a job for me at a hospital in (city). I was there for four years and I think I was almost the first psychologist to be appointed in hospital, medical psychology. So, that was a hell of an experience because they give you a patient with a kidney problem and the patient talks about dialysis and this and you don't know what is going on here. Yes, that is something else they can really do in our courses, is to teach us more about medical problems as such because you learn from your patient. That is what I did. If they ask me something I would say "tell me about that" and I would write it down and go and ask a doctor or whatever. Ja, I think my job, personally my job took over quiet a lot of my life and I think I eventually had to get a better balance, to actually say to myself "there is more to life than just being a psychologist". So, I don't think in a negative way, I think sometimes I felt a bit isolated because you cannot really share and even sometimes, psychologists we have different ideas about for instance death or whatever. You know, you cannot tell people in an ordinary conversation you actually think death is a good thing, a person is in a better place. So, ja I think it can because one thinks differently and I think it can impact on interpersonal relationships. But I don't know, I think I can get quite a balance to keep it away from my personal relationships – I think so.

R: How did you do that?

F: How did I do it? I don't know, my family and ...I was married at one stage, was not really very interested in my job. So, I sort of didn't have to, you know always have to talk about it in my family situation and also because my husband was totally not involved in psychology, so I don't really think it impacted that much. On the other hand, probably because one thinks very differently and I know that for instance my family would say that I am very eccentric and ja, I don't do things very, and I don't think I am unique in that way. Psychologists do things differently. I have a patient that says she brings her children to me because I am not a normal psychologist. Honestly, ja she says "because you don't sit behind the desk, you play with the kids and you do these other things and my kids will not cope with a normal psychologist". So ja, I suppose that is a bit of I, I see it as a complement sort of. Ja, because I am older now, I think one can accept more the fact that you do think differently and to me it doesn't matter much like that because I resonate with people that think like I do, but ...it does go through an adjustment period to actually get there. I am divorced but I don't think my divorce was because of my job. It was because of financial maybe and other reasons, but I can't think that it really had anything to do that it may be, I don't know, maybe I am denying it, but I don't

R: It is not your feeling ...

F: No, it is not my feeling.



- R:** And you were saying, when we started the interview you briefly mentioned that you do your job like a hobby, you love it. Explain to me that. A hobby is something one lives yourself out on, is that how you think about it?
- F:** Ja, I suppose that is difficult now, one mustn't think that it is just play or something. I don't know, I have a passion for this, doing this and as I say, I often say to people, I am really fortunate that I can do a job that I love like a hobby. You know you often see people and they are so miserable and they don't like their job and then you actually try connecting something fun in the other environments. Say ok, this job is a drag but you need the money, so go to work, do the work, drink your pills, go home and do your painting or whatever hobby. So, I link those two very much together. I don't know, I just think very much that I am a people's person, in this therapeutic way because we don't socialise with our patients. I don't know how to explain it, it just is like that. I love the job, I really do.
- R:** I think what you are talking about is very important, to have that passion in order to maintain private practice, that it really is something, that there is a fit between the person and the type of job, the type of psychology, it is not industrial psychology, it is clinical psychology, it is different.
- F:** Yes, it is.
- R:** The therapeutic context is different and that has got to fit with the person that you are. You have got to actually enjoy that. In order to maintain it for such a length of time. You know not to do it for a while, to go and do something else, but to actually do that for an extended time of maintaining private practice that it has got to do with that component of passion for the job.
- F:** Ja, and I think also the experience and being allowed to do other things. I very much like the visual kind of therapy. I don't, if somebody asks me "what kind of therapy do you do", I say "CONVERSATIONAL PARTNER F". Because you cannot be Freud, you cannot be Jung, I quite like the symbolism. So I say then, you know I get like students who know, I tell them this and I can just see them go back to the supervisor and say you know what this woman says hey. But it is true. Because a long time ago there was a lady in private practice who emigrated to Australia and she was totally systemic orientated from the university and she gave a lot of her patients to me when she left and I thought, oh this is going to be a problem because I don't know quite, I work at psychiatric hospital in the child unit and we had a big problem there with the university students with their systemic approach and our university approach and I actually found these people quite arrogant. You know this is the system, it is the only thing that works. But eventually a few of us went to prof. who is sort of an expert on the field and we went to night classes for six months to teach ourselves the systemic approach. Because I am more psychodynamic and I do sort of use that a lot and I thought what am I going to do with these patients. I suddenly saw the way we treat the patients is exactly the same and it made me realise that we all do the same, it doesn't matter what approach it is, it eventually comes together and, so I don't really feel that she did something totally different that I was doing or that I was going to have a problem or be a disadvantage to the patient, what we did was the same thing. Maybe we looked at it like this and that, so ja.
- R:** So it comes down to the same practical work, it is just described in different paradigms, using different words. That is really interesting and I have in some of the previous interviews also heard CONVERSATIONAL PARTNER F, how different experienced therapists said that they have grown into a therapeutic approach that has included part of themselves too. It is not just that they are at this type of a therapist, it is something that is a part of who they are and that is also who they are that 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.
- F:** Ja, that is very much so. I think your experience too, and not being so scared that if you don't link into a specific system that people would think that you don't know what you do. So, I am quite open about saying that I do my own therapy and I would use behaviouristic ideas or yes, anything that helps the patient because I don't think you must have a, if you have a system, then it is fine, but not all people fit into that system and you actually lose



your patients. So, and my own personal experience is, I think psychologists are becoming more spiritual. I see that everyday and even in our group when we talk, that I use tarot cards in my therapy and if you start talking, you actually see how it is almost like psychology is a certain level but you have to move up and in my own life what happened is that I started going to see a kinesiologist and I learned a lot about spiritual stuff and ja, I am worried to mention that, because I think one has grown a lot spiritually and you know I sort of assess my patients, some of them would go for the more spiritual stuff and others won't but I would never force it on the patient. But in that way my own spiritual growth has definitely changed my therapy a hell of a lot and if I look now for instance at that lecture on family constellation and this lady saying this is not really spiritual, that is very spiritual, because it is the connection of the energies and my reading has totally changed. I read spiritual stuff much more and you learn to eventually assess what is important or not, because there are a lot of people, you talk about heaven and they tell you the golden road and stuff like it, oh it is good, you have a good imagination, so one eventually has to assess those kind of things as well. But I believe there is a place for growing more spiritually and I think psychologists must hook into higher levels.

R: And that has been your experience also.

F: Absolutely ja, it just grows into that. I really believe in the connection of the universe and I believe you must be careful. Don't look into the sky, "jy gaan in 'n gat trap op die grond", but get a balance, but I think things now change in psychology, it is becoming more spiritual. Most definitely, and seeing the link between ourselves, look at the whole earth, you know we are looking at things differently. If you look at religion for instance, we don't need the priest or the minister anymore to actually to connect with God or your creator. Look at all the alternatives that happen, people are much more open to it. Ja, and I see for instance there is a minister at the Dutch Reformed Church that started a Renaissance Church now and I went just to one of the sort of meetings and they talk about everything, they talk about Tao, Buddhism, all those kinds of things. But there is a bit of a lack now, because we don't get that training, so you are a bit on your own now to sort out how you fit in these things with your therapy. But it definitely is happening, we are moving more spiritually and that is exciting.

R: That is in all fields worldwide also, the whole globe, globally?

F: I think so.

R: And psychologists got to understand, be in touch with that?

F: Ja, we have to you know, because I do believe we are here to help people and I, well I don't know sometimes I think the patients help me more than what I do them. It is a learning experience you know, and yes again we can say what we want, the relationship is the most important. Ja, absolutely.

R: You say you learned from patients?

F: Yes, I think I learn a lot from patients and I sometime say to them, you know what you told me now is very interesting for me to learn, I didn't know about this, this is something that I can go and think about. I think when you are in practice so long, your boundaries and we often say that we "ons oorskry grense" everyday in our field because if I think when I was a student or just finished, I never dreamed to say to a patient "weet jy hierdie is nou nonsense, stop hierdie gedrag" just stop it. But again I think it is a question of taking responsibility of what you do, you must take responsibility, you must realise what you are saying has an effect on this person's life and it must be congruent. But also one has to say that the level between the patient and yourself is much more the same. In my days when we made a diagnosis of the patient, the patient was not allowed to know his diagnosis – "jy sal toegesluit word" if you tell the patient he is a schizophrenic or whatever, today the patient has the right to read his file. So, today patients don't come for a diagnosis anymore, they have got a pretty good idea what is wrong, they have depression or whatever. So, you cannot spend hours in sessions with a patient, actually the whole therapy was about making a diagnosis. I remember at one stage they said the role of the clinical psychologist is to help the psychiatrist to make a diagnosis and that was in the 1970's what they told the nursing staff and they would laugh because when we work there they realise this is not our job, while your role is just to help a psychiatrist



make a diagnosis. If I think how that has changed. So, to actually go more into changing people or helping them getting them the possibility to change, than ever, and I think experience fortunately helps me, but I also think probably the way they bring up the interns and whatever, I hope slots in more, not just having to make a diagnosis. Because we need to know the basics but we don't treat the diagnosis. I see things going through fashions, you know, at one stage we into the bipolar now I see.

R: Absolutely.

F: And we get certain medications as well. You know at one stage in the hospital all the GP's gave the same kind of medication for depression, so if a patient walks in I say "are you on medication" and I say whose the doctor, you are on that and that medication. How do you know? I want to tell them I am psychic and I just know. So, ja it also goes through patches, I think you mustn't get too much stuck in the diagnostic criteria. Borderline is also a favourite, if you can't work with the patient, tell him he is a borderline. So, you know, that doesn't bother me anymore. I also think that the problem being so long in private practice has been not really being linked to an academic thing is that, I sort of lose it and must go swot up the ICD-10 to make a new diagnosis for a patient. Because you are not involved in so much in giving an ICD-10 or what, I have a bit of paper and I do it through the medical aid just to make sure the patient will be paid. But I think that question of when you start riding a bicycle, you know in the beginning you have to look at the pedals and stuff and eventually you just do it. So, if somebody suddenly asks you why did you do this or why did you get this reaction, "oh my goodness, I don't know, I will have to go and think why this sort of happened". So, it is good in some ways and so one have to check yourself. I believe that, don't ever think you know it all. This is the most humbling job that you can ever have and I think the more you look at the universe and grow spiritually, in actual fact you become more humble. If this become so big and you realise you have to, I really like the Buddhist, the idea of following the midway, you know that kind of, and yes, the spiritual things growing so much. I can't believe I would have thought five six years ago, that I would think like this now. I wouldn't have thought, I believe something is happening in the universe and I don't need the blue tablets. I look at, I grew up in this house actually, and I look in the 70's we actually made bird life extinct in this suburb because what we did, we had pallet guns and we were shooting birds, that was the done thing and something very interesting has happened in the last four or five years. Everybody here feeds birds, nobody has said we must feed the birds or I must, so if we can just take a small little microcosmos, why is this happening? People are feeding birds and they are all coming back. So, ja that is why I link it to the positive psychology. There is something positive happening and we must look into it. Don't go for the negative.

R: CONVERSATIONAL PARTNER F, just to come back to the maintaining of private practice, what sort of things have facilitated you to maintain private practice for a long period of time?

F: How do you mean "maintain"?

R: Continue in that profession for 20 years. What has helped you to do that? Anything in yourself like determination or drive or ...that has kept this practice going for 20 years?

F: Ok, because when you put it like that, what I hear is, it sounds almost like it was work to do it, you know going, ja there were difficult times, you know especially in the late 80's when the medical aid, and a whole lot of people also left the country because they had so much back log in money and stuff. I don't know, you know what I think psychologists are born. I just want to do it. I don't see it as, to maintain it or, the difficult periods may be with financial issues or you know, I would never have ever dreamt of doing something else. So, I think it, I once saw a boy whose father is a vet and, at one stage I saw quite a few veterinary students, because I think they have got a hell of a job, you know really, a lot of depression and I believe quite suicidal behaviour amongst those kids, anyway that is now, yes I saw this father and we were talking about him being a vet al.so and why and he said to me "you know what, a vet is not made, they are born" and I think so and I believe that is what I have to do on earth. I think it is very spiritual if I say that, this is my job and I am here to learn as much for my own, I believe in karma and all those kind of



things, this is my, I believe I must do and what I must work on in this life, I don't know why, but ja. I would probably do this job, people ask me when are you going to "tree af nou" and I have these insurance guys saying now you can sort of get this policy now, buy yourself a new little car for your old age, and I think really, now, you know this is not in my mind at all. I would probably do this job until somebody tells me you know you are talking total nonsense now, you see now, get out of the job. But ja, I think that, it is my passion, it is what I am supposed to do.

R: With that I think you answered my next question which I ask you, you know that if you could choose again, would you do it again and that is what you said, I will do it again, you know that is what it means for me. It is your passion, it is your love and I think important because there is a theme that comes out from people that have been in private practice a long period of time, the experienced ones, all have that sense of "this is what I do" if I think about it. A process of gaining experience, growing as a person, I want to do this, this is what I do with my life.

F: Ja, ja.

R: You know I think of when I was appointed in London, and there was an old therapist, totally grey, he was probably about 83 and he would still come in to do supervision work and he said, just for him there was no retirement. When he retired from working with patients because he got a bit too old, he would fall asleep in the session.

F: It probably was good for the patient as well (laughs)

R: Then he went over to supervision, it meant that at that point he still came in to the clinic one morning a week to talk to the young therapists and it was marvellous to hear his stories. He had so much to give. That experience that he acquired from working so many years with people. So, it echoes that you can continue in retirement with that part of your life. Is there anything else that comes to mind thinking along these themes that you want to mention to me or still talk about?

F: I just think that what you said now was the one thing that I do experience, I would like to do more, is to, yes, give some of the experience I have and do more like individual supervision but on a therapeutic level. Not telling people about post traumatic stress, but do that one, that is the one thing I also enjoyed at psychiatric hospital and I work with the, I used to work for a long time, to work with the interns and to do what we experienced in the therapy. That is the one thing I think, I think when one gets to my age you want to start giving back, but on a different level. I believe one must just wait and I see it is starting to happen because I am sort of getting students now that I can do supervision with. Because I think if one thinks of what is your purpose here, and I think that is one thing I would like to do.

R: The last question from my side is, are there things that you have in life like other hobbies that help you to work, to work in psychology other things on the side?

F: Ja, it took me a long time, look I also had burn out at some stage because you think you can just keep on giving, then the things you tell the patients, don't give all your resources away, you do, "en dan val jy op jou gesig" and then when that happens you stand up, then you realise you cannot do that, you have a life of your own. I go through hobbies like decoupage, I have made bears, teddy bears at one stage, what did I also do, mosaic and at the moment I am doing yoga. So, people will say, that is interesting, what are you going to do after this. So, I have said, ja that I do and I love reading, reading is my big hobby and what else do I do? I love going to movies and I like to talk to people.

R: Anything else you do? Exercise?

F: Yoga. Mainly, I do something with a passion and I start with it, I used to walk with my dogs but it kind of, it is so dangerous you know, I go with the stick and pepper spray because we have crime in the area and I play with my dogs every afternoon, so ja.

R: And those are things like which is stress relief mechanisms or stress management.

F: Ja, I do that and I did, with the kinesiologist I saw, we once had a group on meditation, so that was quite nice, we did that once a week on a regular basis and I found it very good and my other relaxation, I have got a mulberry tree at the back, so I take a blanket and go and lie and look at the leaves and take photos. And I have all my animals sitting, I have three cats and two dogs ..

- R: Lovely, look at the Mulberry tree growing.
F: Ja, ja.
R: CONVERSATIONAL PARTNER F, I just want to say thank you so much for your time.

CONVERSATION WITH CONVERSATIONAL PARTNER G:

- RESEARCHER:** I just want to thank you for a bit of your time. Basically I want to know from you how long have you been full time in private practice? How many years?
- CONVERSATIONAL PARTNER G:** Since January 1995, so that is 13 years now.
- R:** So, my research question basically is an open question and it says “tell me about your experience of maintaining private practice” for longer than 13 years.
- G:** It has been a learning experience, a personal growth experience. I got really clued up about business apart from the field of practice. It has really taught me a lot. As far as the psychology bit is concerned, it has been good.
- R:** Good?
- G:** And I never looked back ever. I have more patients now than ever before maybe if that is possible. Ja, it is has just been, it is the right thing for me. I know it doesn't work for everybody but it has really worked for me. I have never never never looked back.
- R:** That is great.
- G:** You know, entering private practice, I think it was, for me once again, you know, this is for me, and for me the fact that I stuck it out in the military and the department of X, well those days it was the department, was the right thing to do because I wasn't green when I started my private practice and I think I would have come short if I was any greener, but I was established in my field of profession when I started the private practice and I think for me that worked well. It was how, I knew what I was doing in my field and so then I could take on running the practice, establishing the practice, I could take that on as a new challenge and that helped me diversifying. That has even, you know, added to my activities, and knowledge and whatever. So, for me it just worked so extremely well. I get excited about every day and I will wake up excited and yes, now we are going, today, we are going to tackle today. Ja, it has been altogether good from a professional and business side of things because running a practice is running a business.
- R:** That, just to stick to that point that it has come out in a lot of the other interviews too, the business component of a private practice. How did you experience that? How did you manage to maintain that?
- G:** Well, as I say it was an exciting challenge for me and it was trying and it was, but you learn and as long as you don't make the same mistake twice, you get there. I mean I can look back and say the practice is established and it gets better by the year. I mean the last four years it has like been really the pinnacle, so maybe 9 years was learning and four years have really been good.
- R:** So, that counts up to quite a long process.
- G:** Ja, it is the second, I think it is a long process because you know, we don't get training, unless you are a good student and go and do your MBA and I don't even know if an MBA can teach you what you need to know, but ja, you know I enjoy the learning experience so it has been very exciting for me, but yes, it is a long process. I don't think you can measure it in time really because it is experiential. I am just saying if I look back, I mean if you ask me in 10 years time, I might prove it differently but for now it is really like the past four years has just been the best as far as running a business is concerned because everything is in place and organised.
- R:** What about running a business was important?
- G:** Everything. Financial, you know getting your auditors in and having that in place.
- R:** The bookkeeping side, auditing and bookkeeping.
- G:** Ja, personnel management, you know dealing with the staff, making appointments and

disciplining and you know, appointing when you need to appoint and disciplining when you need to discipline and just improving that relationship is obviously important. In my case, establishing the place, the building, because I am practicing from this building and this is my practice and this is how I receive my patients and this is how I receive my patients and this is how I spoil them and this is how I take care of them and they need to feel taken care of, so I would say all those components, maintaining the building, having the finances structured and you know that kind of thing and doing staff relations as I say and in my case I have had, you know, from time to time I have got tenants, you know using some of the session rooms and so on. And in dealing with that, I mean it is really everything you can think of you gave got to learn, because if you mess up in one of those areas it can really spoil the rest and even distract you. So, ja, I cannot say one part of the business side is more important than the next, it is just, it is so an integral part of one whole thing.

R: Your practice is run from this house, which is, you don't stay here at the premises, it is premises that you own or rent? And you have established this as a very lovely practice where people come in the waiting room and then they come to your office and you have got a social worker renting.

G: Ja.

R: So, that also takes a lot of planning to run that basically, as you say to run the business side.

G: Ja, absolutely.

R: And you have basically got a secretary doing, personnel doing the appointments, the bookings appointments for you and that works for you.

G: Yes, yes. I am trying to be unavailable. When I am consulting that is it. So, she is just so important, she is more important than me just about because she has got to juggle everything. So, this is why I am saying, appointing people is just so crucial, that it gets scary when you got to do it because if you don't have the right person you are, everything falls down, so ..

R: I can imagine it is quite a support system for you to, you need to do your therapy when everything else is taken care of.

G: Exactly.

R: Which is making appointments and ...

G: It is essential, because I am not only, I am here half the day and then I am at a psychiatric hospital half the day, So I am not even physically here all the time and she has got to deal with everything. She has got to deal with everything, she has got to diarise everything when what has to happen, like paying that and that kind of thing, she has got to build up a relationship with all the people we liase with, the clerk at the auditor's office, the garden services, the cleaning services, the maintenance guy, the parents of the patients, the children of the older patients, the patients themselves, the doctors that refer, their secretaries, ja,

R: And she takes care of that?

G: She takes care of everything. And we just have to make sure that there is enough communication so that I am clued up as to what she's done last and we said the right thing, what their attitude was, and we do about it, and ja, so and then it works, then it works well.

R: What I also hear you saying about and I think it is quite important, is that you mention all the other supporters that you liase with and I think that is important to remember that one needs that in a practice.

G: Things like stationary, ja stationary suppliers, you name it, I can keep listing it.

R: And that is actually part of the practice structure.

G: Absolutely, ja absolutely. I think you can practice on a different scale, but mine is a full time practice, so I might as well do it well.

R: When you are at the psychiatric hospital, that is also private practice, do you ...

G: It is part of the same practice.

R: Do you just use rooms there?

G: I rent a room from them as well. It is once again, you know, I am there because of the in-



patients obviously. The ward patients I see everyday, and it doesn't work well for the patients if you are camping out in a different office every time they see you. Because I mean there are like offices available for locum or whatever or visiting practitioners, so that doesn't work for me, so I actually rent an office and I have fitted it out for myself and my ward patients see me there everyday but now there is also the advantage that the outpatients in that area can also go and see me there and they don't have to ride out all the way here.

R: Is that now two different areas of the same city, is that part of diversification or how do you see that?

G: Very much so.

R: Giving your whole day in a practice.

G: Very much so. I am for the diversity side of things. I am hesitant to sit there full time because you know it is a hospital and hospitals are different. When you are dealing with the whole hospital thing once you are there.

R: And here also you are also very close to a local hospital, do you work with them as well, this hospital?

G: No, you know they are a specialist hospital with no psychiatry, so they have got their psychologists that work with the spinal patients, I mean that's a specialisation, so my specialisation is clinical, so they don't have a clinical psychiatric ward. I mean I, some of the personnel see me, but it is not an official formal thing, you know that it is referrals.

R: How important has it been in your years of maintaining practice for you to have to liaise with the doctors and then you say psychiatrists?

G: Look, not from a marketing perspective. I found in 13 years I actually haven't done marketing. Rendering the service is your marketing. If you render a good service you are going to get six referrals from every patient you deal with, that sort of thing. And also liaising with the doctors is important but in dealing with the patients and the therapy, but marketing doesn't work in psychology at all.

R: How did you start your practice, how did it start without marketing?

G: Because of my years in the government service, I did my training at a Hospital and those doctors knew about me and I started with one patient, and then dealing with three and then, ja it was really more by word of mouth and just being here.

R: I have learned from previous interviews with the other experienced psychologists that word of mouth is a large component of maintaining a practice and the services that you offer which then builds the practice and so on.

G: Ja. That has been my experience.

R: Because 13 years is a long time, do you sometimes feel that you see word of mouth referrals in families?

G: Absolutely, you know some people have travelled with me from the military, they and their families, you know because they were making arrangements for me to see them even while I was at the department and that would then be from the military to the department and then from there the all knew that I was here, so yes, eventually you know.

R: CONVERSATIONAL PARTNER G, you also mentioned personal growth and that side of it, how have you experienced private practice. It sounds like it for you have been a very good experience and you are very positive about it. What has been your personal growth process?

G: I just there are many aspects to that, maybe the key word, I suppose is maturity. In the past what would have upset me in the past, doesn't upset me anymore. I think as young therapist you actually get upset about a few things and along with that I think a more critical view of people, you know like how on earth, what is up with you? Even if you are not saying that in the therapy, that is what is in your head or in your heart and getting beyond that, 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, or analytical about it, like why are you doing this or where you are at, how did you get here? What that kind of thing is, is just "ok, let me meet you where you at and let us walk from there". I think that says something about where I have got, I consider that to be personal



growth, to be able to meet somebody where they are at and set aside your own prejudices, morals, whatever. I mean as a young therapist I would never be able to work with a paedophile. And now I can work with a paedophile, you know that kind of thing. So, I think that says something about the personal growth that I am aware of. That, if I was doing a different job, I may not have reached that point.

R: That is something that takes times because maturity is something that develops over time and at a certain age? CONVERSATIONAL PARTNER G, in your life, what have you had outside of being in practice full time that helped you in a way to maintain that? Any sport? De-stressing, what have you used in your life to help you with that?

G: From a personal point of view my interests are more in arts and culture and that has always carried me through, I mean even at school, as a student and then you know the later things, so that has been a constant that carries me through and friendship. I have been most unfortunate to lose my family and husband in four years, so until I lost them, but I wasn't married for long anyway because I only married late, and then we had seven years together, so you know when they were still alive, until 2004 they were also constant, was there, so school friends, three of us that have been together forever, you know, and ...

R: Those relationships are very important.

G: They are just a part of my life. I guess they feel as much like my family as my family do, ja, so I would say the main thing is the arts and culture as an interest and a hobby and ja, but then apart from that then the relationships.

R: Do you paint?

G: Ja.

R: You do the art yourself?

G: Ja, not enough, but I will do that when I retire, then I will do it for life.

R: And that is probably important to de-stress you after work, to be able to go into that art space and to be creative?

G: You see, I stand on three legs, which they say is a very good structure because the third leg, throughout my life has been my spiritual journey as a practising Christian. And I think that is probably not only the third leg, it is the cement between the bricks of the wall, because it really does touch on everything. It touches on the personal growth, it touches on having dealt with my life and my losses. I wouldn't have been able to do it without God, there is just no way! You know, I don't go weird pastoral etc, and pray with patients but I pray for them, and in my own time and preparation etc. So, ja I'd say that it those three things carried me through and that too has been long term, it has carried me through all the way.

R: There is definitely a component with experienced therapists to talk about a spiritual component that develops, with the maturity comes the spiritual side to it and you know these are open interviews and it has been there, identified as a component which I think is also very important.

G: But I also think it is inevitable, because the same is happening to your patients, you cannot journey therapeutically with that person and think that it is not having an effect on them socially, emotionally, personally, interpersonally, spiritually etc, etc and physically, and physically you know, because you perpetual mood depend on some of your chemical make-up. You cannot, you cannot imagine that I am just working with behaviour. It goes all the way through. So, it is definitely inevitable for us to sit and work with people and along those lines, all day, every day, it must touch us too and I don't think you can divorce yourself from what is happening here because it is going to affect you one way or the other, even if you are not taking it out on the dog at home or whatever, but it is, it is impacting you physically, spiritually, emotionally, personally, etc.

R: What mechanisms have you used to be able to leave work at work and not take it home with you? What has helped you with that?

G: Order and structure. In very simple ways. Having a file for every patient. Having that file organised. Nothing higgeldy piggeldy. It might sound petty, but I think it works for me. You know each file has a name and a number and a place. Each file is closed at the end of the day, well at the end of a session the file is closed and put away. I think those are

the things that help me. I think other things that help me, I don't take work home. I never, I will come into this office at half past four in the morning to do a report but I will not have taken it home yesterday to do the report ten o'clock at night time. I do not take files home.

R: That in a way that's an incredible mechanism of just drawing a boundary which says "I don't ...

G: Well, it helps me because then I don't have to do much effort. You know are my boundaries ok, why am I taking this home, that kind of thing. In the end now it just happens like that. It should have been that, ja and I think that has helped.

R: It makes it a lot easier to just say you are not going to ...

G: Well, it works for me, that works for me. I have never had to do, go to much effort and working on the boundaries and they are just there anyway. So, really once again it works for me.

R: If it is in place it is a lot easier to follow that, like you say, if you have that structure, that order. Anything else that you experienced over the years, or thought from your side CONVERSATIONAL PARTNER G that is important in private practice, maintaining private practice and having a successful practice and being able to be in the career for such an extended period of time?

G: You know what, I think it is in the selection. I think some people can do it and others will just never be able to do it. I might be wrong, but when I think back, ja I think it is in the selection. If I think of myself, if I wasn't me, I would never want to do this or to be able to stick it out, but being me, there is nothing else I would like to do except being a jet pilot. I decided that if I was born a man I would definitely be a jet pilot. Ja, I don't know, I know that is a problem because it is such an abstract, esoteric concept of you know you just are capable of doing this or you are not but I honestly feel there is certain things that can be taught, but you cannot be made a psychologist by anything. If it is not in you, but now I don't know exactly what qualities have to be there because I am not the student and I don't do research but that would, I guess that would be very important for research, so I don't know what the qualities are that would help these poor people that sit on the panels to know who to select and who not to select. I don't know what those qualities are, but I do believe there is a set of qualities and if it is not there, you are not going to make it. No matter how brilliant you are in the theory, you are not going to make it. But again, that is just the way I feel and it is not founded on anything scientific at all or research. I can't see anything else, because nothing in life or your circumstances can change that or stop, or end it for you etc other than health. I think health is so important. I personally think one would battle without good general health, but no life circumstances I think can end it for you or change it for you.

R: When your health is good, your response is good in your practice. Now when you are ill you will battle?

G: I mean take something like migraine, hey? I mean it must have an effect and anything you are medicating yourself with for it, will have an effect that I don't think it for ever, there are certain things, I think if you are battling with that, I think it could be hampering.

R: And with that also what leads to the financial side. If you are ill, you are off work and you don't get paid. It is no work, no pay.

G: And, your source, because, you know in your practice you build up a momentum and if people keep phoning and saying no not available, not available, they sort of going looking elsewhere and some of your source dries out I would think. Ja, I mean I never leave the practice for more than two weeks at a time and it is rare for me to go away two weeks at a time. It is only if I really go overseas then it is two weeks but not longer. I am thinking of stuff like that.

R: And do you then take shorter breaks than two weeks but more regularly or do you just take once a year two weeks.

G: No, I generally would take a week once a year and then in between create my own long weekends which I then out of season so it is very quiet, "rustig" not that stressful, you know not chasing around Easter time or Christmas time and so on and my one week a year is my retreat. I actually go and stare at the sea for a week all on my own or I go into

the mountains or, ja so I make a point of having a retreat every year.

R: A bit of a recharge?

G: Ja, just to regroup and rest, just rest. Because when you are at home there are so many things to do, you don't get much resting though, so I retreat once a year for a week. In between I make a point of then as I say creating a long weekend, and I would leave on the Thursday, come back Monday, that kind of thing, which is not detrimental for the diary or anything.

R: It is wonderful to make your own time?

G: Ja, well this is the thing, you know I am not structured and ordered about that, like with the patient files. I play it by ear, if I feel yes, this is a good time, yes then I go. So, it is not, you know every 8 weeks I have a long, as required, ja.

R: That is wonderful because I do think that sounds like almost a natural rhythm where you gage yourself as you need to and then take a long weekend. And if you work for yourself you actually can.

G: I mean it is so amazing that, you know a time will come when, because you, I think you know as well, you cannot predict when do I have my busiest times, I don't know, it could be January, it could be April, it could be September, it could be, because if I look over the 13 years, there is no pattern. And so, what is quite amazing is that I would start feeling the need for a long weekend and then the new patients will sort of dry up, there will be fewer and then I start going "why not go away now? Would this be a good time?" and then off we go. So, ja you read it within yourself and then strangely enough everything plays along.

R: Was there anything else that came to mind CONVERSATIONAL PARTNER G that you wanted to mention with regards to the years of being in private practice?

G: No, I don't think so.

R: Thank you so much for your time, and it is very valuable.

G: Thanks for doing the research because we are not all so studious to do research. I think it is marvellous. I have such admiration for you people and that is why I co-operate.

R: Thank you.

G: Whatever you need me to do, I will do it because then at least I am contributing.

R: Thank you so much