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THE FORTIGENIC EXPLORATION OF PSYCHOTHERAPISTS' EXPERIENCES IN FULL-TIME PRIVATE PRACTICE

by

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Summary

Psychotherapists in full-time, long-term private practice face a variety of occupational demands. They usually maintain private practices for long periods of their lives often under difficult circumstances and emotional pressures and have come to sustain their practices. From literature it is revealed that various demands, as well as benefits and successes are part and parcel of working in private practice full-time. These various factors can have an impact on the well-being of psychotherapists.

Apart from the literature review, the personal experience of the researcher, a psychotherapist in full-time private practice, also contributed to ideas and hypotheses about the study. From a position of exploration and further enquiry, the researcher was interested to explore the experiences of psychotherapists in full-time private practice from a fortigenic perspective. A second objective was to determine if this study could contribute to the development of the theoretical assumptions of positive psychology.

The research is grounded in the theoretical perspective of positive psychology and fortigenesis. Both these fields are relatively new in psychology and seem to still be forging a niche within the discipline. This perspective was deliberately chosen due to the applicability to the exploration of strengths and vigour, with regards to the maintenance of the professional context of the psychotherapist.

The qualitative research process is presented in a narrative approach by means of narrative synthesis and synergy. The findings of the research conversations are presented in the form of a literary short story.

Suggestions are made about the fortigenic qualities of psychotherapists essential for maintaining their work in full-time private practice. It's applicability and usefulness is discussed. Furthermore, suggestions are made with regards to the

field of positive psychology and the way forward for this sub-discipline. Ideas relating to narrative research and qualitative research are also discussed.

Key terms:

Fortigenic qualities, fortology, psychotherapists, full-time private practice, well-being, positive psychology, salutogenesis, fortigenesis, qualitative research, postmodernism, narrative approach, narrative synthesis, synergy, self-reflexivity, conversation and short story.

Opsomming

Psigoterapeute in voltydse, langtermyn privaatpraktyk beleef ‘n verskeidenheid van werkstressors. Hulle handhaaf en onderhou gewoonlik hul privaatpraktyk vir lang periodes van hul lewens, dikwels onder moeilike omstandighede en emosionele druk. Literatuur toon aan dat daar verskeie eise, sowel as voordele en sukses verbonde is aan terapeutiese werk in voltydse privaatpraktyk. Hierdie onderskeie faktore kan ‘n invloed hê op die welstand van die psigoterapeut.

Behalwe vir die literatuur oorsig, het die persoonlike ervarings van die navorser, ook ‘n psigoterapeut in privaatpraktyk, bygedra tot idees en hipoteses vir die studie. Vanuit ‘n posisie van ontdekking en verdere ondersoek, was die navorser geïnteresseerd om ondersoek te doen vanuit ‘n fortigeniese perspektief, na die belewenisse van psigoterapeute in voltydse privaatpraktyk. ‘n Tweede doel met die studie was om vas te stel of die navorsing kon bydra tot die ontwikkeling van die teoretiese aannames van die positiewe sielkunde.

Die navorsing is teoreties gegrond in die positiewe sielkunde en fortigenese. Beide hierdie velde is relatief nuut en is steeds besig om te ontwikkel binne die dissipline van die sielkunde. Hierdie perspektief is doelbewus gekies, aangesien dit toepaslik was vir die ontdekking van sterkpunte en kragte ten opsigte van die handhawing van die professionele konteks van die psigoterapeut.

Die kwalitatiewe navorsingproses van die studie is binne ‘n narratiewe benadering aangebied met ontledings deur middle van narratiewe sintese en sinergie. Die bevindinge vanuit die navorsingsgesprekke is aangebied in die vorm van ‘n literêre kortverhaal.

Aanbevelings is gemaak oor die fortigeniese eienskappe wat essentieel is vir psigoterapeute in voltydse privaatpraktyk om hul werk te onderhou. Die toepaslikheid en bruikbaarheid daarvan is bespreek. Verder is aanbevelings

gemaak ten opsigte van die veld van die positiewe sielkunde en die pad vorentoe vir hierdie sub-dissipline. Beginsels wat verband hou met narratiewe navorsing en kwalitatiewe navorsing is bespreek.

Kern terme:

Fortigeniese eienskappe, fortologie, psigoterapeute, voltydse privaatpraktyk, algemene welstand, positiewe sielkunde, salutogenese, fortigenese, kwalitatiewe navorsing, postmodernisme, narratiewe benadering, narratiewe sintese, sinergie, self-refleksiwiteit, navorsingsgesprekke en kortverhaal.

TABLE OF CONTENTS

Chapter Three

Fortology- building a fortress of theory

Chapter Four

Research methodology- step by step

LIST OF TABLES

Page

LIST OF FIGURES

Page

Chapter One

Introduction

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

Introduction

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

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

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

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

Interest in the field of research

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

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

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

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

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

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

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

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

Motivation for the study

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

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

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

Objectives of the research

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

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

Research design and method

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

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

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

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

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

Narrative style

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

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

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

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

Overview of the chapters

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

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

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

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

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

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

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

Conclusion

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

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

Chapter Two

Psychotherapists in private practice: an ambivalent context

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

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

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

Introduction

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

Psychotherapy

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

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

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

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

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

Psychotherapeutic private practice

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

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

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

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

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

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

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

Burnout and mental health care

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

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

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

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

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

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

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

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

Stress of conscience

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

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

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

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

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

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

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

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

Career satisfaction

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

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

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

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

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

Demands of private practice

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

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

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

Influences in private practice

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

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

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

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

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

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

Important skills

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

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

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

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

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

Professional ethics

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

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

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

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

Networks

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

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

Autonomy

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

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

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

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

Cultural competence

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

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

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

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

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

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

Other demands

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

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

TABLE 1: A SUMMARY OF THE DEMANDS OF PRIVATE PRACTICE

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

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

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

Joys of private practice

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

Choice and freedom

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

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

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

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

Rewards

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

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

Success in long-term private practice

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

Autonomy and mastery

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

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

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

Tolerance

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

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

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

Long-term goals

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

Flexibility

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

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

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

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

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

Conclusion

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

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

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

Chapter Three

Fortology - building a fortress of theory

"The positive always defeats the negative:
Courage overcomes fear,
Patience overcomes anger and irritability,
Love overcomes hatred"
(Swami Sivananda Sarasvati, 1965).

Introduction

Chapter three explores the historical developments in the field of positive psychology and supplies various important definitions in looking at fortology. The research is placed within the theoretical field of positive psychology with a focus on fortology. This chapter sets the research within the theoretical sphere on both a national and global level. The theoretical chapter then continues to address the development of three important theories within the field of fortology, in order to build a "fortress" of theory. The work of Seligman (1999), Csikzentmihalyi (1999; 2005) and Strümpfer (1995) are reviewed. The writings of other theorists are discussed as they relate to the main theoretical topics. This constitutes the public narrative of the research. The concept of resilience is explored as it pertains to the research question.

The theoretical point of departure for this study focuses on the perspective of fortology (Strümpfer, 2005). Fortology, also known as psychofortology or positive psychology, has been developing over a period of two decades and much literature is being published in this field (Snyder & Lopez, 2005; Wissing & Van Eeden, 2002).

The developments in fortology influence psychology in theory and practice, and have implications for counselling and psychotherapy as well. Ryff and Singer

(1996) propose a model for psychological well-being, which is applied in Fava and Ruini's (2003) Well-Being therapy. My interest is drawn to this contribution of the practical implementation of this perspective because I, as researcher, am also working as a practitioner.

The concept of fortology

For the international reader, it is important to note that '*fortigenesis*' (*fortology from the Latin 'fortis' = strength)* is a South African concept, introduced by Strümpfer (1995) to broaden Antonovsky's (1979) concept of *'salutogenesis'* and to provide an antonym for pathology (Strümpfer & Mlonzi, 2001). Just as Antonovsky is hailed as the father of salutogenesis (Lindström & Eriksson, 2005), so then is Strümpfer recognised as the father of fortigenesis (fortology).

The concept of well-being is related to a broader worldview or social discourse of vitality. Here a broader social context of health and wellness is gaining popularity through phenomena such as health magazines and vitality programmes.

This study follows the development of the field and integrates relevant concepts, including: a shift in approach both globally and nationally, a historical overview of fortigenic versus pathogenic paradigms and the origins of fortology.

A shift in perspective both globally and nationally

An important question that has to be addressed is the issue of why an international and national shift in approach is occurring towards the study of health and well-being. What has been occurring on a global level to influence such a perspective shift?

I, as the researcher, wonder about the possibility of a paradigmatic shift in the 'Kuhnian' sense actually happening now on a global scale (Kuhn, 1970). But

such an idea will possibly only be reflected on *post facto*. For the moment, and for the purpose of this study, this change in perspective will be referred to as an approach or perspective, rather than a movement or paradigm (Kuhn, 1970).

Perhaps there is no one single reason for this shift but rather a number of factors or marginal additions that contribute to a general movement towards health and well-being. As I observe this general shift towards health and wellness in our modern day society, I link this to a general shift in the field of psychology as well. This is the general move in psychology from the study of human deficit towards the study of human wellness and strength (Lopez & Snyder, 2003; Strümpfer, 2005).

Globally

With the devastating discovery of the effects of global warming and the greenhouse gasses in the twentieth century, society manifests a tendency towards developing a greater concern for conservation. Organisations such as *Green Peace* gain popularity as they petition and draw awareness to the importance of sustainable living on planet Earth.

Simultaneously, an industry is developing which can be described as the health industry. This being: companies or corporations that focus on making profit by promoting health and wellness. Examples include the emergence of health shops, health magazines, nutritional supplements of vitamins and minerals for sale to enhance your health, as well as the development of gymnasiums where people can train to get fit and healthy. Examples of these include: *Planet Fitness* and *Virgin Active*.

Larger corporations have shifted focus and are gradually moving towards health and wellness, e.g., *Virgin* focuses strongly on *Vitality* and medical insurance companies focus on health and wellness promotion (Benjamin, 2007). *Discovery*

medical aid in South Africa moves to include a vitality programme in their marketing and there is a definitive change in advertising, media and even medical aid structures (Benjamin, 2007).

Even in the petroleum industry advertising and branding is changing to prepare the public narrative e.g., *British Petroleum (BP)* changed their advertising to *Beyond Petroleum* with the accompanying change in symbol. I highlight this change because it reflects such a major shift in the way industry is presenting itself (Benjamin, 2007).

FIGURE 1: BRITISH PETROLEUM (Wikipedia, 2008).

The above symbols serve to highlight the change occurring in society, specifically at the turn of the century. In the twenties and onwards *BP*'s focus was on the petroleum, since the turn of the century, the new symbol places the focus on *BP* promoting green peace as well. These ideas cause me to reflect on these changes and serve to explain to my reader where the perspective or approach of this current study originates.

All of these changes are accompanied by extensive publicity, and serve to move the public narrative towards an awareness of health and well-being (Snyder & Lopez, 2005). Advertising is one of the strong influences in swaying or shifting public opinion (Benjamin, 2007).

On the ideological frontier, modernism is challenged by post-modern ideas and fresh opinions and new ways of thinking about reality. The theoretical concepts of

deconstruction can be traced in a variety of academic fields. Thus, the stage is set for another development in theory on a global level (Schulte-Sasse, 1986).

A question that I have on this point is to ask whether this is a reflection of mainstream trends or whether the changing world is simply allowing these influences to shape the next century? Perhaps in the following decade answers will begin to emerge on these speculations. It shall become evident on what scale these changes are impacting the world: marginal, mainstream or sweeping changes? I am of the opinion that it is the start of major changes in perspective.

In America, the American Psychological Association elected Seligman as president in 1998, who ushered the APA into the twenty-first century with an interest and focus on positive psychology (Snyder & Lopez, 2005). Thus, there is a shift in psychology as well (Snyder & Lopez, 2005). Perhaps people seem to be tired of the previous century's focus on symptomatology and illness and feel ready for a perceptual shift towards investigating health and well-being (Coetzee & Viviers, 2007).

Nationally

Nationally, South Africa exhibits a time of transition. With democracy and freedom from apartheid in 1994, our country entered a time of many changes. In psychology we see the emergence of a focus on community psychology aimed at empowering, uplifting and building skills in previously underprivileged communities.

Along with the political discourse of empowerment, the public narrative in South Africa has started to exhibit themes of strength, health and community orientation, where the focus has previously been mainly on the medical fields (Strümpfer, 1990; 2005). Although there are variations, great emphasis was placed on the training of psychologists in the medical perspective, which includes

focusing on symptom identification, such as diagnosis according to the Diagnostic Statistical Manual of Mental Disorders DSM-IV (Kaplan, Sadock & Grebb, 1994).

With the emergence and rise of a greater focus on community psychology in South Africa, we see psychology developing from a curative model towards a preventative one. Orford (1994, p.154) states that *"an interest in prevention is one of the hallmarks of community psychology."* This shift in focus from deficit towards empowerment affects our South African society and our psychology as well. Counselling psychologists have advocated prevention for decades, with an underlying focus on health.

It seems evident from the following illustrations, which are advertisements for the African National Congress (ANC), that it is not only the smiling faces which attract attention, but that Mandela's face (the first president of a democratic South Africa), as well as, the faces of children of all the races of people in South Africa, seem to be representing "A better life for all." This probably symbolises hope, happiness, health and well-being.

FIGURE 2: A BETTER LIFE FOR ALL (ANC, 2006).

What is of importance here is that the concepts, which we find in positive psychology, such as well-being and health, are noticeably featuring in various discourses in society as well (Strümpfer, 2005). One cannot say which comes first, but there is a correlation across various fields of academia, including the study of psychology, e.g. in community and health psychology.

As on an international level, South African companies also move towards advertising and investment in health and wellness. Parsons (2007) explains that South African business experienced a paradigm shift. Instead of pouring money into technology, by only buying computers and other technologically advanced tools, business is starting to invest in human capital. Parsons (2007) highlights the importance of companies investing in human wellness by launching wellness programmes in the corporations. Thus the wellness of employees is being attended to on a psychological level.

From a critical perspective, it can be argued that these investments promote capitalism and might reduce the individual to a commodity, as Parsons (2007) refers to the concept of ‘human capital’ rather than ‘human resources’. People are therefore equated to capital. Yet it is also important to note that employee wellness has long been ignored in the corporate arena and now stands to gain attention and priority, which can benefit the individual person.

Furthermore, with the spread of the AIDS pandemic, a public focus on preventative health care also becomes more prominent and necessary. Therefore, the public narrative in South Africa moves towards vitality, health, wellness and the prevention of illness (Strümpfer, 2005).

Amidst such powerful global and national factors, it is perhaps a combination of events moving the field of psychology towards recognising a new development in perspective.

Fortigenic vs. pathogenic paradigms – a historical overview

Previous research, done in as early as 1957, includes a diverse scope of work done on the phenomenon of burnout experienced by professionals who work in the care-giving fields (Ford, 1963; Menninger, 1957). It is impossible to account for all the previous research, but various contributions are highlighted according to the applicability to the current topic.

Early research

Most of the research falls within the pathogenic paradigm, in which the health and social sciences have traditionally been functioning. Psychology traditionally addresses the psychopathology and symptomatology of clients, especially after World War II, where psychologists focused on victimology and the assessment and treatment of *pathos* (suffering) (Strümpfer, 2005). Research on the topic of psychotherapists also occurs within the pathogenic paradigm (Glickauf-Hughes & Mehlman, 1995).

Menninger (1957) conducted some early research on the emotional vulnerability of people working in the fields of care-giving and medicine. This study notes the fact that such occupational fields can be stressful and can lead to burnout. Ford (1963) stresses the importance of good training for therapists as a possible factor in preventing the negative symptoms of burnout. Although this study focuses mainly on fortigenic qualities, it is worth having a look at the topic of burnout as well.

The issue of professional burnout is often addressed due to its severity and the impact of this condition, and because many professionals experience symptoms of burnout (Corey, 1991). In order to cope with the demands of the profession certain characteristics and traits are required.

Glickauf-Hughes and Mehlman (1995) suggest that good therapists manifest the skills of sensitivity, empathy and awareness of the needs of others. Halewood and Tribe (2003) stress the importance for psychologists to be self-aware, honest and able to be self-reflective and self-critical. It becomes evident that a focus on such qualities in the therapist highlights the impact that the occupational demands can have on the life of the therapist. Developing such qualities will then promote the health and well-being of the therapist enabling the therapist to deal with the occupational demands. Both these studies highlight various personal and interpersonal skills necessary for the functioning of the therapist.

Salutogenesis

The views of Glickauf-Hughes and Mehlman (1995) and Halewood and Tribe (2003) can be linked to the salutogenic paradigm in positive psychology. In contrast to the predominant paradigm of pathogenesis, Antonovsky (1979) introduces the construct of 'salutogenesis' derived from the Latin *salus*, health, and the Greek *genesis,* origin, to describe how individuals manage stress and stay healthy and well. Antonovsky defines *health* as "a state of optimal physical, mental and social well-being, and not merely the absence of disease and infirmity" (Antonovsky, 1996, p.12). He proposes a continuum model of health/dis-ease focusing on encompassing all people along this continuum, while keeping in mind the complexity of the human system (Antonovsky, 1996).

Antonovsky's (1979) sense of coherence is defined as a way of appraising the world, both cognitively and emotionally, which is related to effective coping, health-enhancing behaviours and better social adjustment.

Fortigenesis

Strümpfer (1995) introduces the concept of '*fortigenesis*', and looks at the origins of strength in human experience. Strümpfer (2005) follows the development of

this field and notes that in 1998, Seligman is appointed president of the American Psychological Association (APA) who emphasised the task of positive psychology as being "a beginning to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities" (Seligman & Csikszentmihalyi, 2000, p.5). Consequently, the field of psychology sees the publication of various contributions in positive psychology e.g. Aspinwall and Staudinger (2003), Joseph and Linley (2004), Keyes and Haidt (2003), Snyder and Lopez (2005) and Walsh (2001).

Fortology focuses on the strengths and resources that a human being possesses, enabling the individual to cope with the demands of everyday life and stress (Strümpfer, 1995). This model is particularly appropriate in assessing the experiences and resources of the full-time practicing psychotherapist, especially as some of the core constructs in the paradigm includes a sense of coherence, resilience, motivation, meaningfulness and personal coping (Strümpfer, 1995; 1998a; 1998b; 2001; 2007). I therefore believe that there is a good fit between the theoretical perspective and the topic of research.

Psychofortology

In 2002, Wissing and van Eeden introduced the construct of *psychofortology* to postulate a new sub-discipline in psychology. They study the origins, the nature and the manifestations of psychological well-being. They also look at consequent ways to develop and enhance psychological well-being and to develop human capacities.

They describe psychological well-being as seeming "multidimensional with regard to facets of self that are involved (e.g., affect, cognition, behaviour), as well as with regard to the domains of life in which these facets manifest themselves (e.g., intra- and interpersonal, social and contextual, in love and work). A sense of coherence, satisfaction with life and affect-balance are strong

indicators of general psychological well-being" (Wissing & van Eeden, 2002, p.41). Furthermore, they highlight that people differ in their degree of psychological well-being, as well as the particular strengths and patterns of wellness that they manifest.

It can be asked whether there is any theoretical difference between how the terms fortology and psychofortology are used. Or, does fortology overarch psychofortology as an umbrella concept perhaps? Or whether this distinction merely contributes to the generation of theoretical terms? It appears that with the emergence of various new terms, they are often used interchangeably (Wissing & van Eeden, 2002). It is important to note that research in fortology is not merely limited to the field of psychology. In many other disciplines, such as nursing and social work, this approach is also emerging (Coyle, 2002; Saleebey, 1997). For the purpose of this study, I opt to remain within the fortigenic perspective in psychological research, as this perspective fits with the research topic.

In 2003, Strümpfer applied fortigenic thinking to the concept of burnout. This concept is traditionally seen as a pathogenic construct. Strümpfer (2003) shifts the idea of burnout in a more fortigenic direction. He describes the concept of resilience as derived from the verb *resile*, meaning "that when a thing is compressed, stretched or bent, it tends to spring back elastically, to recoil and to resume its former size and shape. In the case of humans, it, firstly, referred to recuperation but it could also include constructive and growth-enhancing consequences of challenges or adversity" (Strümpfer, 2003, p.70).

He postulates psychological variables under the construct of resilience that enhance fortigenesis and thus furthers resistance to burnout. These variables are: engagement, meaningfulness, subjective well-being, positive emotions and proactive coping. These can be attained and developed by personal strategic planning, restorative places, optimal experience (flow), interpersonal flourishing

and Balint groups. The latter is social support groups for professionals (Strümpfer, 2003).

This section of the study highlights some aspects in literature of the historical development in the field of psychology or the path from pathogenesis to fortigenesis.

The origins of fortology

After having considered the shift in perspective discussed above, it is necessary to linger a moment to explain the origin of the field of fortology.

Fortology is a broad concept that is applied to different fields and contexts, such as: social work with Saleebey's (1997) research on strengths, nursing with Coyle's (2002) research on health, and architecture with Pearson's (1995) research on regenerative architecture (Strümpfer, 2005).

Psychofortology (Wissing & Van Eeden, 2002) is a different designation or name for the field of positive psychology. Based on these developments in the field of positive psychology, the current study focuses on the fortigenic qualities (or strengths) of psychotherapists in full-time private practice.

Reviewing some earlier forerunner authors, Strümpfer (2005) in his article titled: *'Standing on the shoulders of giants: Notes on early positive psychology'* highlights that the roots of fortology extend back to ancient times. There is mention of health and resilience in ancient Chinese medicine, ancient Greece, Rome, and medieval Germany, Arabic and Indian cultures. Within the realm of psychology, there are very definite influences to positive psychology dating back to early writers and theorists, such as Rogers (1942, 1951, 1970), Frankl (1964, 1967) and Erikson (1959, 1965) to name but a few. These are the 'giants' referred to by Strümpfer (2005).

Rogers' (1942, 1951, 1970) work on the fully functioning personality and actualising tendency towards optimal functioning, unconditional positive regard and moral responsibility is recognised as one of the forerunners to positive psychology. Frankl (1964, 1967) investigates the will to meaning and self-transcendence, logotherapy and the noölogical dimension of humankind – striving to find overarching meaning in life, while Erikson (1959, 1965) introduces a theory on child and human development in eight stages and focuses some work on interpersonal mutuality. Most psychologists are familiar with these theorists but considering them anew, one can identify the positive concepts introduced to the theoretical field of psychology. All these contributions can be seen as a part of the historical background to the theory of fortology.

Below follows a summary table of the influences to positive psychology within the realm of research in psychology, the original references for the explication of the concepts used in the following table can be obtained in the references list of this study (Strümpfer, 2005, p.25-34):

TABLE 2: EARLY THEORETICAL CONTRIBUTORS TO IDEAS OF POSITIVE PSYCHOLOGY

DATE	CONTRIBUTOR	SUMMARY OF CONTRIBUTION
1902-1910/1987	William James (1907, 1987): initially studied medicine, philosopher-psychologist	• Religious experience adding '*zest*' to life, assurance of safety and affection towards others • *Mysticism* similar to Maslow's (1954) 'peak' and Csikszentmihalyi's (1975) 'flow' experiences • A *melioristic universe* – implies that the world can be made a better place by human effort • *Hope* = a strenuous mood
1910/1965	Robert Assagioli (1965, 1993): psychiatrist	• *Psychosynthesis* – orientation towards health and giftedness
1921/1971	Carl Jung (1971): psychiatrist	• *Psychology of Consciousness*: Introversion and Extraversion

		• Total unity with *self* as the centre, *individuation* towards *self-realization*
1922/1939	Lewis Terman (1938,1939)	• *Terman Life-Cycle Study* – research on gifted children • Marital happiness
1927	Alfred Adler (1927,1938): psychiatrist	• *Striving for superiority* - influencing a person's style of life, socialized into social interest • *Creative self*
1933/1935	Charlotte Bühler (1935, 1968)	• *5 Stage structure of normal human development* • She incorporated Goldstein's (1934) concept of *self- actualization* and c*reative expansion* – change the world through creativity and productivity • *Intentionality* – an attempt to give meaning to life
1934/1995	K. Goldstein (1995): neuro-psychiatrist	• *Drive to self-actualization* or *self-realization*
1937	Gordon Allport (1937, 1950, 1958, 1967)	• Normal adulthood and the *mature personality* • *Mastery and competence* and *patterned individuality* • Psychology of *religion* • The *tolerant personality*
1938/1962	Henry Murray (1962): initially studied medicine	• Organismic study of *normal functioning* • List of *psychogenic needs* • *Mythology*
1942	Carl Rogers (1942, 1951, 1970): humanistic psychologist	• *Fully functioning personality* and *actualizing tendency* towards optimal functioning • *Unconditional positive regard* • *Moral responsibility* • Influenced society, management and even national and international politics
1946	Victor Frankl (1964, 1967)	• The *will to meaning* and *self- transcendence* • *Logotherapy* • *Noölogical* dimension of humankind – striving to find overarching meaning in life
1949	The Institute of Personality Assessment	• Research on *positive personality functioning* by Donald MacKinnon (1978)

	and Research: Berkeley, University of California, USA	• Frank Barron (1954, 1963) studied *personal soundness* and *psychological validity* and creativity in *highly effective individuals*
1950	Erik Erikson (1959, 1965)	• Theory on child and human development – 8 stages • Interpersonal *mutuality*
1953	Harry Stack Sullivan (1947, 1953)	• Personality results from *interpersonal relationships*
1954	Abraham Maslow (1954, 1962)	• *Self-actualization* and *growth needs.* • Model of a *hierarchy of needs* • Probably first to use the term *positive psychology* • Human *inner nature* and active *will to health* • List of *being values* • *Spirituality* – mystical experiences, transcendent ecstasy and peak experiences
1958	Marie Jahoda (1958)	• *Positive mental health* – 6 criteria
1959	Robert White (1959, 1972)	• *Effectance drive* of novelty • The attainment of *competence* and *sense of efficacy* = *active mastery*
1960	Douglas McGregor (1960): management scientist	• *Theory Y* of people in the workplace, identifying *self-direction* and *self-control*
1966	David Bakan (1966)	• A *psychotheological view* of *agency* and *communion*
1969/1975	Mihaly Csikszentmihalyi (1975, 1999, 2006)	• *Flow* and *optimal experience* achieved from creativity, meditation, religion, sport, games, hobbies or even reading.
1974/1979	Aaron Antonovsky (1987, 1972, 1974, 1979, 1996): medical sociologist	• *Resistance resources* and the model of *Sense of Coherence* • *Salutogenesis* – the origins of health
1975/1980	Edward Deci (1975, 1980)	• *Intrinsic motivation* theory of self-motivation, self-determination and competence
1979	Susana Kobasa (1979, 1982)	• *Personality hardiness* including commitment, control and challenge • *Existentialism (1977)*

From the above table, which gives examples of early contributions until the 1980's, it becomes evident that what is identified as modern day positive psychology originated from various strong historical influences that shifted thinking towards a more positive approach. The summary is not exhaustive and there are possibly more influences not considered here.

Other important early theoretical contributions include the interactional systemic approach (Haley, 1963, 1973; Nardone & Watzlawick, 1993; Watzlawick, Weakland & Fisch, 1974). The underlying interactional dynamics of this theoretical approach also relate to the concepts of positive psychology, although it is not explicitly stated. The theory is based on the work of Watzlawick, Beaven, Jackson (1967, 1977) and others of the Mental Research Institute (MRI) Palo Alto, California, USA. The work of Bateson (1972, 1979) on the cybernetic paradigm should also be mentioned as it relates to the principles of identifying patterns of interaction and systemic feedback loops. Concepts such as "co-creation" and "co-evolution" entered the world of psychological language (Freedman & Combs, 1996).

The next section of the theoretical chapter moves forward to address the development of three important theories within the field of fortology, as they are appropriate to the research. The work of Seligman (1999), Csikzentmihalyi (1999; 2005) and Strümpfer (1995) are reviewed. This constitutes the public narrative of the research. The concept of resilience is explored as it pertains to the research question.

Current and most recent developments in fortology

Where the 1970s saw an intrinsic focus on individualistic values of personal growth, more recent work shifts to a more extrinsic focus – such as the individual at work or the individual in macro systems (Antonovsky, 1972; Csikszentmihalyi, 1975). A shift towards interpersonal flourishing is also developing, where

socialisation-interdependence becomes more of a focus (Ryff & Singer, 2000; Strümpfer, 2005).

For the purpose of this research some of the main, contemporary and recent theoretical contributions in the field of fortology are incorporated. These developments in fortology are included in the current study, where they are applicable to the exploration of the fortigenic qualities of psychotherapists in private practice.

Seligman's positive psychology in the new millennium

Seligman (1999) was appointed president of the American Psychological Association (APA) in 1998. He is a prominent leader in the field of positive psychology and makes valuable contributions to the field. He says: *"the new century challenges psychology to shift more of its intellectual energy to the study of the positive aspects of human experience"* (Seligman & Csikszentmihalyi, 2000, p. 5). His contributions are included in the current study due to their importance to the field in general, and also the applicability of his concepts in studying fortigenic qualities.

Seligman (2005) defines the purpose of positive psychology to *"catalyze a change in psychology from a preoccupation only with repairing the worst in life to also building the best qualities in life"* (Seligman, 2005, p.3). This quote from his presidential address (1999) is often repeated as a watershed in the development of positive psychology.

He demarcates the field of positive psychology as being on different levels: a subjective level, delineated by positive subjective experiences, such as well-being and satisfaction, flow, joy, sensual pleasures and happiness; and delineated by constructive cognitions about the future like optimism, hope and faith. Then there is the individual level with positive personal traits, such as the

capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness, high talent and wisdom. There is also the group level, with civic virtues; and finally the institutional level that move the individual to better citizenship with responsibility, nurturance, altruism, civility, moderation, tolerance and work ethic (Seligman & Csikszentmihalyi, 2000; Seligman, 2003).

Seligman (2005) notes that prior to World War II the focus of psychology in general was on curing mental illness, making the lives of all people more productive and fulfilling and identifying and nurturing high talent. But after WWII the focus shifted to treating veteran mental illness and the academic grants were given mostly to studies focusing on pathology. Substantial benefits were gained in the arena of curing mental illness, but the other two areas are vastly neglected, except for a handful of theorists contributing to such topics (Seligman, 2005).

> Seligman (2005, p.4) describes: *"(P)sychology is not just the study of disease, weakness, and damage; it also is the study of strength and virtue. Treatment is not just fixing what is wrong; it is also building what is right. Psychology is not just about illness or health; it is also about work, education, insight, love, growth, and play."*

Strengths – a shift of focus

Seligman (2005) highlights that the focus of positive psychology is on discovering human strengths that act as buffers against mental illness. Some of these are courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and the capacity for flow and insight. These strengths are important concepts to consider in exploring the fortigenic qualities of psychotherapists in full-time private practice.

The focus of positive psychology in the new millennium is on the prevention of mental illness. This addresses or fulfils the second and third purpose of psychology, making the lives of all people more productive and fulfilling and identifying and nurturing high talent (Seligman, 1999). This is a refocus of scientific energy in order to understand and build the factors that allow individuals, communities and societies to flourish (Seligman, 2005).

This coincides with the general public trend of moving towards health and wellness in various areas of the public domain, as well as various areas of scientific study. It will most likely become evident in the future whether this is a mainstream shift or limited to marginal areas.

Furthermore, Seligman (2005) notes that as a focus on preventative strategies and the concepts of positive psychology integrate there could also be an added benefit of improved physical health as mental health is promoted. His presidential initiative intends to build the infrastructure and fund the research for growth in the profession of positive psychology (Seligman, 1999). Various scholarships and funding for research projects are made available to both young and more established researchers in the field.

Seligman (1999, p.562) concludes his presidential address by stating that:

> *(P)sychology is not merely a branch of the health care system. It is not just an extension of medicine. And it is surely more than a tenant farmer on the plantation of profit-motivated health schemes. Our mission is larger. We have misplaced our original and greater mandate to make life better for all people- not just the mentally ill. I therefore call on our profession and our science to take up this mandate once again as we enter the new millennium.*

Progress in the field of positive psychology

In 2005, Seligman, Steen, Park and Peterson published an article to review the progress made in the field of positive psychology. In it they discuss the CSV – the classification of character strengths and virtues – as a positive complement to the Diagnostic and Statistical Manual of Mental Disorders (Peterson & Seligman, 2004). This recent contribution, as well as many books and articles (Aspinwall & Staudinger, 2003; Joseph & Linley, 2004; Keyes & Haidt, 2003; Snyder & Lopez, 2005; Walsh, 2001), fuel the current development in the field of positive psychology. Annual summits are launched (Third Annual Positive Psychology Summit, Washington DC, USA, Oct, 2004; European Network of Positive Psychology, Italy, July, 2004), networks founded (Positive Psychology Centres at University of Pennsylvania, Michigan, Illinois, Claremont Graduate, USA), websites (www.positivepsychology.org/; www.apa.org/science/positivepsy.html) and courses created and therapeutic interventions researched within the field (Seligman, Steen, Park & Peterson, 2005). Some of these therapeutic models include the work of Ruini and Fava's (2009) well-being therapy, Rashid's (2009) positive interventions in clinical practice.

The CSV describes and classifies strengths and virtues that enable human beings to thrive. It proposes six virtues, which are endorsed by almost every culture in the world:

- Wisdom - cognitive strengths for the acquisition of knowledge;
- courage - emotional strengths for the exercise of will to accomplish goals;
- humanity - interpersonal strengths for tending and befriending others;
- justice - civic strengths for healthy community life;
- temperance - strengths that protect against excess; and
- transcendence - strengths that connect to the universe and give meaning

(Seligman et al., 2005).

Under each virtue various strengths are identified:

- Wisdom includes
    - creativity (novel and productive ways to do things),
    - curiosity (taking an interest),
    - open-mindedness (thinking through and examining),
    - love of learning (mastering new topics and skills) and
    - perspective (providing wise counsel);

- courage entails
    - authenticity (speaking the truth),
    - bravery (not shrinking from threat),
    - persistence (finishing what was started) and
    - zest (approaching life with excitement);

- humanity refers to
    - kindness (doing favours and good deeds),
    - love (valuing close relations) and
    - social intelligence (being aware of others' feelings and motives);

- justice includes
    - fairness (treating all people the same),
    - leadership (organizing group activities) and
    - teamwork (working well as a group member);

- temperance involves
    - forgiveness (forgiving wrongdoers),
    - modesty (letting accomplishments speak for themselves),
    - prudence (being careful about choices) and
    - self-regulation (regulating what one does and feels);

- while transcendence refers to
    - o appreciation of beauty and excellence (noticing and appreciating beauty everywhere),
    - o gratitude (being thankful),
    - o hope (expecting the best),
    - o humour (liking to laugh and tease) and
    - o religiousness (having a coherent belief about meaning and higher purpose)

(Seligman et al., 2005).

The explication of these concepts as found across all cultures promotes a process of generating new terminologies but also pays attention to deepening the theoretical foundations of this field of study. There must be a focus on building out theoretical frameworks and models for the foundations of this perspective.

Csikszentmihalyi's concept of flow and optimal experiences

Csikszentmihalyi (2000) is closely associated with the development and promotion of positive psychology, since Seligman's presidential term (1998) at the APA at the turn of the century (Seligman & Csikszentmihalyi, 2000). He is an associate, colleague and co-researcher to Seligman and is considered a very prominent contributor and researcher to the development of the field of positive psychology. Csikszentmihalyi's (1975) model of flow and optimal experiences was broadened to include the concepts of flow at work (Nakamura & Csikszentmihalyi, 2005). His research institute in Italy is continuing with various important research projects in the field, and is becoming known as the new "Milan group" (Nakamura & Csikszentmihalyi, 2005). This highlights the development of positive psychology, not only in America but also in Europe and elsewhere. This trend is developing in South Africa as well (Strümpfer, 2005;

Wissing & Van Eeden, 2002). For the above reasons, the work of Csikszentmihalyi (2005) is reviewed in the current study.

Nakamura and Csikszentmihalyi (2005, p.89) ask, *"what constitutes a good life?"* Based on the model of flow they answer, *"a good life is one that is characterized by complete absorption in what one does"* (Nakamura & Csikszentmihalyi, 2005, p. 89).

Flow

Flow research and theory comes from studying intrinsically motivated or *autotelic* activity. This is activity, which is rewarding in itself, aside from the end product that is achieved. The research forms an idea of general characteristics of optimal experiences and its conditions. These are very similar across play and work settings.

Conditions of flow include: perceived challenges or opportunities for action that stretch existing skills with a sense of engaging in challenges appropriate to one's level of capabilities; and clear goals and immediate feedback on progress made (Nakamura & Csikszentmihalyi, 2005). Under these conditions experience unfolds from moment to moment and the person enters a subjective state of full-capacity, characterised by the following: intense and focused concentration on what one is doing in the moment, merging of action and awareness, loss of reflective self-consciousness, a sense that one can control one's actions, distortion of temporal experience and experience of the activity as intrinsically rewarding (Nakamura & Csikszentmihalyi, 2005).

This state is dynamic equilibrium and entering flow depends on having a balance between perceived action capacities and perceived action opportunities. Flow research continues to study optimal experiences in play and work environments and accentuates *interactionism,* which is the dynamic system composed of

person and environment, as well as the interactions between these (Magnusson & Stattin, 1998).

Optimal experiences

According to the flow theory, the quality of a person's experiences is influenced by the subjective challenges and skills, not the objective ones (Nakamura & Csikszentmihalyi, 2005). The defining quality of flow is intense concentration, and a person *enters flow* when attention is focused in the present by the structural conditions of the activity against the backdrop of previous experience – past interests will direct attention to specific challenges. *Staying in flow* requires that the person can hold attention to the activity and stimulus.

"The flow state is intrinsically rewarding and leads the individual to seek to replicate flow experiences; this introduces a selective mechanism into psychological functioning that fosters growth" (Nakamura & Csikszentmihalyi, 2005, p. 920). Therefore the teleonomy of the self is a growth principle, the flow experience is a force of expansion in relation to the individual's goals and interests.

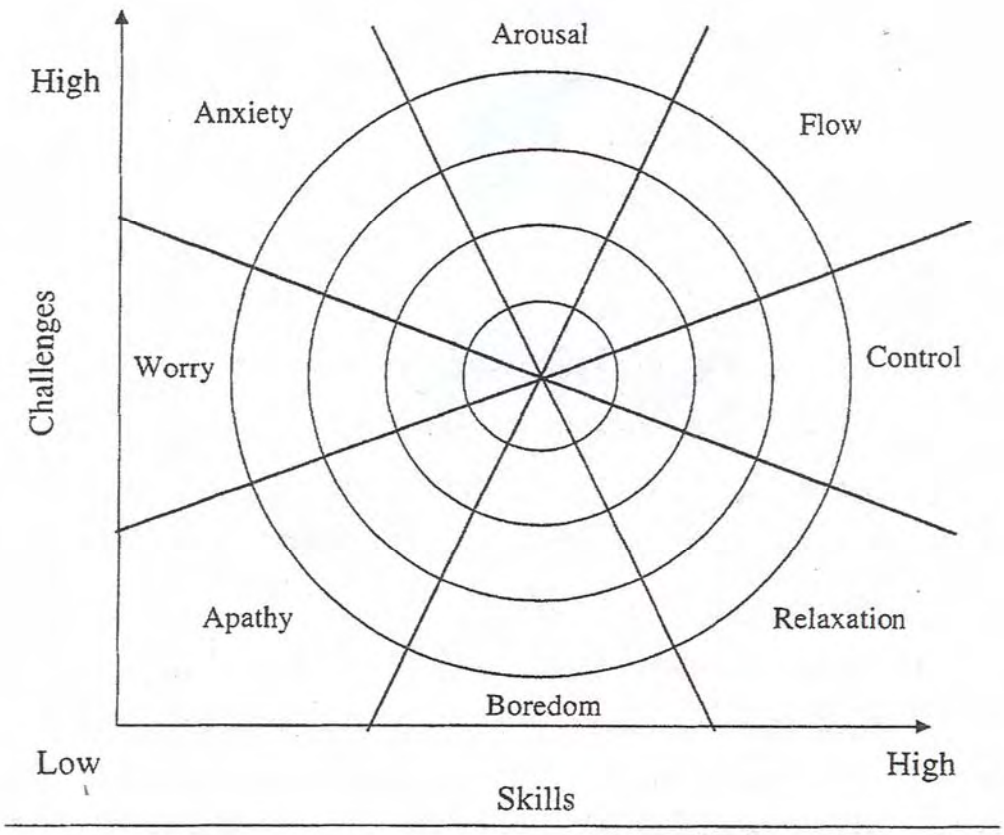

FIGURE 3: CURRENT MODEL OF FLOW STATE. Flow is experienced when challenges and skills are above average and increase in intensity, as shown by concentric circles (Reproduced from Nakamura & Csikszentmihalyi, 2005, p. 95).

Flow research is applied in various fields and its relevance is noted in applied settings, such as the work environment – to assist people in finding flow at work. Flow research is also explored at schools, like Montessori teaching and in occupational therapy (Kahn, 2000). The most direct application of the principle of flow is in psychotherapy, in transforming the structure of daily living towards more positive experiences (Della Fave & Massimini, 1992). In one of the latest books edited by Csikszentmihalyi and Csikszentmihalyi (2006), the most recent research on matters of well-being and personal happiness are brought together, looking at what makes life meaningful.

Strümpfer's fortigenesis – the strengths perspective

As previously mentioned Strümpfer (1995) is recognised in this study as the father of the concept of fortigenesis. Strümpfer (2006b) postulates in *The strengths perspective: fortigenesis in adult life,* that there are four assumptions of his strengths perspective, which he explains. Firstly, that there are two continua, one of mental illness and one of mental health. The process of fortigenesis moves an individual towards more or less strength on these continua. Secondly, suffering, struggles and challenges are an inherent part of the human condition. These are caused by inordinate demands. Thirdly, strengths can allow the individual to negotiate and resile these demands, even harness them towards flourishing. Fourthly, there are also experiences that are purely positive which result in joy, meaning, growth and flourishing (Strümpfer, 2006b).

It is important here to note that Strümpfer (2006b) does not deny the negative experiences of life, but rather places these experiences within the broader approach of the fortigenic perspective. Opposing this perspective, the criticism of positive psychology is often along the lines of, 'it focuses only on happiness and is out of touch with the dualities of life' (Handler, 2006). Yet, it is evident that fortigenesis as an approach is acutely aware of the process and function of negative emotions. This is especially seen in the individual process of developing fortigenic qualities. Often the experience of negative emotions is, in fact, pivotal in developing strengths (Strümpfer, 2005).

Strümpfer (2006b) continues to discuss various themes within fortigenesis that are of importance: subjective well-being, quest for meaning, thriving/flourishing and interpersonal flourishing. These themes are briefly reviewed in the following section, as applicable and useful to the research topic (Strümpfer, 2006b).

Subjective well-being

This concept is of primary concern to fortigenesis and is divided into a state of *hedonia* and *eudaimonia*. In hedonia, subjective well-being is hedonic enjoyment, to attain pleasure and avoid pain. But with time, adaptation takes place and hedonia is transient. Eudaimonia is defined as a state of flourishing human potential at the highest level (Strümpfer, 2006b). This includes: justice, generosity, temperance, human rationality, practical wisdom and values. Strümpfer (2006b) relies on the ideas of Ryff (1995) who developed a synthetic model of eudaimonia consisting of six components: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (Ryff, 1995). Strümpfer (2006b) highlights that the two concepts of hedonia and eudaimonia are, in fact, both part of subjective well-being.

It appears that the characteristics of subjective well-being are related to both personal traits and social interactions. The elements of subjective well-being lead to a sense of emotional balance in the life of the individual (Strümpfer, 2003). According to the work of Compton (2005) people with a sense of subjective well-being tend to have more positive social relationships and are often more extroverted, they are seen as having found equilibrium with other people (Compton, 2005). They balance meeting the demands of others with the demands in their own lives and this process is mutually reinforcing. The cycle of subjective well-being has the effect of enhancing purpose and meaning in life, as it leads to the belief that life makes sense (Compton, 2005).

Questing for meaning

A human being's search for significance and meaning as a response to a challenge or suffering is part of fortigenesis and of reaching for mental health (Strümpfer, 2006b). Important areas in the quest for meaning are the person's assumptive world, featuring the *schemas* and beliefs that the person holds

regarding themselves and the world in which they live. This is related to the person's sense of coherence (Antonovsky, 1979), where the demands from the outside world are perceived as meaningful, comprehensible and manageable.

The will to meaning and the *noölogical* dimension (Frankl, 1967), which is the striving to find overarching meaning and purpose in life, is also important. Strümpfer (2006b) highlights the questing for meaning and discusses positive illusions that occur in human perception when a person holds unrealistic positive views of the self and of control over the environment and the future, which they employ as cognitive adaptation. Strümpfer (2006b) notes that Taylor and Armor (1996) postulate that this mechanism can be employed when people find themselves in a very difficult situation, such as finding meaning in suffering.

Rumination and cognitive processing includes the pondering and thinking about the meaning of an event, in order to make sense of it. One can see this as the person being reflective. Personal ideology, religion and spirituality represent a larger system of beliefs for which the person is even willing to suffer or be ostracised (Strümpfer, 2006b).

Cited in Strümpfer (2003), Pines (1993) describes burnout as developing out of gradual disillusionment in a quest to derive a sense of existential significance from work. People need to believe that their lives are meaningful and that the things that they do are useful, important, and even heroic. People want to feel important in the larger scale of things. This need was historically fulfilled by religion, but work is also frequently chosen as an alternative source of meaning (Strümpfer, 2003). It will be important to explore if and how these fortigenic concepts feature in the narratives of the conversational partners.

Thriving/flourishing

When a person has the strength to rebound from adversity, this is called *resilience*. This is an ordinary consequence, but when unexpected results occur beyond resilience, this is called *thriving* or *flourishing* (Keyes & Haidt, 2003).

Taken from Keyes and Haidt (2003), Strümpfer (2006b) suggests that flourishing is not as extraordinary as previously thought. The assumption is that challenges can also stimulate ongoing growth and strengthen the person beyond his/her previous capacities. Another important component is physical thriving, which is defined as *toughness.* Toughness is the physiological changes that result from stressors that cause the person to have more physiological resilience than before, i.e. they remain healthier. This concept has implications for the public health sector and topics, such as the link to immunology, create exciting options for further research.

Interpersonal flourishing

Strümpfer (2006b) is of the opinion that social well-being is also a very important factor, consisting of acceptance, actualisation, contribution, coherence and integration (Keyes & Haidt, 2003). Without these the person cannot flourish in interpersonal relations. This is similar to the opinions of Ryff and Singer (2000), quoted in Strümpfer (2006b), who describe interpersonal flourishing as an integral part of well-being. According to Strümpfer (2006b) this includes relationships with significant others, as well as core interpersonal emotions, like love, hate, jealousy and shame. People are constantly interconnected to other human beings and relationships are the foundation and the theme of the human condition (Strümpfer, 2006b).

Strümpfer (2003) notes that in the work of Ryff and Singer (1996) they define interpersonal flourishing is having quality ties with other people. Social support

and reciprocity in relationships are important factors in preventing burnout. Relationships act as environmental resiliency enhancing facilitators, buffering against burnout and advancing engagement, but also facilitating reintegration once burnout has occurred (Strümpfer, 2003).

Froh et al. (2007) similarly highlight the importance of quality interpersonal relationships in well-being. They postulate that quality interpersonal relationships predict life satisfaction and increased quality of life, as well as less symptomatology. Persons in close relationships report better physical, mental and emotional quality of life and more adaptive coping resources to stress (Froh et al., 2007). Their research implies that forming and maintaining adequate and rewarding interpersonal relationships is identified as an important component of overall or general well-being.

Taking this one step further, it is essential to explore the integration of interpersonal flourishing in the life of the psychotherapist. Not only personally but also in the therapeutic context of everyday work, the psychotherapist works in and with interpersonal relationships. These concepts are useful in understanding the experience of coping for the psychotherapist in full-time private practice. Beyers (personal communication, January 07, 2010) notes that interpersonal relationships are the most tiring, if dealt with congruently, as is required of the therapist in psychotherapy.

Strümpfer (2003) discusses balint groups, they are a form of social support for professionals. Two psychiatrists, Michael and Enid Balint, were responsible for starting groups for doctors at the Tavistock Clinic in London in 1949 (Balint, 1957). The purpose of the groups is to discuss professional issues and occupational situations and acquire skills from peer learning. The groups consist of ten participants meeting over a period of two years. Balint groups are found to reduce the symptoms of burnout, as well as to prevent burnout in general and increase professional self-efficacy (Strümpfer, 2003).

In another of his most recent articles, Strümpfer (2006a) also explores positive emotions, positive emotionality as a trait and their contributions to fortigenic living. These are also very useful concepts to review with regards to the fortigenic qualities of the psychotherapist in full-time private practice, as the psychotherapist works in an emotional context on a daily basis.

Positive emotions

Strümpfer (2006a) suggests that the research of Fredrickson's (2001) broaden-and-build theory of positive emotions is valuable to the field of fortology. Positive emotions like joy, interest, contentment, love, curiosity, excitement, wonder, intrigue, challenge, intrinsic motivation and flow; broaden cognition by making the person think more widely to consider more options for action and in the process, the scope of action is also broadened. Positive emotions also build intellectual, emotional, motivational and social resources, which have enduring effects for managing challenges in the future (Fredrickson, 2001).

> *By and large, there appears to be rather convincing support for a theory that positive emotions broaden and build upward spirals towards improved well-being, as well as undo the lingering effects of negative emotions* (Strümpfer, 2006a, p.152).

Positive emotions serve to broaden the momentary array of thoughts and actions that come to mind. For example, joy broadens resources by creating the urge to play, or push the limits and to be creative. This process builds enduring resources, with long-term adaptive effects (Fredrickson, 2001; Strümpfer, 2006a). The resources are durable beyond the effect of the transient emotions.

Various other research studies also substantiate the lasting effects of positive emotions (Isen, 2002; Reed & Aspinwall, 1998). The research implies that

positive emotions are important psychological components that enhance resilience and thereby serve as a type of buffer to the condition of burnout.

It therefore appears that the process of well-being can be seen as an upward spiral, continually building skills that develop the fortigenic qualities of the individual for the long-term. Strümpfer (2006a) continues to explain three variables that contribute to positive emotions. These are humour and laughter, optimism and gratitude.

Humour and laughter

> *A sense of humour is the ability to discover and appreciate amusing or comic situations and then to express it again by repeating them in a way that brings forth a smile, mirth or even an unrestrained belly-laugh* (Strümpfer, 2006a, p.152).

Humour, according to Strümpfer (2006a) gives rise to positive emotions both in receiving and in giving. It also brings relief from painful emotions by allowing people to gain better perspective on disappointing situations or failures. Not wanting to diverge from the point, it is, however, important to note how often the public narrative will include humour in newspapers or comic strips soon after a disaster is reported – is this perhaps a form of coping in a more public domain? Humour is a concept found across all cultures and appears to be deeply human.

Furthermore, it allows people to reinterpret painful situations as of lesser importance. Laughter and smiling are expressions of positive emotions and occur in response to joy-producing situations, but also when tension is relieved after a distressing event.

Optimism

Strümpfer (2006a) relates that Chang (2002) highlights that optimism introduces futurity in the power of possibility. Dispositional optimism is the tendency to expect positive outcomes, even under difficult circumstances. But it is also important to note that optimists tend to act out on their beliefs, thus turning them into self-fulfilling prophecies.

It is important to note that having an optimistic approach focuses on the power of possibility. This awareness of having options can be linked to what Fredrickson's (2001) broaden-and-build theory of positive emotions refers to as broadening options, which in turn, broadens action possibility.

Gratitude

Gratitude occurs when a person realises or notices that something kind and generous happened to them. There is a pleasant appreciation and sense of wonder because it is not necessarily earned (Strümpfer, 2006a). The benefits of gratitude are a more optimistic view of life and less psychosomatic symptoms.

The concept of gratitude awareness is also often employed in the practical application of the therapeutic context, e.g. using a gratitude journal as technique. This point touches on the therapeutic application of the fortigenic concepts. These qualities are explored and described, but there appears to be benefit in therapeutic application as well.

Strümpfer (2006a) notes that ordinary, healthy people could increase their experiences of positive emotions, thereby making their lives more meaningful and effective. They do, however, need to continue getting regular feedback from other people and remain in touch with reality.

Positive emotionality/affectivity

Positive emotionality is seen as a superstructure of positive emotions, a trait with extensive systematic connections pulling together positive emotional functioning (Strümpfer, 2006a). Positive emotionality is originally called extraversion by Jung (1971) but confusion of meaning occurs both in public narrative and psychology terminology, thus terminology is shifted to positive affectivity or positive emotionality.

A person with high positive emotionality is described as someone who is friendly, interested in others, fond of company, happy, warm-hearted, cheerful, laughs often, is lively, playful and excited. This is conducive to positive emotional experiences. The person has mental and physical resources that assist them to perform productively and they experience individual happiness (Strümpfer, 2006a).

Emotional intelligence

The ability to use positive emotions in a constructive way is seen as intelligence by Salovey, Mayer and Caruso (2002). Payne (1985) first coined this as emotional intelligence, which is a person's capacity to recognise the meaning of emotions and their relationships, and to continue to do problem solving on this basis. People high in emotional intelligence have a deep understanding of their own emotional lives, use these emotions wisely and have the ability to accurately read the emotions of others, as well as the emotional undercurrents of social situations (Goleman, 1995; Bar-On, 2001; Compton, 2005).

There is a component of empathy inherent in emotional intelligence. Hardy (2005) describes how an individual who has emotional intelligence as a personality trait reflects a firm belief in their ability to perceive, process, regulate and apply emotional information. This strengthens the individual's coping

resources towards resolution of tension and can be seen as a component of resilience (Hardy, 2005).

Positive emotions undo the effects of negative emotions, build resilience and improve well-being (Strümpfer, 2003). This process is also associated with increased dopamine secretion (Strümpfer, 2003; Depue & Collins, 1999). Fredrickson and Joiner (2002), cited in Strümpfer (2006), test the idea that positive emotions undo negative affect. They call it 'the undoing hypothesis' and find support for this. They also suggest that positive emotions trigger upward spirals toward emotional well-being (Strümpfer, 2006).

Another link is drawn to a neurobiological basis in the research of Segerstrom, Taylor, Kemeny and Fahey (1998) who link optimism to higher natural killer cell cytotoxicity and higher numbers of helper T-cells. Later research by Emmons and McCullough (2003) link positive emotions to experiencing fewer psychosomatic symptoms, showing that the person will be able to cope with life better.

Proactive coping

Proactive coping is defined as the accumulation of resources and the acquisition of skills that are not for any particular stressor, but in preparation in general, recognising that stress does occur and that it is important to be well prepared (Strümpfer, 2003).

Proactive coping is beneficial to people in that during a stressful encounter, proactive coping would minimise the degree of experienced stress. If the stressor is tackled early, less coping resources need to be spent in dealing with the stressor. When a stressful event is still approaching there are options that are available to the individual. The individual would carry less chronic stress if stressful events are averted or minimised through proactive coping (Strümpfer, 2003).

Compton (2005) agrees with Strümpfer (2003), and coins the same principle as *positive coping.* He postulates that effective coping has short and long term effects. The short-term effects reduce the burden of stress, while the longer term effects include building resources that inhibit or buffer future stressful challenges.

Vision and thriving

Schwarzer and Knoll (2003) highlight that proactive coping reflects efforts to build up resources that promote personal growth and challenging goals. They identify a component of vision in proactive coping, where demanding situations are seen as personal challenges towards growth, and coping becomes goal management. Proactive individuals are therefore motivated to meet their challenges and are committed to high quality standards (Schwarzer & Knoll, 2003).

Epel, McEwan and Ickovics (1998) find that proactive coping leads to psychological thriving, where thriving includes psychological and physical functioning that has been enhanced after successful adaptation to stressful events. Therefore, similar to the broaden-and-build theory of positive emotions, adaptive ways of dealing with stress helps to build more effective coping resources which can be employed proactively in the future (Compton, 2005).

The power of standing still

In life's rush, proactive coping and thriving require that people prioritise activities in their lives according to their values, and according to what constitutes meaningfulness for them. A prerequisite to be able to do this is the art of standing still.

> *It is necessary to stand still and decide what things are really important and basic in one's life, the things one values most, but it also requires a*

certain power to do so… it is necessary to set priorities, not only for a day or a week, but for quite long periods of one's life (Strümpfer, 1983, p.27).

Restorative places

Places that a person grows fond of are the places where the person would go to relax, to calm down or to clear their mind after negative or threatening events. Natural settings are often favourite places, like the ocean as depicted in the below illustration, rivers, forests or a favourite park (Strümpfer, 2003).

FIGURE 4: RESTORATIVE PLACES – THE OCEAN

(Microsoft Word Picture Archive, 2007).

A person can even see an urban setting like his or her own room or a yard as a favourite place. Exploring these restorative places provides the opportunity to experience positive emotions, developing proactive coping and reflection of meaning – all of these activities safeguard against burnout. It is, however, important to reach these places regularly, be it either by a physical visit or mental

visualisation (Strümpfer, 2003). The next illustration depicts such a forest that can be accessed by a daily lunchtime walk.

FIGURE 5: RESTORATIVE PLACES – A FOREST

(Microsoft Word Picture Archive, 2007).

Flow activities

Strümpfer (2003) mentions that *flow* or optimal experiences are an antidote to burnout and a stimulant for engagement. Csikszentmihalyi (1975) describes flow experiences as *autotelic*, as they require a large amount of energy output but provide few conventional rewards. These experiences can be defined as engrossing and enjoyable experiences worth doing for their own sake. Examples can include: mountaineering, rock climbing, creativity, music, meditation, religion, sports, games and hobbies. The requirements for a flow activity are that the person should be thoroughly involved in something that is enjoyable and meaningful. The person should be in control of the activity but not consciously

trying to control the activity. The person feels that their ability matches the opportunity and the challenge (Csikszentmihalyi, 1999).

Strümpfer (2003) notes that the above-mentioned measures will be applicable to general health and strength as well – a person abiding by such guidelines will experience thriving and flourishing, and from a position of burnout, these measures will facilitate recovery.

Resilience

Strümpfer (2003) suggests that all these above-mentioned psychological variables: subjective well-being, questing for meaning, thriving/flourishing, interpersonal flourishing, positive emotions, positive emotionality/affectivity, emotional intelligence, proactive coping, the power of standing still, restorative places and flow activities; fall under the umbrella of resilience, which advances fortigenesis thus promoting engagement - the antipode of burnout. This work is of importance for the current study, which looks at the fortigenic qualities of the psychotherapist in private practice.

Burnout is described as a work related condition of exhaustion (Schaufeli & Buunk, 2002). According to Schaufeli and Buunk (2002), burnout is characterised by four symptoms: distress in the form of affective, cognitive, physical and behavioural symptoms, a sense of reduced effectiveness and disengagement from work, decreased motivation and dysfunctional attitudes and behaviours. The person experiences frustrated intentions and inadequate coping, which is not necessarily identified in the beginning, but they are pre-conditions and tend to self-perpetuate. This condition can occur in people who do not suffer from psychopathology (Dass-Brailsford, 2005; Strümpfer, 2003).

Strümpfer (2003) emphasises the concept of *resilience* (from the verb *to resile*), which means *"that when a thing is compressed, stretched or bent, it tends to*

spring back elastically, to recoil and to resume its former shape. In the case of humans, it, firstly, refers to recuperation but it could also include constructive and growth-enhancing consequences of challenges or adversity" (Strümpfer, 2003, p.70). Resilience is therefore fortigenic in promoting engagement, which prevents or guards against burnout.

Sabin (2006) reviews the most recent developments in the field of resilience research and postulates that the research focuses on the psychological aspects and social influences of resilience. Sabin (2006) found that resilient children were protected by the connections they had to competent and caring adults, self-regulatory skills, positive views of the self and inner motivation. Therefore resilience can be seen as a growth-enhancing factor.

Engagement

Engagement is seen as the opposite of burnout and consists of energy, involvement and efficacy (Strümpfer, 2003). Schaufeli and Buunk (2002) identify eight characteristics of the engaged worker:

- They take initiative and actively give direction to their lives;
- they generate their own positive feedback as encouragement;
- they are also engaged when outside their employment;
- they have values and norms that agree with those of their employing organisation;
- they too become fatigued but it is positive fatigue – tired but satisfied;
- they also can experience burnout, but get themselves out of it again;
- they too occasionally want to do something other than work; and
- they do not suffer enslavement to work (Schaufeli & Buunk, 2002).

Schaufeli, Maslach and Marek (1993) describe how self-efficacy enhances engagement, and therefore avoids burnout, through performance mastery

experiences, vicarious experiences or even verbal persuasions or social influences.

Psychosocial resilience model

Within the field of health psychology Hart, Wilson and Hittner (2006) formulated the psychosocial resilience model. This model of resilience is based on Antonovsky's sense of coherence (1979). Their research postulates that a high sense of coherence enhanced medical well-being. It did this by balancing a profile of psychological assets (protective factors) relative to liabilities (risks), which explains why people with a high sense of coherence enjoy higher levels of medical well-being. The specific protective factors identified in the study are: the experience of positive emotions and an adaptive form of emotional regulation, called the anger control coping style (Hart, Wilson & Hittner, 2006, p.860).

New techniques in recent brain imaging research allow researchers to investigate the link between neuropsychological and cognitive factors and resilience. This is achieved by, for example, looking at working memory and executive functions like problem solving and planning (Sabin, 2006). Resilience in traumatic situations is first considered to be exceptional, but as research progresses it is now seen as *"an especially effective form of normal adaptation"* (Sabin, 2006, p. 6).

Masten (2001, p. 227) calls resilience the *"ordinary magic",* referring to the fact that most people can confront trauma and prevail, and that only approximately one third of trauma victims develop post-traumatic stress disorder (PTSD). Research conducted with the survivors of the 2001 World Trade Centre tragedy in America found that at least one third of the group exposed to severe trauma, are described as being resilient (Sabin, 2006). These individuals portray high levels of self-enhancement, a sense of control over their own lives, they perform familiar roles and routines and appreciated community co-operation. Sabin

(2006) identifies that positive psychology investigates the principle of post-traumatic growth, where a process of suffering can give rise to compassion, wisdom and well-being.

If a person resiles, recovers and surpasses previous levels of functioning, Keyes and Haidt (2003) call this thriving/flourishing or resilient reintegration. Strümpfer (2006a) highlights that there is a genetic role in positive emotionality and resilience, as well as a component of heritability. *"An individual has a genetically determined, characteristic set range of positive emotionality within which feelings of well-being will tend to fluctuate, depending on the environmental influences*" (Strümpfer, 2006a, p.158). Yet, it is still possible to increase a person's positive emotionality significantly within one's genetic range.

Biologically based systems

Furthermore, Strümpfer (2006a) relying on the work of Gray (1991) proposes that there are biologically based systems that govern emotional and personality variations. The first is the behavioural-approach system, which organises reactions in the brain. It is associated with an approach to rewards and escape from or avoidance of punishment. The second is the behavioural-inhibition system that responds to conditioned aversive stimuli of punishment, and reacts to the omission of reward. Research findings show that happiness is associated with left-side activation in the brain, although several structures in the brain are interrelated (Strümpfer, 2006a). Thus, the research supports a biological component to positive emotionality.

Gray (1991) draws a link between neurological and psychological findings, saying that a strong behavioural-approach system characterises extraverted personality traits. Thus, persons high on positive emotionality are more sensitive to the provision of rewards and more likely to search for rewards. This may result in enhanced information processing, the desire to excel in order to obtain

rewards, and an increase in positive emotions upon receiving the rewards. The positive emotions again provide the motivation to approach the rewards. It is also found that individuals with more left-sided prefrontal activation may recover faster from negative affect or stress (Strümpfer, 2006a).

Immune response

The left frontal lobe of the brain regulates the functioning of natural killer cells. These cells are responsible for early immune response reaction. Strümpfer (2006a) relates the research study of Davidson, Coe, Dolski and Donzella (1999), who found that higher left-sided, rather than right-sided prefrontal activation, predicted significant higher levels of natural killer cell functioning. Dopamine, a neurotransmitter, affects brain processes that control movement, emotional responses and the ability to experience pleasure or pain. Depue and Collins (1999), cited in Strümpfer (2006a), highlight that dopamine seems to be involved in complex processes concentrated in the left hemisphere with asymmetry in the frontal region. Depue and Collins (1999) show that dopamine is strongly related to positive emotionality (Strümpfer, 2006a).

Strümpfer (2006a) suggests that research in other associated fields is stimulating developments in fortology, and vice versa. In the process, new understanding is gained, and this field of research is propelled forward.

Interpersonal neurobiology

The research of Siegel (2001) can link to the findings of Sabin (2006) as Siegel (2001) states that:

> *"… interpersonal neurobiology presents an integrated view of how human development occurs within a social world in transaction with the functions of the brain that give rise to the mind. This framework suggests some*

> *basic principles for conceptualizing the essential experiential ingredients that may facilitate the development of the mind, emotional well-being, and psychological resilience during early childhood and perhaps throughout the lifespan"* (Siegel, 2001, p.67).

He continues to explain that at the centre of this process lies the integration of neurological and interpersonal processes, while integration is the process whereby secure attachments facilitate and promote psychological well-being (Sykes-Wylie, 2004). Siegel (2001) states that human connections or attachment patterns create the neural connections from which the mind emerges and this could possibly highlight a reflective cyclical pattern of development and resilience.

Interpersonal sharing of emotions is conceptualised by Siegel (2001) as a form of resonance and is the outcome of integration. The vitality, authenticity and resonance that arise from narrative coherence and in attuned dyadic relationships create meaning and connection for the individual. Siegel (2001) proposes that these integrative processes are at the core of psychological resilience. He also suggests that these processes are dynamic and evolving throughout the lifespan of the individual, as the mind may continue to develop in response to emotional relationships throughout life (Siegel, 2001). This exploration of research in the field of resilience is important to the current topic in the way in which this promotes the fortigenic qualities of the psychotherapist in full-time private practice.

The research of Siegel (2001), Strümpfer (2003) and Sabin (2006) discussed in the above section imply that a sound neurobiological link has been found to the development of resilience. Integration on an interpersonal level, or as Siegel (2001) refers to attachment, appears to be one of the pivotal elements of developing resilience in childhood, and also maintaining and furthering resilience towards flourishing and thriving in later adult life.

Genetics

Sabin (2006) highlights that resilience research is currently shifting focus to ask how and why do resilient children develop in such a way? Recent advances in the fields of genetics, psychopharmacology and brain imaging are promoting research into the biological origins of resilience.

This is in accordance with Wilson's (1998) concept of consilience. According to this theory, the convergence of findings from a range of independent fields of research suggests a direction in which academics may understand how the findings of their own work may relate to those from other disciplines. This allows for an interdisciplinary view, which may broaden perspective and promote understanding. Based on this thinking, this section is included in the research study, in order to account for the awareness and inclusion of consilient research in other fields.

Fortigenic resiliency model (FR-Model)

Based on the discussions of the previous chapter and this current chapter, I propose an integrative model (Figure 6) for better clarifying resiliency within the occupational field of private practice in psychology. This model serves to integrate the various theoretical themes of the previous chapters.

The model as proposed is also interactive. Emotional well-being depends on social and interpersonal engagement, while pro-active coping in life is an important ingredient for career satisfaction, leading to preventative and effective management of daily stress and burnout. The interactive link between all these intrapersonal and interpersonal factors is the neuro-physiological connection, contributing to a sense of fortigenesis and meaningfulness.

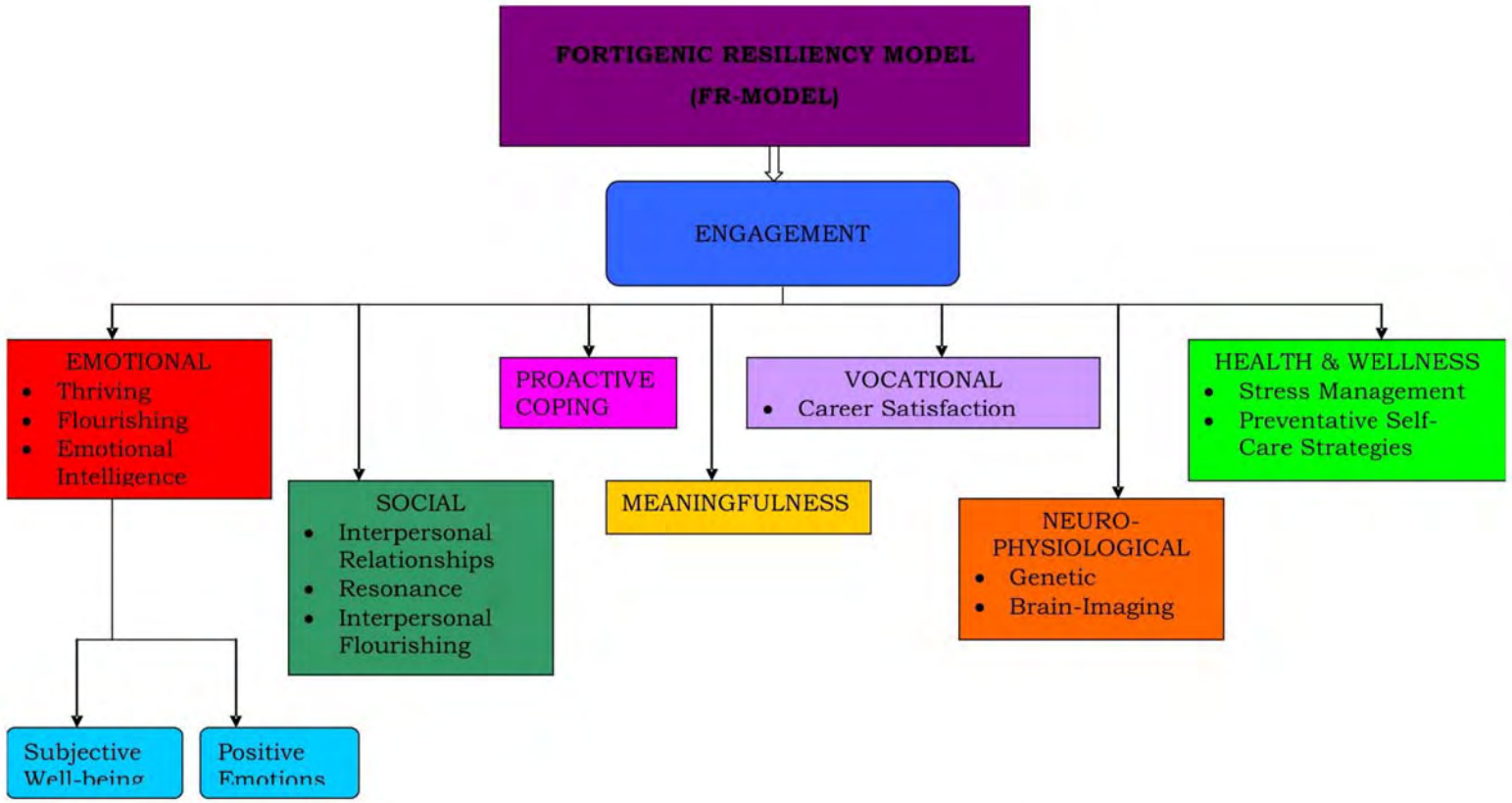

FIGURE 6: FORTIGENIC RESILIENCY MODEL (FR)

The fortigenic resiliency model (Figure 6) serves as an overview of the components highlighted in the literature. Engagement is proposed as the antipode of burnout (Strümpfer, 2003). In order to achieve work engagement and therefore occupational resiliency there are various areas, which are of importance.

These are emotional, social, proactive coping, meaningfulness, vocational, neuro-physiological and health and wellness. Within each of these areas there are various important factors, which are summarised in the fortigenic resiliency model. These are explicated more fully in the literature of the previous two chapters.

In considering resilience and fortigenesis, Strümpfer (personal communication, August 1, 2008) suggests that fortigenesis as a strength perspective is a value approach, like a philosophical approach, rather than a global movement. The divisions in different academic fields are falling, boundaries are blurring, and resilience is studied across all disciplines, such as social work, economy, philosophy and medicine, to name but a few. This is important in noting that the research attempts not to be reductionistic but rather integrative and inclusive in nature. Therefore, research from related fields of study are mentioned in this study, as it pertains to the current topic of study.

It is important for researchers to have an approach of integration and synthesis rather than one of seclusion and exclusion (Terre Blanche & Durrheim, 1999). This is what is of importance to the researcher in studying and reviewing the literature available on topics such as resilience. Wider collaboration would be beneficial in future between various fields, such as education, social work and psychiatry, which are all exploring these concepts.

Conclusion

In this chapter, the theoretical paradigm of fortology is explored. The study follows the development of the field from a historical perspective, paying attention to the global and national shift in perspective. The origins of the field of positive psychology/fortology are acknowledged. The most recent contributions to the field and current research is reviewed and included in the study, according to the applicability of the research to the topic of the study.

Contributions from major theorists like Seligman (1999), Csikszentmihalyi (2000) and Strümpfer (2005) are reviewed and included. These contributions can be seen as public narratives, which are integrated with the research findings of the study.

In this chapter the concept of resilience is also addressed. Resilience is explored as an important principle of fortology. The most recent contributions to the field and current research are also reviewed. These include a neurobiological link that has been found to the development of resilience and genetics (Strümpfer, 2003; Depue & Collins, 1999). The chapter also identifies psychological variables under general resilience, which enhance fortigenesis. These are included according to the applicability of the research to the topic of study.

Chapter Four

Research Methodology – a step by step approach

"Fortiter in re, suaviter in modo – Strong in action, gentle in method"
(Latin proverb, Browning, 1982, p.317).

Introduction

For this study, a qualitative research design is chosen as research methodology. The previous chapters aimed to describe the constructs and concepts that are found in literature, in accordance with the topic of study. Constructs are explained and models explored.

The purpose of the chapter is to describe how the research study was conducted, thus giving an overview of the overall practical process of the study. The ontology and epistemology of qualitative research is discussed, the methodology is explicated and the narrative approach used in the study is defined. The research validity of qualitative research is tested and accounted for, not merely by describing the work, but by an audit - an idea from Kelly (1999), in Terre Blanche and Durrheim (1999) - plus the principles of qualitative research (Kvale, 1996), which will be adhered to in the research audit.

The existing literature is seen as the public narrative of the topic that is being described. In contrast, collected conversations are viewed as the private narrative of the persons who contributed to this study, by becoming conversational partners in the process of research. This private narrative in turn, has the aim to merge with the public narrative to create new understandings. Thus, a circular growth pattern of exploration and integration emerges, rather than a linear research process (Clandinin & Connelly, 1994; Lawler, 2002.)

Aims of the research study

The research aim is to explore the fortigenic experiences of psychotherapists in full-time private practice, in order to come to an understanding of their lived reality - or their experiences in private practice.

Full-time private practice means conducting psychodiagnostic and psychotherapeutic sessions everyday for almost every week of the working year. For practical purposes for the research, full-time private practice as a psychotherapist is defined as a time of at least a period of ten years without interruption. *Psychotherapists* are psychologists in private practice, which professionally are sub-divided either in one or more of the professional registration categories clinical, counselling and educational psychology.

Questions which arise are: What are their personal coping skills, what fortigenic coping strategies do they have which equip them to maintain a full-time private practice for longer than ten years?

A second objective is to determine if this study can contribute to the theory of positive psychology. It seems that the theory (as in chapter 3) is still in a process of development and that certain structures need to be reconsidered and put into place towards the unification of ideas.

Qualitative research design

A qualitative research design is an appropriate approach for the current research topic. Through exploratory conversations, narrative material is collected from the experiential world of the conversational partners in the study.

The aim is not to impose a pre-selected framework on the study, but rather to look at the personal experiences and fortigenic strengths of the psychotherapists through exploratory conversations.

The qualitative research design also allows for a reflection on the researcher's background and experience of developing as a psychotherapist in private practice, also known as self-reflexivity (Kvale, 1996; Silverman, 1997). By keeping a personal research journal during the entire research process, I as the researcher can access and reflect on my own process of development in the field of qualitative research. This self-reflexivity allows me to be able to give account of my personal involvement in the qualitative research process (King, 1996).

As opposed to quantitative research, which utilises elaborate and complex statistical formulas to discover absolute answers, a qualitative research design has a different focus. Quantitative research lies within a modernistic, experimental approach; qualitative research lies within a post-modern trend (Denzin & Lincoln, 2000; Macleod, 2002; Neuman, 1994).

Epistemology and ontology of a qualitative research design

The question of epistemology and ontology deals with the assumptions about the way in which knowledge can be known (epistemology) and the nature of reality (ontology). In a qualitative research design, reality is interpreted or constructed, where quantitative approaches attempt to discover a stable external reality (Gilhooly & Green, 1996; Terre Blanche & Durrheim, 1999). In our everyday life we do not experience life as a story. But ontologically, the narrative approach views life as a narrative or storied reality. Therefore, knowledge rooted in such a reality is seen as constructed in the narrative and expressed in language (epistemology).

An explanation of this thinking can be described as the difference between a miner and a traveller (Kvale, 1996). This example is helpful in explaining the difference between the quantitative and qualitative research designs. Where the miner digs to find the absolute truth that exists below (quantitative), the traveller journeys in exploration and description of what is encountered (qualitative)(Kvale, 1996).

Rabinow and Sullivan (1979) refer to an 'interpretive turn' in the epistemology of the social sciences, thereby referring to the shift from research aimed at discovering 'universal truths', to making sense of the human experience within the context and perspective of the experience. Human experience is understood from social, linguistic and historical features. Thus knowledge is created, reflected and communicated to the reader (Terre Blanche & Durrheim, 1999). Language is used to describe the world (Potgieter & Heyns, 2006; Silverman, 1997).

Another development that occurs in the history of thought is the 'linguistic turn', which seems to be even more important. This is where the underestimated role of language in our construction of the world is given more importance (Reason & Bradbury, 2001). It refers to the idea that reality is constructed through language, as this is the most prevalent means by which we express or represent ourselves. Language thus does not only reflect meaning, but rather produces it and creates social reality. Thus, there is a continual co-creation of the self and reality. We then study the language that we use to express our reality, in order to know more about our reality (Viljoen, 2008).

The social constructionist paradigm is applicable to the study, where the narratives are seen as co-created during the conversations between the conversational partners. These private narratives of the research conversations are reflections of the greater life narratives of the psychotherapists (Denzin & Lincoln, 2000; Macleod, 2002; Terre Blanche & Durrheim, 1999;).

The research process entails an exploration of the narratives of the conversational partners, where the research conversations are co-created between the researcher and conversational partners. These private narratives reflect the life narratives of the psychotherapists in long-term full-time private practice and are rich descriptions, which add to the understanding of the research topic.

Narrative approach

Qualitative research can be applied through a variety of different approaches. For this topic of study, the narrative approach is a good fit (Kaminer, 2006; Lawler, 2002; Robertson, Venter & Botha, 2005). The narrative approach is a better option than, for example, using discourse analysis, as discourse analysis focuses on the society as a whole while this study deals with individuals (Du Preez & Roos, 2008). Furthermore, the narrative approach, also called narrative inquiry or narrative analysis, reflects the narrative experience of the present through the conversation or story that is co-created or constructed (Du Preez, 2004; Kvale, 1996). This approach is therefore, applicable to this study as it relates to the exploration of the experiences of psychotherapists in psychotherapeutic private practice.

The narrative approach used in this study is an example of social constructionism, as the reality is co-constructed in the interview as the narrative emerges (Kvale, 1996; Clandinin & Connelly, 2000). The process starts early in the project and guides the subsequent production of narratives in the conversations. Clandinin and Connelly (1994, 1995, 1999, 2000) and Lindsay (2001, 2004, 2006a, 2006b; Lindsay & Smith, 2003) clearly explicate the narrative inquiry approach in qualitative research.

Lindsay (2006b) defines narrative inquiry as the discovery and exploration of how an experience matters or is significant, in the construction of identity and knowledge. This echoes the opinion of McAdams (2005) who states that integrative life narratives serve to reconstruct reality in such a way as to give life unity, purpose and meaning. Clandinin and Connelly (1994, 2000) utilise the method of narrative analysis to view the reconstruction of stories; accordingly, narrative life history and storied life compositions reflect the person's life history and their social milieu. The reconstruction or co-creation of research narratives can thereby explore connections and explicate experiences which were previously unknown, highlighting what these experiences might mean. The narrative becomes both auto-biographical, as well as, a reflection of the social context and interpersonal relationships that define everyday life (Lindsay, 2006b). Thus as our lives tell our narratives, so our stories reflect our lives – in exploring a story we gain access to an exploration of our lives, Lindsay (2006b, p.33) calls this a *"privileged place where meanings can come together to shape, and be shaped by our shared experience."* Therefore, the exploration of experience is a key concept in narrative inquiry.

Ollerenshaw and Creswell (2002) describe narrative research as conducted according to a broad, holistic three-dimensional approach – focussing on interaction, situation and continuity; or in a more linear, narrow problem-solution approach – focussing on events, sequence and action. The researcher needs to choose which is the more appropriate approach for the research study. The holistic-content approach is for understanding the meaning of an individual's story or as in the case of the current study, exploring the experience of the individual (Clandinin & Connelly, 1994; 2000). Or a more linear problem-solving approach could be implemented for example, for a research study focussing on finding solutions to questions or problems, which is not applicable to the current study (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002).

The main concept highlighted by the work of Ollerenshaw and Creswell (2002, p.330) is *"restorying"* which is defined as *"reading the transcript, analysing the story to understand the lived experience and then retelling the story."* The stories represent both personal and social experience and they are continuous. The researcher analyses the stories by paying attention to the narrative elements, such as characters, plot, scenes, themes, patterns, tensions, conflicts and resolution (Clandinin & Connelly, 2000). Rich detail is included to describe the experience in the narrative, it is usually a first-person restorying or re-telling and it has a beginning, middle and end (Ollerenshaw & Creswell, 2002).

Kvale (1996) describes how narrative analysis treats interview analysis as a form of narration or a continuation of the story told by the participant. Du Preez (2004; Du Preez & Roos, 2008) describes the analysis as a condensation or reconstruction of the conversations into a richer, more condensed and coherent story.

I agree with Kvale's (1996) description of the process of narrative research, but find it difficult to ascribe to the concept of analysis. It is a term used very often in various contexts, and most often analysis reflects a reductionistic perspective.

> The definition of "***analysis****: a detailed examination of the elements or structure of a substance etc., the act or process of breaking something down into its constituents parts, examination, investigation, scrutiny, dissection, breakdown or division"* (Tulloch, 1993, p.49).

It is more appropriate to the current study to refer to the concept of data synthesis (Viljoen, 2008). This concept will be the way to look at this process from a fortigenic perspective within the field of positive psychology. Within the fortigenic perspective the focus is shifted away from the negative, reductionistic perspective towards a more enriching, strength perspective (Strümpfer, 2005).

This process is applied in describing the reductionistic term of analysis in a more fortigenic way, as the synthesis of narratives.

> The definition of *"**synthesis**: the process or result of building up separate elements, esp. ideas, into a connected whole, esp. into a theory or system, a combination or composition, union, amalgamation, integration, fusion or unification"* (Tulloch, 1993, p.1585).

According to Viljoen (2008) the concept of synthesis originates from the Hegelian dialectics, where one finds a conversation between ideas (theses) and counter-ideas (antitheses). The result will be the synthesis or a combination of propositions with qualitative change according to the conversation. This is then, an appropriate method for working with the research data. The research conversations will communicate with each other and with the theoretical concepts to produce a new, whole system or theory. New concepts are created and the qualitative research process is close to the narrative, drawing meaning from words (Neuman, 1994).

The stories of the conversational partners are the private narratives, while the existing literature and formal academic theory can be seen as public narratives (Kaminer, 2006; Lawler, 2002; Robertson, Venter & Botha, 2005). The interaction between the public and private narrative creates a new coherent story (Marshall & Rossman, 1999). The private narratives join the public narratives or contribute to the broadening or enrichment of the public narratives.

Method: Sampling conversational partners

The process of selecting participants and their inclusion in the research study depended upon the persons who voluntarily decided to contribute to the emergence of this study, by becoming conversational partners in the process. These are psychotherapists in the registration categories clinical, counselling or

educational psychology, in full-time private practice in excess of ten years. The specification of maintaining private practice for longer than ten years is included in order to find psychotherapists as conversational partners that are maintaining full-time private practice in psychology as a long-term career.

The principle of word of mouth and personal contacts in the professional community introduced conversational partners to the research study. This is described as convenience, or snowball sampling (Neuman, 1994). This process is originated from personal contacts, which I have established in my own capacity as a psychotherapist. Conversational partners also contributed names of any other possible conversational partners from their peer group. The conversational partners were approached and requested to peruse the “Information leaflet and informed consent for the psychotherapist” (Appendix A).

Inclusion in the research study depended on the psychotherapists being in full-time, long-term private practice. It also depended upon the interest of the psychotherapists and their willingness to enter into a conversational relationship, thereby committing time to the research study. I requested them to carefully read the “Information leaflet and informed consent for the psychotherapist” and sign two copies of this document. I as researcher, plus a witness, then signed both of the documents.

The conversational partners received a copy of their signed consent form, as do I. The purpose of this is to ensure that each conversational partner will be very clear on the ethical considerations and voluntary nature of the study, and will have a document in their possession to refer back to at any time, if necessary.

The number of conversational partners is determined by the amount of conversations required to reach a synthesis of ideas, as the narratives are co-constructed by the researcher and the conversational partners. An open-ended invitation was made to conversational partners for voluntary participation in the

study. With the option of email communication add-ons, which can be used as a method of reflection on the open-ended nature of the conversation.

The number of conversational partners selected from those willing to participate was seven. The selection criterion was based on the experience of psychological private practice for longer than ten years. Of these conversational partners six were female and one a male person. Two were registered counselling psychologists, four were clinical psychologists and one an educational psychologist. All were more than ten years in private practice, the longest was 20 years. Their age range was from late 40s to almost 70 years of age.

Two females were divorcees, two were widowed, two married and one was single. Five of the conversational partners had a family with children.

Procedures and recording strategies

Interviews were collected through research conversations with the voluntary conversational partners. The psychotherapists who participated in the research study are referred to as conversational partners.

Neuman (1994) describes this type of interviewing as unstructured, nondirective, in-depth and informal in nature. The research interviews opened in an unstructured manner and moved towards more semi-structured interviews. The process of the conversations will be described further.

Firstly, I visited on appointment with the psychotherapist and met in the private practice location. It was more convenient for them, because they were willing to contribute valuable time to the research study. After introductions, the information leaflet and informed consent document was read and signed (see Appendix A).

A short voice test was conducted with the Dictaphone, in order to make doubly sure that the device was recording accurately. The opening of the interview focussed the topic and started in an unstructured manner (Neuman, 1994). Emotional reflections and content reflections were used at this point, as the conversations unfolded. The interviews then proceeded to a second more semi-structured phase where the fortigenic approach was introduced by the researcher. As the conversation emerges between the researcher and the conversational partner, I use various interviewing techniques, such as:

- Probing – pursuing the answer by probing for content but without stating what dimensions are to be considered (Kvale, 1996);
- rephrasing or reframing – *"To reframe…means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the "facts": of the same concrete situation equally well or even better, and thereby changes its entire meaning"* (Watzlawick, Weakland & Fisch, 1974, p.95);
- clarifying- asking for clearer explanations of answers to resolve confusion (Kvale, 1996); and
- exploring – asking about the deeper meaning of answers or meaning in the conversation (Kvale, 1996).

A checklist highlighting broad theoretical themes was developed from the literature for the second phase of the exploratory conversations[2]. This checklist does not serve as a rigid guideline, but rather a broad outline, gained from the process of familiarisation with the theoretical literature in fortology. It simply highlights various themes from the literature, which I can utilise as prompts, in the event of me needing to use these prompts during the emergent conversation. The final phase of the conversations included the closure with an e-mail connection possibility.

[2] See Appendix B for checklist for exploratory conversations.

Emerging conversations

The understanding that emerges from the conversations between the conversational partners and me as the researcher can be seen as collaborations. In a sense the conversation is co-created by the two parties present in the conversation (Viljoen, 2004). Thus it is not a search for an absolute truth, but rather an exploration and description of the narrative of the psychotherapist (Kvale, 1996).

This approach is appropriate for this research study as the psychotherapists are narrating their life stories and life experiences in long-term full-time private practice. There cannot therefore be only one truth or reality, but rather the construction of several unique life narratives of the individuals (Kvale, 1996; Potgieter & Heyns, 2006).

The collaborative process is one of description and a developing of understanding as the knowledge emerges from the conversations between the conversational partners. Based on this, I as the researcher have to account for my contribution in this narrative and cannot stand aside claiming objectivity. There must be a sense of self-reflexivity, where I am aware of this meta-process occurring (Kvale, 1996).

The result of the research is the emergence of life narratives, mingled or integrated, between the researcher, who is broadly guided by the previously identified themes from literature, and the psychotherapist, who resonates themes and shares personal experiences from the person's own life narrative.

Personal conversation and reflection on process

Another component of the research is the reflective effect that the conversations might have. I, as the researcher, mention how I notice how the narratives

develop. During the research process I use a research journal for the purpose of observation and reflection (Kvale, 1996). The majority of the conversational partners reflect on the impact of thinking back over one's life work. It appears to have a nostalgic, emotional impact, yet the scope of this is not the focus of the current study. Furthermore, the process of observation and reflection was also scrutinized and evaluated by the supervisor as an extension of the research process.

Procedures

The research conversations are initiated by the researcher asking the research question:

> *"Tell me about your experience of maintaining private practice for longer than ten years."* (Appendix B)

The conversation continues until the psychotherapist indicates the completion of the narrative. The researcher thanks the psychotherapist for their time and participation. The researcher then leaves the conversation with the open-ended option of an email add-on, which can be sent to the researcher, if the psychotherapist wants to (voluntarily). This facilitates the open-ended nature of the emerging narrative and accommodates for a process of reflection to occur.

Transcription

The research conversations are transcribed verbatim, in order to have the transcripts in a format that can be attached to the research report. These transcriptions are attached in Appendix C of the study, in order to make them available for inspection by the reader. Any identifying data is removed from the transcripts, in order to protect the confidentiality of the conversational partners.

Immersion

The next important step in the research process involves the process of immersion (Terre Blanche & Durrheim, 1999). This is the process whereby I familiarise myself with the research data. This typically starts at the onset of conducting the interviews, goes on through the transcription of the conversations and is continued as the transcriptions are read and re-read. In this way I immerse myself in the conversations (Terre Blanche & Durrheim, 1999). This step in the research is very important as it pre-empts any further development of the research process, i.e. one cannot continue if you are not familiar with what has been collected thus far.

I need to become familiar and comfortable with the content as well as the process of the research conversations. The audio versions of the conversations, which are initially recorded, can also be utilised for the process of familiarisation. Listening to the original copy of the conversation over and over until familiar, allows me as the researcher to have a clear idea of what understanding emerges in the conversations. It is important to note that this process of immersion is cyclical in nature, where, once the conversations are collected, the researcher will return to the transcripts again at various points in the research process (Terre Blanche & Durrheim, 1999).

My own experience of the process of immersion involves an awareness or consciousness of the depth of the conversations – the more I immerse myself in the conversations, the richer the narratives become for me. Furthermore, I am aware that there is a wealth of understanding that cannot all be presented in the limited scope of this one research study. This realisation brings me to ponder the fact that a research narrative is in fact never closed or ended, but remains open not only to content interpretation but also to process, as a snapshot of a continuing life narrative (Kaminer, 2006; Lawler, 2002; Robertson, Venter & Botha, 2005).

I include a diagram (Figure 7) of my understanding of the process of transcription and immersion. It is characterised by a cyclical process deepening the understanding of the research conversations.

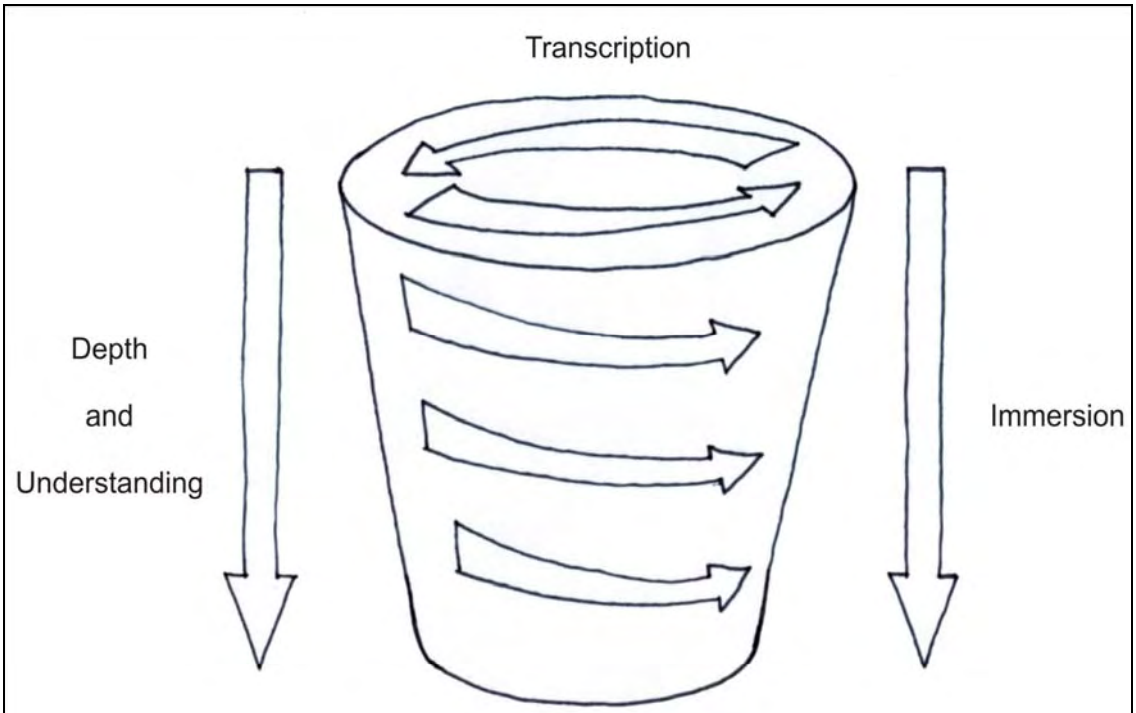

FIGURE 7: PROCESS OF TRANSCRIPTION AND IMMERSION

The process of data synthesis

The procedure of synthesising the narratives involves paying attention to the various components that the narratives consist of e.g., moments of transformation, progress and characters, themes, nodal points, and dramatisations (Lawler, 2002). I as both the researcher and the conversational partner co-create the conversation. During the conversation I am informed from the background of the theoretical concepts and the conversational partners approach the conversations from their individual larger personal narrative of life.

The conversations are reconstructed and transcribed from personal stories into research stories, in order to discover new meaning in the interaction between private and public narratives (Lawler, 2002). Then the focus is deepened in the stage of immersion, where the transcriptions are read and re-read, in order for me as the researcher to familiarise myself with the data. The audio recordings are kept in digital form, in case it is necessary to refer back to them for clarity. This is because the original audio recordings can be listened to repetitively if need be, to aid the researcher in coming to a deeper understanding of the communication from the conversational partner. The audio recordings reflect the deeper nuances of intonation in voice or hesitation, which give a deeper understanding when listened to several times.

The process of narrative synthesis includes describing patterns, tensions and themes either across or within experiences, and integrating these components (Clandinin & Connelly, 1994; 2000). Marshall and Rossman (1999) state that narrative analysis is employed to bring order, structure and interpretation to the volumes of collected text. Narrative synthesis also creates structure and interpretation, but moves beyond that to where the conversations interact with each other to create a composition or integration[3].

Thus the conversations begin to communicate with each other regarding, for example, areas where they agree or reiterate an opinion, or where there is disagreement and why these nuances occur. This process even explores possible factors that contribute to these understandings. It then follows that the literature – the public narrative – would also be in conversation with the research data.

[3] For the researcher this is described by a metaphor of a “coming together of the minds.” This is where there is collaboration between the literature, the researcher, the supervision and the conversational partners in the study.

The aim of the research process of narrative synthesis is narrative synergy. There is then a collaboration or a flowing together of research data and research literature in order to create new thinking or theory in a systemic and circular way.

> The definition of *"**synergy**: the combined effect exceeds the sum of their individual effects, a working together, coaction and uniting"* (Tulloch, 1993, p.1583).

The above definition can be applied to the research, where all the various components of the research process and the research project come together, creating a combined effect. This concept of flowing together also resonates with the theoretical perspective of Csikszentmihalyi (1999), cited in the literature review, and the general principles of fortigenesis and positive psychology.

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

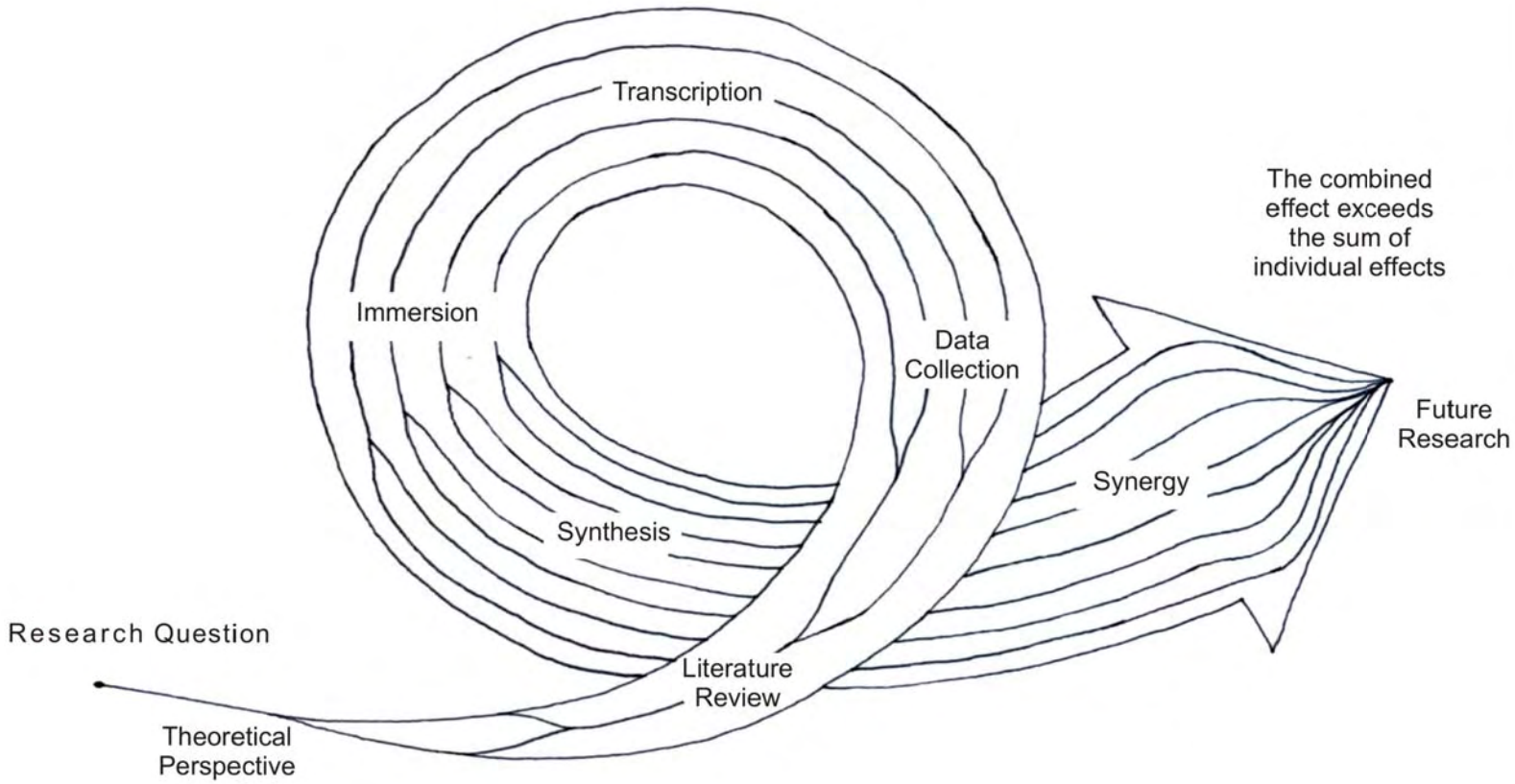

FIGURE 8: RESEARCH PROCESS OF NARRATIVE SYNERGY

The diagram (Figure 8) visually depicts my understanding of the research methodology of the research process of narrative synergy.

Narrative synergy is where there is a flowing together or a collaboration of research material and research literature in order to stimulate or create new thinking or theory. This process is systemic and circular in nature[4]. The purpose is not to find one final end point of 'truth', but rather to explore a rich description of the topic. Future research would then take the conversation further, broadening the range and scope of knowledge creation.

In this research study, qualitative research is presented as a synergistic, integrative process. This perspective resonates with the basic principles of the fortigenic perspective, as fortigenesis is an integrative approach (Strümpfer, 2005). This integration allows for the application of the research process of qualitative methodology to fortigenesis as theoretical foundation of the study and to the product of the study – the new narrative.

The concept of resonance emerges as the process of synergy produces new understanding. *"**Resonance**: meaning to resound, echo, reinforce or reflect"* (Tulloch, 1993, p.146) is then the conversation or song that occurs between the various components of the research study. This process is systematic and integrative in nature, and there is a complexity that develops in the study. On the content level of exploration, the narratives are woven together in synthesis to create synergy, while on a process level this synergy is reflected between all the components of the research that flow together (Csikszentmihalyi, 1999). The same process of integration resonates throughout the various complex levels of the research. In this study the process of self-reflexivity and supervision allows this complexity to emerge on a process level. The concept of resonance aligns with the qualitative research concept of coherence.

[4] A rather simplistic metaphor, which helps me to understand, is the idea of the weaving together of the rich narratives. Weaving a tapestry of different coloured threads eventually creates and displays a picture, which can be observed and interpreted by the next person.

Kelly (1999, p.434) describes coherence as *"the ability to accommodate the answers to the questions of interest within a narrative and make them intelligible therein."* Coherence is a vital part of rhetoric and narrative (Kvale, 1996). The new enriched narrative of Chapter Six presents a coherent story about the possibilities that are unlocked through the research process. The current thesis also emerges as a coherent narrative addressing and exploring the research topic. In this way, the various complex levels of the research process resonate the same process and form a coherent text (Terre Blanche & Durrheim, 1999).

Kvale (1996) mentions an important point – because therapists listen to people all day as an occupation, they become experts at paying attention to the essential parts of a narrative. I took this as a personal guideline or reminder where, added to the research procedure, I as researcher bring components of myself into the narrative synergy. It is important to highlight this factor, as I cannot view myself as completely separate from the research process, but rather, as a part of the new, co-constructed narrative. And I have to be accountable for this. I cannot take responsibility for how the reader interprets the narrative, as this is then the next step of synthesis in the research where reader and research combine to co-create new understanding. This highlights the progressive and creative nature of the research (Kvale, 1996).

Kvale (1996) notes that narrative is a mode of reasoning and representation and that it gives powerful access to human experience. In this research the narrative form is applied, as it is useful to explore and understand the experiences of the psychotherapists in long-term full-time private practice.

The product of narrative synthesis and synergy

The focus of the narrative synergy is to highlight and explore the fortigenic qualities of the psychotherapist in full-time private practice. This is in accordance

with the aims of the research study. The seven narratives collected are stories that intersect with one another and that work in synergy with the literature.

The chosen literary genre is loosely based on a short story. This is the most useful for the presentation of the research and resonates with the narrative approach of the research project. According to this genre or narrative structure there is a story line or plot, which is the research topic – the fortigenic qualities of psychotherapists in full-time private practice (Peck & Coyle, 1992). There are major and minor issues, where the emergent ideas and understandings of the research conversations are explored. There is also a development of the plot where the issues are complicated, and the narratives weave together enriching the exploration. Finally there is a resolution or a conclusion to the story (Peck & Coyle, 1992).

My aim is to give a description of the research with elements of a short story, as it is adapted to the research. There is a single narrator to the story as I facilitate the synthesis and synergy of the research conversations. Traditionally, it was assumed that the meaning of the story is the one intended by the author, but recent critical thinking emphasises that the reader possibly creates the meaning of the text to some extent, and that there are inadequacies in all hermeneutic interpretations (Peck & Coyle, 1992; Potter, 1991). These ideas need to be kept in mind by the reader when reading the new narrative. Potter (1991) highlights that according to post-modernist approaches, the writer encourages the reader to keep in mind that the story is a constructed work of literature open to examination and investigation. It is not viewed or presented as a final truth or representation of true reality, but rather a co-constructed narrative of literary nature.

Terre Blanche and Durrheim (1999) highlight that when a text is read, the very act of reading introduces new questions and new understandings. They note that this generative quality is cited by Gergen (1985) as one of the major strengths of

qualitative research. I believe that this process will spark future development and exploration of the topic of research.

McAdams (2005) utilises a variety of narrative techniques and methods in his research in the field of positive psychology. He states that integrative life stories serve to reconstruct reality in such a way as to give life unity, purpose and meaning. Furthermore life narratives can be seen as continually evolving over the life span. Therefore, the life narratives of the conversational partners continue into their futures (Hooker & McAdams, 2003). In a recent study narrative research and life stories are combined with a quantitative coding approach (McAdams, Bauer, Sakaeda, Anyidoho, Machado, Magrino-Failla, White & Pals, 2006). The research of McAdams et al. (2006) coincides with the narrative field of this research, but different methodological approaches are utilised. Another exciting development in the field of positive psychology is the research of McAdams et al (2006), exploring narratives and personality. This new development will hopefully contribute towards a further qualitative research focus in the field of positive psychology and personality development. This in turn, can contribute towards developing foundational theory in the field of positive psychology.

Research trustworthiness and validity

The trustworthiness and validity of narrative research used as an explorative and interpretive technique in qualitative research needs to be accounted for (Du Preez & Roos, 2008). Kvale (1996) highlights various important concepts in the qualitative research process, which are vital in accounting for the trustworthiness of qualitative research. These will be discussed in the following section.

Traditionally, the criteria for measuring and evaluating research in the social sciences are the quantitatively-orientated measures of reliability, generalisability and validity (Kvale, 1995). Although the applicability of each will be discussed, it

is pivotal to note that for narrative research the criterion of validity is most relevant. The perspective of this study is that perhaps the evaluation of qualitative research should move beyond to a point where each method deserves its own judgement criteria. The measures of credibility, stability and self-reflexivity are introduced and discussed, and proposed towards enhancing the trustworthiness and therefore the validity of the research study (Du Preez & Roos, 2008; Kvale, 1996).

Reliability

Reliability refers to the consistency of the research process (Kvale, 1996). In qualitative research the consistency of the research refers to the ability to replicate the research process of the study, and care is taken to describe the entire research process in detail and rigorously, in order to facilitate replication of the process, if necessary. The process of research and methodology can therefore be applied in other contexts and with other research topics (Kvale, 1995; Marshall & Rossman, 1999).

Generalisability

Generalisability traditionally refers to whether the research is representative of the larger population, and this was determined through statistical methods (Neuman, 1994). This criterion is less relevant in qualitative research as this type of research aims to explore rich descriptions of the topic of research (Kvale, 1995). Yet, generalisability can also be viewed from the perspective of the judgement whether the findings from the research study could in fact be applicable to another situation. This evaluation is based on the applicability of the research analysis, rather than on statistical measures. Therefore, by explicating the process of research analysis, the reader can follow the soundness of the analysis. While the research does not claim generalisability, the measures that ensure the validity of the study, could support analytical generalisations. As the

research is read more widely, it also becomes more possible to generalise and the possibilities for further research and development increase (Kvale, 1995). One can also explore the potential to generalise the research findings with regards to application on a practical or pragmatic level, i.e. can the research contribute to theory or practice?

Validity

Traditionally, research in the social sciences was deemed valid, true and correct if it reflected the objective reality. Yet, post-modern perspectives argue that validation depends on the choosing of an interpretation (Kvale, 1996). When one looks at the validity and trustworthiness of qualitative research methods Kvale (1995) reports that for qualitative research the modernistic concept of truth as a mirror of reality is not applicable, but rather the validity and quality of the research is determined as a co-created construction of reality. This is the process that occurs throughout the research process and it occurs both in creating the conversations between researcher and conversational partner, and between the research study and the reader. From this perspective, the conversations continue on from the research study on these different levels (Kelly, 1999).

Validity requires continual reading, and re-reading, checking, questioning and theoretical interpretations of findings (Kvale, 1996). It is therefore, important to ensure that all the evidence is provided for the reader to be able to follow the trail of interpretation from the original texts. This process allows validation to be built into the research process with continual checks on the credibility and trustworthiness of the findings. The measures of credibility, stability and self-reflexivity can be utilised in the process of accounting for the validity and trustworthiness of narrative research (Kvale, 1995).

Credibility

Credibility highlights whether the research method indeed explores what it intends to explore and there are three important concepts to consider: correspondence, coherence and pragmatic utility (Marshall & Rossman, 1999). *Correspondence* looks at whether the knowledge presented in the study corresponds to, or is ever the same as, the knowledge co-created by the researcher and the conversational partners in the conversations. This can be facilitated by making sure that all evidence of how the data was gathered, how it was analysed and interpreted is supplied for the reader. The conversational partners, peer reviewers and supervisors can assist in this process of checking whether the research findings in fact correspond to the original data (Viljoen, 2004). In the current study the conversational partners each received a copy of the research study for the purpose of review. The supervision process also facilitates this validation.

Coherence refers to the consistency and internal logic of the research. This takes into consideration the logical flow of the research process by asking: “Does it make sense?” Can the research process and methodology be repeated for future research purposes? This criterion evaluates how well the research product’s findings fit together, how well the narrative is constructed and how well the research fits into existing and previous research in the field of study. *Pragmatic utility* looks at whether the research is related to practical consequences. There is a suggestion to publish the insights of the research to contribute towards the general body of knowledge on the subject (Du Preez & Roos, 2008; Kvale, 1996).

Stability

The stability of the research pertains to the consistency of the research findings. This needs to be checked at various stages in the research process. An example of how to create stability includes *interviewer stability*. This is where the same

researcher or interviewer conducts the conversations with each of the conversational partners. The same person explores and describes the research data, thereby giving research stories consistency (Kvale, 1996). There is also *intersubjective stability*, where the conversations are typed and transcribed by the same person. Various people, such as peers and supervisors, are given access to the research material in the form of transcripts to comment upon, and the steps and process of the synthesis of the research material is described in detail. Another example is *inherent logic*, which is promoted as the conversations reach a synthesis of ideas and the research narrative is presented in the research (Terre Blanche & Durrheim, 1999). This criterion is evaluated by asking whether the insights that are provided are readily understandable and astute, whether they are suited to the area of study from which they are derived and provide sufficient understanding of the phenomenon (Du Preez & Roos, 2008; Kvale, 1996).

Self-reflexivity

This section on self-reflexivity addresses the co-creation of knowledge in qualitative research and the ethics of self-reflexivity. It is important in that I, as the researcher, explicate my own presuppositions and thereby include this, in a disciplined manner, in the research process (King, 1996). This process of self-disclosure does not have to be of personal nature, but rather as it pertains to the process of the research. I as the researcher cannot be excluded from the process and am a part of the research process. For that reason self-reflexivity is included and accounted for (Viljoen, 2008; Kvale, 1996). I can include segments of my research journal as self-disclosure, as it pertains to the research topic. Furthermore I can include an account of the personal effect that the research process might have on me as researcher (King, 1996). By focussing awareness on the self-reflexive component of the research process the quality and elegance of the research is enhanced (Kvale, 1996).

Terre Blanche and Durrheim (1999) mention the concept of auditing qualitative research to promote the ethics and validation of the research. This is the way in which the critical evaluation of the research project should be viewed, as an audit. The researcher is expected to give a full and comprehensive account of the research methodology that is followed in conducting the research, hereby giving accountability for the research process.

Kvale (1996, p.279) notes, *"it is sometimes easier for interview researchers to carry out conversations with their subjects, than to enter into conversation with colleagues about the conversations with their subjects."*

Critical audit of the research project

Kvale (1996, p.284) highlights various considerations for evaluating qualitative research. He identifies the ten most common negative reactions in evaluating qualitative research and in the following section these ten questions are explore.

The guidelines that Kvale (1996) highlights are used as a framework in this chapter to critically audit the qualitative research study (Kelly, 1999). Kvale (1996) states:

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

It is very important that this list also paradoxically mentions some of the strongest and most valuable qualities of qualitative research. It is imperative to notice that it depends on the perspective held by the person who is evaluating the research.

“Qualitative research is not scientific, but only reflects common sense”

There is no general measure by which the research conversations can be defined as scientific or non-scientific. The purpose of science can be seen as a methodical production of new, systematic knowledge (Kvale, 1996). Therefore an evaluation of the research conversation depends on how these terms are understood in relation to the research topic. In this study the process is systematically described and accounted for and there is a new product – the new narrative that is systematically explored and developed, which contributes to the creation of new knowledge.

While conversations are seen as part of our daily lives and might therefore be seen as non-scientific, the research conversation is a specific development from the context of conversation (McAdams et al, 2006). The research conversation is co-constructed between researcher and conversational partner; and reflections on the understandings that emerge from these narratives explore and enrich our insights into our world or our conversational reality. The very strength of the research conversation is its privileged access to the understandings of the conversational partners and their worldview on the topic of fortigenesis (McAdams et al, 2006).

“It’s not objective, but subjective”

Kvale (1996) explains that these concepts are ambiguous. If the meaning of objectivity is accepted as an inter-subjective agreement based on two peoples’ observation of a phenomenon, then objectivity can in fact be viewed as a rather subjective concept. Yet, the purpose of the research process extends beyond the

juxtaposition of subjective and objective, to the inter-subjective. In this context valid knowledge is explored and described through an experiential discussion by conversational partners in the narrative. Language is the vehicle of the narrative and cannot be evaluated as objective or subjective (Kvale, 1996). Du Preez (2004) mentions that the purpose of the research process is to come to a deeper understanding and rich description of the research process journey. The purpose of the research process and narrative synthesis is then not to discover some final objective truth, but rather to explore and describe the experience of the psychotherapist in full-time private practice.

“It’s not trustworthy, but biased”

What or who is it, that cannot be trusted? Experimental studies have shown how expectancies of both the researcher and participant can unintentionally influence the results of an experiment (Kvale, 1996). There is an interpersonal interaction in the conversation between the researcher and the conversational partner. Unacknowledged bias could influence the construction of the research narrative. Yet, a recognised bias or subjective perspective could in fact highlight specific aspects of the topic, bring new aspects into the process and contribute to the research. For this reason, the component of self-reflexivity is given careful attention, where the researcher takes the opportunity to explicate personal presuppositions. As self-reflection is included in the research process, it becomes a tool that enhances the depth and finer nuances of the research understandings. It explicates how the researcher’s own private narrative enters into conversation with the research narrative through the medium of the research journal (Kaminer, 2006; King, 1996; Lawler, 2002; Robertson, Venter & Botha, 2005).

“It’s not reliable, it rests on leading questions”

Reliability refers to the ability to replicate the research process of the study (Kvale, 1995; Marshall & Rossman, 1999). In this research study, care is taken to rigorously and in detail describe the entire research process to facilitate the replication of the process in future research. The process of research and the specific methodology of this project can therefore be applied in other contexts and with other research topics.

In a qualitative research conversation, leading questions are well suited to check the reliability of answers given by the conversational partners. The importance is not whether the question leads or not, but rather where to it leads the conversation. The questions are therefore very important tools in the co-construction of the research narrative between researcher and conversational partner. The questions lead to a deeper understanding of fortigenesis and to new co-constructed knowledge (Marshall & Rossman, 1999).

“It’s not intersubjective, different readers find different meanings”

When the purpose of the research process is to create rich, new understandings of the fortigenic qualities of psychotherapists in full-time private practice, then several interpretations of the same conversation serves to further enrich the narrative (Du Preez, 2004). It is then a strength of the research conversation, in that it stimulates further interpretation and knowledge creation, which continue beyond the boundaries of the current study. The criticism of inter-subjectivity again relates to the debate of objectivity and subjectivity, where Kvale (1996) highlights that the meaning of objectivity is an inter-subjective agreement based on two peoples’ observation of a phenomenon, which is, in fact, a rather subjective concept.

In the current research project, meaning is co-constructed in the research interviews with the conversational partners, as the understanding of the topic is described, explored and enriched (Kvale, 1996). As different readers enter into conversation with the research study, further meanings are developed and explored between the reader and the research study, and thus this process of creating meaning continues (Terre Blanche & Durrheim, 1999).

“It’s not a scientific method, it is too person dependent”

The research conversation is flexible, dependent on the context and sensitive to the interpersonal interactions between researcher and conversational partner. It would be a futile attempt to try to eliminate this interpersonal component. It should rather be viewed as a strength of the research process, as the new understandings emerge from the co-construction of knowledge between the researcher and the conversational partners (Lawler, 2002). The interpersonal component of the conversations is then a tool in the research process, through which the research data is created, or co-constructed in the interaction between the researcher and conversational partners (King, 1996). The importance of the researcher as an instrument or tool of knowledge-creation places a demand on the researcher for craftsmanship, empathy and knowledge (Kvale, 1996).

“It’s not scientific hypothesis testing, only explorative”

Scientific hypothesis testing is not the goal of the current research study. The aim is the exploration and description of the topic (Kvale, 1996). The various nuances of the experiences of the conversational partners in private practice have intrinsic value and are strengths of the qualitative research model. Through this exploration new understandings emerge and knowledge is created. The explorative potentialities of the conversations open the qualitative descriptions of the topic (Lawler, 2002).

“It’s not quantitative, only qualitative”

In the social sciences there is a prevailing focus on quantitative research methods where qualitative methods are downplayed (Kvale, 1996). This is related to a history of predominant research in the natural sciences (King, 1996). For the purpose of this study, however, the focus remains with the quality, depth and richness of the research rather than a quantitative element. Using a qualitative research approach is therefore the most useful and appropriate method for this study. The narrative approach is well fitted to the nature and purpose of the research topic, which explores the fortigenic qualities of psychotherapists in full-time private practice (Marshall & Rossman, 1999). The research conversations and the new narrative product of the research are also in the narrative form and fit in with the methodology of narrative synthesis and qualitative research.

“It’s not generalizable, there are too few subjects”

There is a potential in generalising the knowledge created in a qualitative research study with regards to the application of the new knowledge on a practical and pragmatic level (Kvale, 1996). The question of whether the research can contribute to theory and practice is answered as the research is read more widely. In the current study, the research findings can be of value for any other psychotherapist in private practice wanting to gain a deeper understanding of the challenges and experiences of this profession. This also increases the possibilities of further research and development of the topic.

The current qualitative research study discusses various practical and pragmatic applications of the research. These can be found in the final chapter under recommendations. Practical recommendations are made regarding the fortigenic qualities in long-term private practice, as well as suggestions for psychotherapists in full-time, long-term private practice.

“It’s not valid, it relies on subjective impressions”

In qualitative research the modernistic concept of truth as a mirror of reality is not applicable, rather the trustworthiness and validity of the research is determined as a co-created construction of reality (ontology) (Kvale, 1995). This is then the process that occurs both in creating the research conversation between researcher and private narrative of the conversational partners, between the public narrative of the literature and the research narrative, between the research study and the personal journal narrative of the researcher, between the researcher and the supervisory readers, and finally between the research and the reader (Kelly, 1999). Therefore, knowledge rooted in this narrative reality is seen as being co-constructed in the narratives and expressed in language (epistemology) (Terre Blanche & Durrheim, 1999).

The critical audit of the research is useful in that it addresses various common critiques, thereby also enhancing the accountability and legitimacy or trustworthiness of the study (Kvale, 1995). The process of the above evaluation also follows an integrative process of questions and discussion. In the above process of critical evaluation the various strengths of the qualitative approach are identified; which resonates with the research topic of fortigenesis, where the focus is a strengths perspective. The critical evaluation can thus in itself be viewed as a fortigenic or strength-enhancing process. This process creates coherence between the text and the thoughts, or theoretical perspective of the study (Kelly, 1999).

Ethical considerations

There are various ethical considerations, which had to be clarified for the research. The ethical considerations of this study include obtaining permission and co-operation from the various experienced psychotherapists for the following points.

Participation in the research conversations

For this purpose the research ethics committee of the University of Pretoria had to approve the ethics of the study. The research proposal for the study also had to first be approved by the departmental research committee.

Digital recording of the conversations

I acquired a Dictaphone digital recorder, which was utilised to record the conversations. The conversational partners are first made aware of the digital device and then again asked for verbal permission prior to the start of the recording. This verbal permission is a second confirmation of the signing of the consent form prior to the conversations taking place.

Presenting the conversations as part of the requirements of a doctoral study

The conversational partners are made aware of the purpose of the study in the information leaflet and consent form of the study.

Publication of findings

According to the requirements of the University of Pretoria research committee, the consent form needs to state the following:

> *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* (Appendix A).

Issues of confidentiality

Confidentiality and anonymity are guaranteed, and the conversational partners are referred to as conversational partner A, conversational partner B, and so on.

Remembering that they are active members of the community – who have built up their full-time private practices over a period of more than ten years, using their names and identities in marketing – it was important to protect the confidentiality of their personal narratives. They are professionals in the community and city in which they work.

Conclusion

In this chapter, the purpose is to describe how the research study is conducted. The process and steps of the research are explained, and various facets of qualitative research are discussed and explored. The validation of qualitative research is accounted for and an audit is conducted.

Chapter Five

Exploration of the research narratives

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

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

Introduction

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

Exploring the research narratives

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

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

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

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

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

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

Introducing conversational partner A

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

Description of A's conversation

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

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

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

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

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

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

Reflection on process of A's conversation

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

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

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

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

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

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

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

Introducing conversational partner B

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

Description of B's conversation

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

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

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

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

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

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

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

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

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

Reflection on process of B’s conversation

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

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

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

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

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

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

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

Introducing conversational partner C

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

Description of C's conversation

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

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

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

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

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

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

Reflection on process of C’s conversation

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

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

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

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

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

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

Introducing conversational partner D

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

Description of D's conversation

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

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

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

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

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

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

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

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

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

Reflection on process of D's conversation

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

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

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

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

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

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

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

Introducing conversational partner E

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

Description of E's conversation

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

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

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

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

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

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

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

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

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

Reflection on process of E's conversation

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

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

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

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

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

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

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

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

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

Introducing conversational partner F

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

Description of F's conversation

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

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

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

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

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

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

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

Reflection on process of F's conversation

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

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

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

Introducing conversational partner G

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

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

Description of G's conversation

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

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

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

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

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

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

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

Reflection on process of G's conversation

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

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

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

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

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

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

Conclusion

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

Chapter Six

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

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

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

Introduction

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

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

Fortigenic qualities: a foundation for a new narrative

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

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

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

The identification of narrative themes

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

Business and finance

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

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

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

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

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

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

Administration

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

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

Discussion of business, finance and administration

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

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

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

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

Marketing

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

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

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

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

Discussion of marketing

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

Networking

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

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

Discussion of networking

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

Emotional coping

Most psychotherapists find it incredibly difficult to cut off or switch off after a day's work (conversational partner A, p.4; C, p.22). Coping with this involves various methods; from riding it out and getting used to it, to making a conscious decision (Seligman & Csikszentmihalyi, 2000) and making sure that you never take work home with you (conversational partner D, p.28, p.29; E, p.35, p.36; F, p.45; G, p.58)(Compton, 2005; Volz, 2000). You can also make notes in the session. 6Once the session is completed this saves time and helps you to stop thinking about that case straight away, in order to focus on the next person (conversational partner B, p.13; C, p.26)(Krüger & Groenewald, 2002; Pepping, 2003).

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

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

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

Discussion of emotional coping

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

Balance

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

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

Spirituality

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

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

Support

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

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

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

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

Discussion of balance, spirituality and support

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

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

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

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

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

Continued professional development and training

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

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

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

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

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

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

Discussion of professional development and training

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

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

The stressors as experienced in private practice

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

Isolation and frustration

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

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

Emotional exhaustion

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

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

Discussion of isolation, frustration and emotional exhaustion

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

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

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

Unpaid leave and sick leave

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

Life stressors

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

Discussion of paid leave, sick leave and life stressors

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

Burnout

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

Discussion of burnout

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

Fortigenic qualities as experienced by psychotherapists in private practice

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

Resilience

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

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

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

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

Acceptance

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

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

Enjoyment and reward

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

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

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

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

Humour

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

Discussion of resilience, acceptance, enjoyment, reward and humour

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

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

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

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

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

Philosophy of life

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

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

Higher level of logic

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

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

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

Contribution to the theory of positive psychology

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

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

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

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

Conclusion

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

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

Chapter Seven

Creating a new story or narrative in therapeutic practice

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

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

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

Introduction

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

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

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

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

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

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

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

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

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

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

A new narrative – a story of fortigenic coping

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

Narrator: The Universal Therapist

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

Chapter Eight

Critique, conclusions and recommendations

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

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

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

Introduction

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

Critical evaluation of the study

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

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

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

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

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

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

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

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

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

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

Trustworthiness, validity and stability of the research

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

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

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

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

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

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

Critical evaluation of the field of positive psychology

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dissemination of the research

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

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

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

Recommendations for the future

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

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

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

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

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

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

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

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

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

Original contribution

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

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

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

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

The end of self-reflexivity

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

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

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

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

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

Conclusion

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

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

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

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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 the 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 that 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: Sjoe, 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 destress 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 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 in 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: Sjoe 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 seratonin 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 writs 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 the 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.l 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 exited 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 that 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 liase 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 liasing 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, esoterical 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, you 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