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**BECOMING A PSYCHOLOGIST:
TRACING LIFE HISTORIES IN SOUTH AFRICA**

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DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in this dissertation, from the work, or works, of other people has been attributed, and has been cited and referenced.

Petal Petersen
September 2003

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ABSTRACT

This study explores and aims to identify the narratives found amongst professional psychologists and the establishment of a professional identity in the process of becoming and being a psychologist. It is interested in this process of becoming a psychologist specifically within the South African social context, which may influence the professional development and identity of local psychologists.

In-depth interviews were conducted with eight local professional psychologists. Pre-established criteria were set in identifying these participants to ensure racial diversity and diversity in their work settings. The data was qualitatively analyzed through the use of the narrative method, to explore the process of establishing a professional identity from within the perspective of the participants themselves. The data is presented as eight separate case studies in which each participant's story is explored and their narrative constructions analyzed and discussed. Common themes were found to be present amongst the narratives, although the stories told also expressed a substantial amount of individuality. Two dominant narratives emerged from the data. These narratives were constructed either from an individualized story of personal pain and suffering (wounded healer narrative), or included broader social and political factors (political narrative). In addition to these dominant narratives various other sub-narratives were present in the stories told. The findings suggest that the narratives are, in parts, congruent with the conventional ideas that inform our understanding of who psychologists are and what concerns them. However, local psychologists also engage with different ways of becoming and being a psychologist, in the South African context.

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CHAPTER ONE

INTRODUCTION

In this chapter I outline the objectives of the study and provide a succinct description of the main areas of concern that this research aims to address. The importance of conducting research into this area is discussed in the rationale and finally an outline of the structure of the dissertation is given.

1.1 Aim of the study

This study explores the personal narratives of eight professional psychologists practicing in South Africa, in an attempt to disentangle the often-complex process of becoming a psychologist and the establishment of a professional identity. The local South African social context, as a result of the country's unique socio-political history, has been characterized by marked changes and transformations in almost all spheres of life. Professional psychology too, has been affected by the state of flux (Duncan, Van Niekerk, De la Rey & Seedat, 2001), which has not only had implications for how the profession as a whole has had to think about and equip itself to be more relevant in this changing environment, but also for practicing and future psychologists. The way in which psychological work is constructed has transformed as well. The traditional, mostly exclusive, focus on the 'individual' has been challenged. This has resulted in the inclusion of broader 'social' and 'political' constructs, where an emphasis on community-oriented, large-scale social interventions and an understanding of individuals within their social contexts are recognized (Seedat, Duncan & Lazarus, 2001). This transformation has meant that at least two contrasting visions of a psychologist have been presented in the literature. On the one hand there is the image of the 'traditional' psychologist working in individual, private settings; and on the other hand, a 'community-oriented' psychologist working in broader socio-political contexts. Against the background of these different representations of the profession, South African psychologists may struggle to find and establish their own professional identities and ways of working.

While there have been attempts to document the ways that psychologists in other countries have engaged with their professional choices and identities, less is known about how these identities are constructed and lived by South African psychologists. It would be important in the development of South African psychology to examine local narratives around professional identity and perhaps to explore the possibility that they may indeed 'tell'

different ‘stories’ about how one becomes a psychologist and works within this role. This study, then, is interested in exploring the various elements that led to or motivated local psychologists’ career choices and how these may open or limit different ways of being a psychologist in our changing society. With a focus on the function of narrative, this study attempts to explore why each person chose to represent their life in the way they do, and the meanings they have created through the stories they have constructed about their lives.

The aim of this thesis is thus as follows:

- 1) to try and identify the diverse narratives that construct psychologists’ accounts of themselves and influence their professional choices;
- 2) to open up engagement with different ways of becoming and being a psychologist in the South African context, and;
- 3) to help identify ways of transforming the profession to allow its growth and change in South Africa.

1.2 Rationale

Writing in 1989, Dryden and Spurling reported that the psychotherapy literature has shown a renewed interest in the personal lives of psychotherapists and in the personal experiences that led them to pursue their chosen profession and that help to define the way in which they structure their role within that profession. In other words, this literature explores the early links between reasons and choices. In so doing, emphasis is placed on the ‘personal’ rather than the ‘technical’ in seeking to explicate the process of becoming a psychotherapist (Dryden and Spurling, 1989). Gilbert, Hughes and Dryden (1989) argue that the reason why people end up practicing psychotherapy, their choice of approach, and the way that they put this approach into practice are important research questions. These authors ask: ‘Who becomes a therapist?’ They argue that to some degree the decision to enter training relates to many complex social, political and personal factors. John Norcross uses the phrase, the ‘person of the therapist’ in his approach to the importance of understanding the characteristics and motivations of therapists. In an interview with Windy Dryden, he is asked what he means by this phrase (Dryden, 1991), to which he responds: “I mean the personal identity and professional characteristics of the therapist. Representative areas of inquiry are their families of origin, politics, values, religion, personality, interpersonal relations, coping, satisfactions, stressors and personal therapy. Of course, there are also the more professional concerns, such as career choice, training experience and theoretical orientation...” (pp. 34 –

35). It is evident that all these factors are recognized as relevant and important in an understanding of people who come to work in the helping professions. They are all part of a narrative of a life story. According to Gilbert et al. (1989), even the kind of therapy a person chooses [i.e. private psychotherapy, which is interested more in the emotions, thoughts and actions of individual people; or community-oriented forms of practice, which is interested in people as social and political beings and in understanding them within their social worlds in order to improve their well-being (Orford, 1992)] is influenced by these variables.

Gilbert et al. (1989) suggest that there are three types of historical accidents (as they call it) that may influence a person's choice. The first historical accident, they argue, may occur during training, for instance through the influence of a charismatic teacher. The second is related to the availability of learning experiences, for example the type of therapy a person may have been most exposed to at the training level. And finally, the third historical accident relates to personal experiences and need, both in the recent and distant past.

The current research is also interested in exploring how all three these factors may or may not have played a role in the career choices of the participants. For this study, these factors need to be brought together with a particular reference to its relevance in South Africa. Therefore, the inquiry into these issues will be grounded specifically in the local context. In keeping with the three historical accidents outlined by Gilbert et al. (1989), this context dictates the training, availability of learning experiences (since the profession of psychology itself does not function independently, but is influenced by the surrounding social reality), and the personal experiences and needs of prospective psychologists and their subsequent practice as professionals. As Lazarus (1988) noted, the South African psychologist's role can only be adequately defined when placed within the particular South African reality. It is thus reasonable that the narratives (stories people construct about their lives) of South African psychologists would not only have been influenced by the broader social context, but need to be explored with this context in mind. Therefore, this study is interested in the stories of psychologists in an attempt to explore how they have used the construction of these stories to help themselves find some sort of meaning and continuity through their varied experiences and in their various contexts of work. To understand what kinds of meaning are created through their narratives of their lives. In an attempt to understand these meanings further, the study will draw from a psychoanalytic framework, which contributes the idea that the constructions of the various stories told can be influenced, both consciously and

unconsciously, by various kinds of emotionally laden experiences. It introduces the various 'emotional' accounts people have of their lives and their choices as psychologists. Of particular interest for this thesis is the broader South African social context and the way psychology is being envisaged within it, since these in turn, in addition to the more personal motivators, influence the narratives that local psychologists employ.

This study therefore hopes to unpack and shed light on how psychologists have structured themselves against a background of various personal, social and political realities and motivators, through the stories they tell and the extent to which these stories may operate towards coherence and an attempt to bring disparate parts of the self and experience together. If we are to open up the different ways of being a psychologist (particularly in South Africa), we need to look at and explore the different narratives that perpetuate those ways of being.

1.3 Structure of the dissertation

A review of the literature is presented in chapter two. Firstly, the literature explores the various personal factors that may play a role in psychologists' accounts and influence their professional choices. Secondly, since this thesis is specifically interested in exploring ways of being a psychologist in South Africa; the literature discusses the local context and the way in which professional psychology has been located and transformed within this context.

Chapter three discusses the methodological approach taken in this study. It outlines the process of how the research was done from a qualitative framework, specifically utilizing a narrative approach both in collecting and analyzing the interview material.

Chapter four presents the interview material as eight individual case studies in which each participant's narrative account of their lives and their choices in psychology is presented and analyzed separately.

Chapter five presents a discussion of the material and the main findings, which emerged from the analyses.

CHAPTER TWO

LITERATURE REVIEW

This chapter provides a review of literature that informs our understanding of the kinds of factors and processes that may influence the professional development and identity of psychologists. I review some of the international literature in this area, but pay particular attention to the context and concerns that may have helped to shape psychologists' identities in South Africa. Within this chapter I also introduce the theoretical framework I use through the study. This draws essentially on a narrative approach, which is able to explore the process of identity making from within the perspective of psychologists themselves. I supplement and develop the primary 'story-telling' approach of the narrative perspective with a critical psychoanalytic perspective that allows for the emotional meaning of people's stories to emerge as an important part of their professional identity formation. In this theoretical framework I also recognize the influence of socially constructed ideas about psychology and psychologists' roles as part of the context in which individual psychologists may develop their personal identity.

2.1 Introduction

According to Gilbert et al. (1989, p. 4), "although it is common to hear young children express professional aims in terms of train driver, doctor or pilot, psychotherapy as a profession is probably considered rather later in life." For many, the choice of profession is a simple logical career aspiration, while for others it is a personal journey of self-realization and actualization. This seems to be particularly true for those professionals found in the human services. Gibson, Swartz and Sandenbergh (2002) point out that for many involved in this kind of work, it seems to satisfy a deeply personal need in addition to the more logical career aspirations. They write: "perhaps part of why this work 'matters' to us in this way is because it connects with our own experiences. There certainly seems to be some truth in the often-quoted idea of the 'wounded healer' – the person who is driven to help others because of her or his own experiences of pain or difficulty. It seems that these kinds of experiences are extremely important in motivating caregivers to enter the human services, and to remain there despite the considerable emotional and practical demands this kind of work makes of them" (p. 3). Norcross and Guy (1989) go as far as to question what it is that drives a person to concern her/himself with the dark side of the human psyche and that compels certain people to elect to help the suffering and dysfunctional. They argue that these persons must be

a 'special sort' since most individuals would prefer to ignore or deny the psychic sufferings of fellow humans. Perhaps the answers to these questions lie in the very notion that the many motives for choosing a career in the helping professions resonate with personal experiences that may be conscious or unconscious. In fact, Norcross and Guy (1989) argue that the question of motivation is obviously not a simple or entirely conscious one and that motivations are likely to be partly or completely unconscious and subject to verbal distortion. Pines (2000) asserts that psychodynamic theory contributes the idea that people choose an occupation which enables them to replicate significant childhood experiences. The unconscious determinants of vocational choice are images of people and relationships that reflect the individual's personal and familial history. This further illustrates that the personal process of choosing a career, be it conscious or unconscious, may be influenced by various factors in the individuals' environments at different times in their lives and may be as soon as early childhood experiences for some.

2.2 Personal experiences and motivations

According to Kottler and Blau (1989), the training of a therapist begins during infancy, not graduate school. Implicitly then, each individual therapist's experience and development across their life span may contribute to their final choice of career in unique and different ways. The decision or motivation to become a psychologist or work in the healing professions may stem from a variety of sources. The autobiographical essays by various therapists in contributing to the book, *On becoming a psychotherapist*, edited by Dryden and Spurling (1989) illustrate this. From these essays it seems that parents in some cases were a major influence in the therapists' choice of career. The specific contribution of parents varied. For example, Bloomfield (1989) reports that she caught the sense of her father's (who lectured medical psychology), exciting and enthusiastic talk of his work, his discoveries, and his ideas. Her mother, on the other hand, played a very important part in the kind of psychotherapist she became because she internalized many of her values and her way of being with people. Heppner (1989) reports that the values his parents instilled in him laid a foundation that allowed him to obtain the necessary skills and experiences, which later enabled him to pursue graduate training in counseling psychology. He claims to have been further influenced by a therapist he was seeing during his undergraduate years - to discuss his own intrapersonal difficulties - whom he came to admire and later idealized as a role model. Karp (1989) claims that one of the many reasons for choosing to enter training was a childhood speech defect, which gave her a taste of therapy. Strupp (1989) reports that he was

attracted to the field because he felt impelled to find answers to early traumas; in particular, the early death of his father when he was nine years old. And, for one of these therapists (Thorne, 1989), it seems the broader socio-political context played a big role in his decision, since he grew up during the Second World War. He talks of growing up in an environment where he learned from a very early age to live with the deepest human emotions of love and fear and to witness the extreme limits of human courage and vulnerability, of hope and despair, all as a consequence of the war.

These testimonials highlight parents/family; experiences of being helped or receiving personal therapy (which are coupled with a personal problem or distress); early childhood traumas; and the political context, all as contributing to the origins of a desire to become a psychologist. They thus provide evidence for the diversity of motivations underlying choices. According to Spurling and Dryden (1989), however, one of the central themes running through all of these autobiographical essays is that psychotherapy can be viewed as a 'calling'. They write: "... a kind of work which is so bound up with one's creativity and one's relationships to others, in short with who one is, it is seen less as something chosen than as a profession to which one is called. It is seen as the expression of a drive or need which brings the therapist into a special kind of intimate contact with others" (p. 192). Additionally, there seems to be a drive to understand and repair, a concern made more urgent in the case of those who have suffered directly or indirectly at the hands of others (Spurling & Dryden, 1989).

Choices regarding which profession to train for, thus seem to be inextricably linked to past experiences and events. In fact, Roberts (1994) argues that not only the choice of profession, but also which client group to work with and in what setting, are all profoundly influenced by a need to come to terms with unresolved issues from the past. As noted earlier, according to psychodynamic theory, people choose an occupation that enables them to replicate significant childhood experiences. Although in some cases familial history could act as a positive motivator (e.g. the case of Bloomfield {1989} and Heppner {1989}), choosing to become a psychologist could on the other hand be an attempt (consciously or unconsciously), to relive an imperfect childhood, to fix families that resemble the therapist's own family and to rectify historical mistakes (Kottler & Blau, 1989). From this, then, there is a central, explicit assumption that mental health professionals have taken up their work because of a problem in their family of origin (Skynner & Schlapobersky, 1989), personal experiences with

emotionally disturbed people (Dryden, 1991), or a personal experience of psychological distress. Groesbeck (1975) argues that a possible motive, which attracts people to the healing professions, is that finding those healing powers within oneself is a means of facing one's own wounds. According to this author, "it is only when the healer himself can stay in touch with and experience his own wounds and illnesses as well as confront the powerful images from the unconscious of an archetypal nature, that in turn the patient can go through the same process" (p. 144).

These images of a 'wounded healer' do, however, carry some dangers. Firstly, the personal experience of psychological distress is thought to be a contributing factor in choosing to become a therapist, since it is argued that an experience and mastery of early trauma or conflict is necessary for the development of qualities required for empathic immersion (Chippindall & Watts, 1999) and the ability to resonate with another person's inner turmoil (Norcross in Dryden, 1991). However, Roberts (1994) argues, from a psychoanalytic framework, that the close resemblance between workers' own most painful and conflicted past experiences and their experiences at work, constantly threatens the capacity for empathy. This requires one to stand momentarily in the other's shoes and experience their pain, using what one has learned as a guide as how best to respond. There is thus a threat to the ability to separate one's personal 'wounds' from those of the client. An attempt to rectify or nurse one's own wounds by becoming a healer could even be considered narcissistic and particularly dangerous due to the nature of the work in the helping professions. This is because activities involve very specialized and deliberate attempts to help the unfortunate, the ill, those who have somehow lost their way and members of the 'ministering professions' can end up causing the greatest damage - harm caused by their very desire to help (Guggenbuhl-Craig, 1971). Therefore, Skynner and Schlapobersky (1989) assert that therapists' first responsibility, if they are to do really good work, is to understand and help themselves. Roberts (1994, p. 118) writes: "It is therefore of the greatest importance for helping professionals to have some insight into their reasons for choosing the particular kind of work or setting in which they find themselves, an awareness of their specific blind spots: their valency for certain kinds of defenses, and their vulnerability to particular kinds of projective identification."

The second danger related to the image of a 'wounded healer' is the very strong, romanticized myth that all therapists stem from dysfunctional families or have a conflictual

past. According to Goldklank (1986) this raises the issue that, even if it is true for some therapists, it says nothing about why only some dysfunctional families produce therapists and why, as a family stresses all its members, not all become therapists. In his interview with Dryden (1991) Norcross argues that it is not true that most therapists come from disturbed families, though one may find the vocational choice of a *minority* of psychotherapists has probably been strongly influenced by early personal experiences with emotionally disturbed people. Goldklank (1986), in a study focused on family therapists, did however find that family therapists' families of origin have dysfunctional levels of cohesion and adaptability, and that the family therapists enacted roles which differed from those their siblings played by taking the role of the over-responsible or 'parentified' child. The author does warn though that myths are strong, perhaps stronger than facts, and surely stronger than memory.

"Subjects may be influenced by the power of the myth themselves. Family therapists may want to identify themselves with the stereotype of what a family therapist is supposed to be. Thus if folklore has it that they were parentified children, they may describe themselves as such for the sake of identifying with the stereotype of their profession" (Goldklank, 1986, p. 318). Gilbert et al. (1989) argue that in our [Western] culture there is an implicit assumption that therapists should be psychologically strong, and strenuous efforts may be made to hide personal experiences of suffering. This too is an influencing factor in the way they describe themselves. Based on these examples, it could be said that the narratives psychologists construct to help them find meaning in their choices and lives in general may be influenced by widely held social ideas about who and what kinds of people psychologists are.

Nevertheless, unpacking and understanding the way in which family history and past experiences are understood by the therapist to influence her/his vocational choice, client group and setting are important. One of the reasons for this is that the centrality of the person of the therapist in therapy and the fact that various therapist variables influence the outcome of therapy is increasingly recognized (Huppert, Gorman, Bufka, Barlow, Shear & Woods, 2001; Norcross & Wogan, 1983; Parloff, Waskow & Wolfe, 1971). Self-understanding thus plays an important role and may in itself be a possible motivation for entering the profession, since Gergen (1971) argues that of all the topics, which draw students to the study of human behavior none is more compelling than self-interest. He writes, "behavioral scientists are products of their cultural heritage before they are scientists" (1971, p. 1). Therefore, understanding the 'self', the 'person' or the 'person of the therapist', in all its complexities, is central. This is true even if the psychologist's understanding of her/himself and the formation

of an identity through narratives, which may help to justify current choices and even to account for areas that are experienced as difficult or disjunctive, are informed by social expectations of psychologists. These broad social expectations take on highly specific concerns in the context of each individual's life, past, training and current experiences. This in turn could result in considerable variation between the narratives of different professionals. The specificity of each person's background and experience can produce different narratives, which in turn influence the kind of psychologist each person chooses to become.

This thesis is, however, particularly interested in the way psychology as a profession is being envisaged within the South African context. The question is, to what extent have the conventional kinds of narratives that have been found in psychologists' accounts of themselves been adapted and produced by local demands and transformation in psychology? South Africa's unique socio-political history and policies of legislated racial discrimination affected the country in ways which went far beyond the mere separation of groups along racial divisions that became part of government legislation in 1948 (Eades, 1999). As this author points out, every facet of South Africa is complex: "its people, politics, economy, and even geography" (p. xiii). Psychology and the profession in South Africa in general has not been unaffected by this complexity. "Despite the apparent moral incompatibility of a helping discipline such as psychology and the ideology of apartheid, the historical linkages between the two in South Africa created the context in which clinical training [and the profession at large] and racism were integrally fused" (Stevens, 2001, p. 47).

It is important to recognize that each individual psychologist functions within a larger socio-political context. There is a personal process that leads to the calling of being a psychological healer, which may be totally independent of the broader context, but may also be inextricably linked to socio-political issues. The South African reality, and the way in which the profession of psychology functions within it, may thus have implications for psychologists' accounts of themselves. Typically the existing literature suggests that psychologists would take their identity from their experience in their family and other immediate environments. These kinds of experiences are the ones described as salient in the stories psychologists tell about their own lives, in the mythologies that exist around the typical psychologist and in the literature in this area. This thesis explores the extent to which local psychologists may engage with different experiences – social and political – in order to construct their life histories and

professional identities. Therefore, an overview of the socio-historical context in which psychology has been located in South Africa is imperative.

2.3 The South African historical context

A brief background of South Africa's historical context is necessary to help locate the reader in the unique history that has dictated and, to a certain extent continues to dictate, all sectors of South African society, including professions such as psychology.

Apartheid policy and legislation on matters affecting race relations in South Africa was only formally established in 1948, when the National Party (NP) Government came into power. Eades (1999) argues, however, that the system of segregation that arose in the 20th century was not strictly a new development. Policies of segregation were carried out for many years prior to 1948 and Louw and Kendall (1986) even argued that when the National Party came to power, the structure of apartheid was already there, and the NP merely had to systematize it. However, during this time, Eades (1999) argues, the basis of the new government strategy of apartheid was to separate all South Africans by race, and in the years following the election of 1948, legislation was passed to complete this separation. "People were officially classified into four distinct groups through the Population Registration Act: white, colored (mixed race), Asiatic (Indian), and Native (later Bantu, or African); and the Group Areas Act laid the foundations for comprehensive separation of the races into distinct residential areas" (Eades, 1999, p. 13).

Apartheid affected all institutions of life and, following the NP's success in the elections, the vast number of legislative acts (see Horell, 1971) resulted in the demoralization of non-white South Africans. It was also part of a reaction to increased African-organized protest (Eades, 1999). Kunnie (2000) reports that in 1955 the African National Congress (ANC) attempted to present a united front in its resistance to the apartheid system, coalescing with similar organizations, which resulted in the adoption of the Freedom Charter in that year by these various groups. The Charter affirmed its commitment to a non-racial democracy, equal opportunity for all people, and some redistribution of wealth (Eades, 1999). Eades further notes that the Charter, "demanded equal access to health, education, and legal rights and envisioned a future democratic and multiracial South Africa" (p. 15). This change was, however, far from being realized. Apartheid continued and was only finally abolished in 1994 when South Africa held its first democratic elections, allowing people of all races to vote, and

the ANC came into power. A detailed account of this transformation from apartheid to national unity is unfortunately beyond the scope of this research. The literature on this topic is vast, however. For further reading see: Eades, (1999); Gutteridge, (1995); Horell, (1971); Kunnie, (2000); Louw & Kendall, (1986); Posel, (1991); Price, (1991); Worden, (1994).

2.4 Psychology and the South African context

According to Duncan et al. (2001), psychology did not escape the ongoing and pervasive influence of this country's racist history; neither did most other institutions. Psychology has traditionally been concerned with understanding and working with the individual, either on her/his own or within a group or family context (Lazarus, 1988). It was largely based on the medical model which, Pretorius-Heuchert and Ahmed (2001, p. 21) explain, "saw psychological problems as 'illnesses' based in the individual with very little understanding of the complex environmental forces contributing to the establishment of psychological problems". This approach has become the target of much criticism since in practice it predominantly serves the needs of a privileged minority of white middle-class clients who can afford these private services. The needs of the minority, in view of the South African socio-political reality, are very different from those of the majority, who have largely been products of inequality and prejudice (Butchart & Seedat, 1990), due to the practices of the apartheid regime. The policy of racial segregation in South Africa ensured white control and dominance in political and economic decision-making (Parker, 1986). The effects of this policy filtered through and affected the delivery of health services in this country. It has even been argued that under apartheid, health services were deliberately fragmented to perpetuate discrimination (<http://shr.aaas.org/loa/contents.htm>), a criticism that extends to *mental* health services. This country's political history resulted in gross inequalities in many aspects of society, including the unequal distribution of mental health care (Petersen, 2001). In South Africa mental health services have reflected broader class, race, gender and urban-rural inequalities (Naidoo, 2000). Foster and Swartz (1997) argue that the policies of apartheid led to radicalized differences and inequalities in the terrain of mental health. They write: "It is not unreasonable to argue that richer whites have had available almost the full range of first-world equivalent services, while blacks have been restricted to the relatively meagre and discriminatory state sector" (p. 5). Suffla, Stevens and Seedat (2001) note that psychology in South Africa was predominantly a white profession. These authors have pointed out that, "reviews of the development of organized professional psychology in South Africa illustrate that the very function and organization of psychology in South Africa was constructed to

serve the interests of whites prior to and during the apartheid era, to legitimize domination, and maintain the oppression and exploitation of black South Africans” (p. 28). These atrocities within the profession were however always committed under a ‘cloak of scientific neutrality’ as Duncan et al. (2001) have termed it. It has thus been argued that organized professional psychology has acted as a microcosm of South African society at different times since “its historical role and evolution has often mimicked and mirrored socio-historical developments within the South African social formation at different historical junctures” (Suffla et al., 2001, p. 28).

Psychology has thus had a strong relationship with politics, precisely because of the long-standing and persistently exclusionary and discriminatory character of the discipline (Duncan et al., 2001). The way human problems are conceptualized has always had an important political component according to Nicholas (1993). He further argues that psychology cannot afford to ignore it or turn a blind eye to the abuse of psychology to further oppression in South Africa. The very nature of the healing professions in general and psychology specifically, which is concerned with issues related to the behavior of groups, inter-group conflict, social interactions between members of different groups, social identity and psychosocial healing (Suffla et al., 2001), places responsibility on professional psychology to address the psychological consequences of the apartheid regime. Writing in 1984, Steere went as far as to say that, “although the problems of changing the system are considerable, it does seem, however, that psychologists as professionals may have a role to play in constantly alerting societal authorities to the negative effects that some practices have on the psychologist’s area of concern, i.e. the healthy psychological development and functioning of all the members of society” (p. 112). In so doing, professional psychology can contribute to the country’s transformation, reconciliation and healing process (Suffla et al., 2001). During the time when the profession came to acknowledge the important role it could and should play in addressing broader social issues, Lazarus argued (1988), that although the traditional role of the psychologist both within and outside South Africa was recognized as being of value in a variety of ways, it had become increasingly evident to many psychologists in South Africa that the then present practice of psychology in the country was inadequate. Psychology must necessarily be enmeshed in the social reality and must engage with the South African context (Anonymous, 1986). This is true and continues to apply to the profession in present day South Africa that still is in the process of social and political change. Gibson and Swartz (2000) argue that while South Africa is currently a young democracy, the many years of

oppression, violence and disruption of social processes under apartheid have left a harsh legacy of personal pain and loss. This filters down through communities and families and therefore continues to be of central importance in the work health professionals, can and should do.

2.5 Development of a politically relevant psychology

According to Pretorius-Heuchert and Ahmed (2001), every person, every group, and even every academic discipline were called upon to contribute and to apply their knowledge and skills towards the liberation of South Africa during the struggle against apartheid. Equity in psychological services too was considered central to a just society and fundamental to the development of mental health care for all (Freeman, 1991). Political changes and the realization that there was a need to transform many institutions resulted in strident calls for changes to mental health policies (Pillay & Petersen, 1996). Against a backdrop of severe inequality in services due to the political inequalities of apartheid, “many of those involved in mental health in this country have been engaged in thinking about ways of re-visioning the role of professionals in a way which would help to address the issue of scarce resources and overwhelming need” (Gibson & Swartz, 2000, p. 136). It follows that mainstream psychology was challenged since, in South Africa, it remained fixed in the traditional mode of psychological practice (Pretorius-Heuchert & Ahmed, 2001), and is seen as largely irrelevant and inaccessible to those most in need of mental health care. One way of increasing the accessibility of mental health care to the disadvantaged majority has been the development of community-oriented practices within the psychological services, in the hope of extending these services to those unable to afford expensive individual psychotherapy (Petersen, 2001).

2.5.1 Community psychology

Although internationally community psychology began to be viewed as a distinctive field in the 1960s (Sarason, 1974), in South Africa community psychology formally emerged in the 1980s, embracing a radical challenge to the discriminatory foundation, theory, method and practice of psychology (Seedat et al., 2001). It thus emerged during a time that has been coined ‘the political crisis in psychology’ (Wilson, Richter, Durrheim, Surrendorff & Asafo-Agyei, 1999). This crisis led psychologists to question their role in the current and future South Africa, since the events occurring during that time, according to Maw (1996), dramatically highlighted the inequities of apartheid and the suffering it created for most South Africans. As Suffla et al. (2001) pointed out, during the late 1970s and early 1980s,

“concomitant with national and international political and economic pressures for socio-political change in South Africa, small groups of progressive psychologists began to critically question and unambiguously challenge psychology’s collusion with apartheid” (p. 32). The ‘radicalizing’ mode of academic engagement began to emerge from the work of some South African psychologists as from the late 1980s (Duncan et al., 2001). These authors argue that this radicalizing mode embraced a genuine attempt to overhaul the discriminatory nature and practices of psychology, as well as to lay the basis for the development of a liberatory psychology. One of the reasons underlying the need for the development of community psychology outlined by Pretorius-Heuchert and Ahmed (2001), is the struggle against apartheid and oppression demanded that psychologists apply their knowledge and skills towards liberation. Berger and Lazarus argued in 1987 that dissatisfaction with psychological practice in South Africa led to the search for a socially relevant psychology - alternative or appropriate practices which respond to the needs and concerns of the majority of South Africans in the building of a future democratic society. As such, community psychology came to be associated with broad democratic movements seeking to dismantle oppressive state structures and ideological state apparatuses (Seedat et al., 2001). Furthermore, it responded to the urgent need for a radical overhaul of the profession – a change, which would reflect the needs of the majority of its citizens (Dawes, 1986). In so doing it would address the need for a more relevant, indigenous psychology in which full consideration would be given to the socio-political conditions under which the majority of South Africans were compelled to function (Anonymous, 1986). According to this author, the most important aspect of a more relevant counseling psychology is that a client’s problem should be socio-politically contextualized, since this will result in a fundamentally different interpretation from that which is not contextualized.

It has been argued that there is no single definition of community psychology, but that it is fair to say that all the approaches have the common goal of improving the human condition and promoting psychological well-being (Pretorius-Heuchert & Ahmed, 2001). The community psychology division of the American Psychological Association, Lazarus (1985; 1988) argues, defines this approach as one which seeks to broaden the perspective of applied psychology to include not only the individual, but also the relationship between the person and her/his social environment and the ecological interaction between settings and systems. In South Africa the need for a relevant psychology (in the form of community-oriented practices) arose from the struggle for liberation. In most countries in the world, community

psychology was developed in response to oppressive systems and often in contrast to existing helping services (Pretorius-Heuchert & Ahmed, 2001). These authors outline the three broad demands in response to which community psychology was developed as a discipline:

- 1) a demand for appropriate services for people who could benefit from psychological intervention;
- 2) a socio-political demand for the effective use of psychology in the fight against oppression (or to help the victims of oppression);
- 3) a demand from within for a more relevant psychology at the levels of application, theory and research.

The commitment to the restructuring of psychology in South Africa and the development of appropriate services in the form of community psychology was evident in the actions of the psychological associations of the time (e.g. the Psychological Association of South Africa {PASA}), academic departments, as well as in the actions of individual psychologists.

Freeman (1991) asserts that PASA is a good case in point of the traditionally more conservative groupings/organizations that have committed themselves to attaining 'mental health for all'. The vision accepted by its membership in more recent times reflects this shift and Freeman reports that the association aims to see "a just and democratic society where all enjoy the opportunity to function optimally, enjoy mental health and have equal access to psychological services" (PASA, 1990a, p. 1 in Freeman, 1991, p. 141). Issues long ignored within the association because they were 'political' rather than 'psychological' were being addressed. To further illustrate this commitment by PASA, Van der Westhuizen and Plug (1987) report that during 1985, PASA created a Council Committee for Training to investigate various aspects of the training of professional psychologists in South Africa. The investigation included a questionnaire survey of relevant university departments and intern training institutions to establish training practices and problems. Recommendations were then made concerning the improvement in the training of psychologists. Among these recommendations was one pertaining to the intern training programs. This states that, "interns should be exposed to a wider spectrum of cases, from those requiring long-term psychotherapy to those for whom preventative measures or intervention from a community psychology perspective is indicated" (Van der Westhuizen & Plug, 1987, p. 168).

Subsequently, universities in South Africa have responded to these recommendations and have revised their training programs.

In addition to the existing associations committing themselves to the radicalization of the discipline, new organizations such as the Organization of Appropriate Social Services in South Africa (OASSSA) and Psychologists Against Apartheid, were formed. OASSSA, for example, which was established in 1983, represented progressive psychologists, psychiatrists, social workers and other individuals interested in relevant social and health services (Vogelman, 1987). As a group, they committed themselves to the mental health and social welfare of South Africa's people, and to the development of appropriate social services. The members of OASSSA outlined the principles that "apartheid and economic exploitation provide the base for poor living conditions, work alienation and race and sex discrimination which are antithetical to mental health" and that their commitment as social service workers demands that they "continually expose the effects of these conditions and participate in efforts to change the structures that underlie them" (Vogelman, 1987, p. 29). Individual psychologists, too, have actively and visibly challenged mainstream psychology and its complicity with apartheid (Pretorius-Heuchert & Ahmed, 2001), questioned their role and significance and wanted to increase the scope and relevance of their activities (Heller, Price, Reinhartz, Riger, Wadersman & D'Aunno, 1984).

Community psychology, during its infancy, had a very definite and distinct political definition. It was an attempt to fuse two traditions, the psychological and the sociological/political (Bender, 1976), and South African psychologists saw it as an alternative to a psychology rooted in Western culture and insensitive to the socio-political context (Louw, 1992). However, because of this political definition, being a community psychologist became synonymous with working in poor areas rather than in private practice in middle-class suburbia (Maw, 1996), since it is concerned with extending mental health services to all, but in particular the historically unserved, underserved, and oppressed (Seedat et al., 2001). It has been argued that the term 'community' within the community psychology framework was used to disadvantage the oppressed majority further (e.g. Butchart & Seedat, 1990; Seedat et al., 2001). Butchart and Seedat argue that, with few exceptions, this term, in the discourse of liberation, continues to refer to people who live within the 'communities' usually referred to as 'locations' or 'townships' (by the residents themselves), allocated to them by the [apartheid] government in terms of the Group Areas Act. The term, which retains its positive connotations, can therefore still be used as euphemisms for terms such as 'race' and 'ethnicity' in South Africa (Butchart & Seedat, 1990; Seedat et al., 2001). As a result of such dangers, Smail (1994) warns that psychologists need to be careful not to confuse what

they do through necessity and interest with a kind of priggish morality in which they claim to know what is good for everybody and offer themselves as the ultimate social engineers. They should not, through a pretense of therapeutic potency, psychologize the notion of empowerment and reinforce therapeutic ideals, which are in fact destructively normative. According to Smail, “without attempting to appropriate politics, community psychology can, however, offer an essentially scientific analysis of power and distress, which may have therapeutically ‘demystifying’ qualities as well as important political implications for the wider society” (1994, p. 3). Such a view is, however, in contrast to the approach of many participants who favored broadening the community psychologist’s role through her/his going beyond consultation to become a political activist who assumes decision-making powers (Zax & Specter, 1974).

Either way, because the term community referred to a specific group of people in a particular catchment area, during the earlier years, there was a very explicit form of community work, whereby a psychologist went out ‘to’ a disadvantaged ‘community’ and helped them. In recent years, however, this distinction between what ‘community psychologists’ and other psychologists do has become more murky since, in practice, the overlap of activities are enormous (Lazarus, 1988).

2.5.2 An integrative approach

According to Orford (1992), ‘community psychology’ stands on a bridge between the psyche and the social, the private and the public, and most people lean towards one side or the other of the psycho-social divide, interested more in the emotions, thoughts and actions of individual people or in people as social and political animals. This suggests a distinct divide between ‘clinical’ and ‘community’ psychology approaches. Gibson, Sandenbergh and Swartz (2001) argue that the literature on the two approaches reinforces the separation and the language used by each seems to call up two entirely different ways of thinking. These distinctions may create a tension between the two where one has to grapple with important questions. Firstly, how is the tension between the clinical psychologist dealing with the individual or system clinically and the need to address the issues of the community or society resolved? Secondly, are clinical skills useless in embarking on a community psychology path – how do psychologists make themselves clinically relevant to the community they serve (Perkel, 1988)? Although it is imperative that clinical skills be modified and transformed to make them more accessible to the broader community (Perkel, 1988), these skills still remain

useful in the South African context and clinically relevant in serving the broader community. Aponte (1977) argues that community psychology, still recognizing the importance of intrapersonal and interpersonal experiences, can be viewed on a continuum with clinical psychology and does not need to be conceptualized as a separate entity. In other words, because of the enormous overlap, the two are not mutually exclusive. Bostock (1998), in discussing the scope for clinical psychologists to integrate ideas from community psychology, argues that an integration of ideas and practice of the two approaches is possible. "Clinical and community psychologists' strengths should lie in liaising with people to apply psychosocial ideas to assess the needs of individuals and communities, to recommend and help establish interventions, and to evaluate these" (Bostock, 1998, p. 369). Therefore, clinical psychological work can be socially relevant to individuals and communities.

In 1988, Lazarus argued that distinctions between specialities are made at the professional level for the purposes of registration with the Professional Board of the South African Medical and Dental Council (SAMDC) and is predominantly based on description-according-to-setting, but that psychologists of all kinds are found in all settings. Although the SAMDC has been replaced with (or renamed) the Health Professions Council of South Africa, the professional psychologist today still has the option of working within the five areas, which were registerable with the SAMDC. Lazarus (1988) outlines these as, clinical psychology; counseling psychology; industrial/organizational psychology; educational psychology; and research/academic psychology. According to this author there also arose a growing interest in applied areas such as neuropsychology, medical and health psychology and community psychology and, although these fields were not represented at the registration level, training and practice in these areas were available within the other registration categories. In the years that have passed since then, these areas of interest are still not found at the registration level and those who gravitate towards them still do so within the other registration categories. This may explain why distinctions are often better made between the private and public sectors, as opposed to, for example, community and clinical psychology. Even within the community psychology framework, a number of approaches or models form the basis for analysis and intervention. These range from a clinical/community mental health emphasis where issues of individual well being in community settings provide the main focus, to an environmental/community emphasis where structural or environmental change is the main focus (Lazarus, 1985). The four models of community psychology are thus the mental health, social action, ecological and organizational models, of which the mental health and social

action models represent the polarities of the continuum in community psychology (Seedat, Cloete and Schochet, 1998). Each of these models circumscribes the role of the psychologist and the setting she/he works in varies considerably depending on the particular perspective. For example, Aponte (1977) argues that some community psychology program graduates will work in traditional settings – teaching, mental health service, and research. Others will move into broader arenas such as human service delivery systems focusing on the integration of human service networks, community consultation, or social structure analysis and modifications. All these activities can take place in the public as well as the private sectors. These activities need not be confined to ‘community’ program graduates, but can be taken up by those of a variety of areas of specialization. Psychologists working in both the private and public sectors may consider the work they do as ‘progressive’ (initially used to describe the work of community psychologists). The way in which individual psychologists define the work they do need not necessarily be a theoretical definition based on their area of specialization or registration, but may be very personal in nature.

2.5.3 The process of change

Kriegler (1993) argues that, “if psychology as a profession is to be valued by the people and the state, it must demonstrate its good faith and ability to contribute to the betterment of the society’s quality of life” (p. 67). According to him, this might be achieved by the following self-regeneration actions:

- 1) train more effective psychologists cost-effectively;
- 2) grapple with political and cross-cultural issues; and
- 3) provide acceptable and accessible services.

In February, 1998, the Professional Board for Psychology/Psychological Society of South Africa (PsySSA), proposed a policy on the ‘roles, registration/licensing, training and education’ within the professional field of psychology. The aim of this policy was to outline a proposed revised professional practice framework for the field of psychology in South Africa and stipulated that “the need to revise the practice framework arises out of changing needs, demands and circumstances in our communities and society, either at present or expected in the future” (Professional Board for Psychology/Psychological Society of South Africa (PsySSA), 1998, p. 1). This provides evidence for the commitment, at the highest levels of the profession, to change and releveling its practices.

It has already been mentioned that, following the investigative survey by PASA, of the various aspects of the training of professional psychologists in South Africa, universities in the country have revised their training programs. Some universities have developed and instituted separate counseling/community psychology degrees (e.g. the Universities of Witwatersrand, Zululand, Rhodes), and others have incorporated a more community-oriented training into the existing clinical program (e.g. the University of Cape Town)*. Either way, South African training programs are interested in producing psychologists who should be able to work, “not only in the traditional areas of psychological assessment and psychotherapy, but also be equipped with a flexible repertoire of skills drawn from the field of community psychology” (Gibson et al., 2001, p. 29).

Prior to these changes in university curricula, the training psychologists underwent was severely criticized in light of the need for a relevant psychology. It was said to perpetuate an elitist professional ethic and to be based on an uncritical decontextualized and imported ‘non-African’ psychology (Berger & Lazarus, 1987). This model was largely psychodynamic and tended towards developing therapists who would primarily work on a one-to-one long-term psychodynamic basis, generally with relatively affluent middle-class patients (Swartz, Dowdall & Swartz, 1986).

The way in which students are trained and the approach taken by training programs have an impact on how they eventually view community work, since this constitutes the first two historical accidents outlined by Gilbert et al. (1989). In their discussions with various classes over a period of seven years, about their experiences of the community aspect of their clinical training at the University of Cape Town, Gibson et al. (2001) found that the status of community work in professional training seems to be an ‘add-on’ and not part of the core work. This explains why Petersen (2001), in speaking to students who had just completed their training and psychologists who had only been practicing for one year, found they all reported that they would continue community work, but would incorporate it into their careers in addition to doing other things and working in other contexts. It thus follows that if the profession as a whole is to engage with social and political issues and provide acceptable and accessible services, the starting point would have to be at the training level. Here attitudes towards various forms of practice are likely to take shape given certain pre-existing

* The web pages of the various psychology departments of these universities provide a detailed account of the

attitudes and values, based on past experiences and need. These may then develop further in the field, such that established professionals' views are based on experiences and influences from several sources before, during and after their training.

2.6 The person of the therapist

The local political reality has many implications for psychologists practicing, in a post-apartheid South Africa. Gibson (2001, p. 69) writes: "This situation presents many challenges to local mental health professionals in South Africa who are trying to find ways to deal with the emotional aftermath of apartheid and the on-going conflict which has accompanied the transition process". South African psychologists cannot ignore the effects and the influence of the broader socio-political context on themselves and their practices. Biesheuvel (1991) argues that there is some substance in the hypothesis that South African psychologists in general tend to shy away from subjects with political connotations. However, it is imperative that heed be taken of Anonymous' warning in 1986, that the psychologist does not function within a social vacuum, and cannot claim to be strictly a scientist who is not interested in political issues. All psychologists should be intensely aware of the political nature of the problems, priorities and actions of especially the oppressed. According to Steere (1984), the particular socio-political setting in South Africa has a bearing on the psychologist in her/his professional functioning on two levels: " firstly, it has implications for the mental well being of the inhabitants of the country (who may constitute the psychologist's clientele), and secondly, it influences the psychologist's functioning in his relationships with society as a whole, with the institutions within which he [or she] may work and with individual clients" (p. 99). The former implication outlined by Steere is in accordance with Gibson's (2001) argument that psychologists need to develop particular sets of skills which are helpful in working with people who have been subjected to diffuse forms of traumatic living.

It is thus evident that the many changes within the profession, to accommodate the transition of the broader context within which psychology is practiced, have implications for various constituencies. These according to Freeman (1991), include the state, the Professional Board of Psychology, professional associations, the training institutions, but especially individual psychologists. "During this challenging and rapidly changing period in the mental health field, one often hears a great deal of concern and pessimism being expressed by psychologists

training programs offered at the master's level.

and psychology trainees alike concerning the future of professional psychology. Concerns regarding the impact of managed health care, the availability of jobs, and diminishing career options and opportunities are on the lips of many” (Plante, 1996, p. 304).

During the late 1980s it was argued that the professional lives of psychologists in terms of their practice and training had been compromised, and threw many psychologists into a state of insecurity, confusion and self-doubt (Berger & Lazarus, 1987; Lazarus, 1988). This was especially true for psychologists who had been practicing for many years in the traditional framework of one-on-one psychotherapy, since they had to question whether they were really doing what they professed to do. It could be said that the continued state of flux in this country has meant that psychologists have had to continuously question themselves in this way. Mauer, Marais and Prinsloo (1991, p. 91) write: “we as psychologists tend to take pride in referring to ourselves as members of the ‘helping professions’. Have we really helped with these problems in any noticeable manner, or is it merely pleasant little conceit to talk about ‘helping professions’?” These authors go on to argue that if psychologists wish to continue calling themselves psychologists they must not only take note of the socio-political problems in South Africa, but are in fact obliged to *do* something to ameliorate the situation. Much pressure has been placed on these professionals who may be experiencing role confusion. The extent to which their accountability as psychologists enters into the attitude they choose to adopt towards the conflict of values involved on the South African socio-political front has been questioned (Biesheuval, 1991). Psychologists have been called upon to engage in critical self-reflection with the aim of identifying and eliminating oppressive forms of social and psychological discourse (Butchart & Seedat, 1990). Gibson (2001) asserts that psychologists also have to confront the powerful and often unconscious ways in which they too have been affected by their experience of a conflict-ridden society.

‘The person of the therapist’, it follows, has been and continues to function in a state of flux due to the broader South African social reality on a macro level and the continuous pressure placed on professional psychology on a micro level. It may be argued that it is difficult for psychologists to structure themselves and their motivations and to construct a sense of self in this changing environment. It is acknowledged that people tend to draw from the dominant narratives offered to them (Crossley, 2000). However, the various narratives available to South African psychologists may not necessarily have taken the state of flux, which they have found themselves in, into consideration. This study will explore whether there may be

different narratives arising from local psychologists and identify areas where the dominant narratives might be challenged or expanded.

2.7 Theoretical orientation

In addressing the current research question, the theoretical function of the narrative and how it influences my understanding of the research topic is central. It has been argued that the term 'narrative' can be broadly defined (De la Rey, 1999), and hence is ubiquitous. Therefore one could assume that narrative discourse is not necessarily tied to a particular theoretical approach, but can and has been used in a variety of ways. Nonetheless, the value of narrative understanding is widely recognized, since it is the form of human representation concerned with expressing coherence through time and provides human lives with a sense of order and meaning (Mishler, 1986). Mishler further argues that a general assumption of this approach is that telling stories is one of the significant ways individuals construct and express meaning. People seek to find meaning in their lives, themselves and what is happening around them on a broader social level, by situating events and experiences within a wider framework of significance (Crossley, 2000), through the stories they tell about their lives or, in other words, through the narratives they have constructed. How these stories are told may help people lead their lives in particular ways. Therefore, as Denzin (2000) points out, persons are constructed by the stories they tell. He writes: "the self is a psychosocial, narrative production" (p. xi).

With a focus on 'the person' of the psychologist in the present study, the importance of a broad examination of the participants' life histories (with specific reference to their careers) is evident. The use of narrative thus appropriately explores these meaning constructs more holistically. "The narrative organizational scheme is of particular importance for understanding human activity. It is the scheme that displays purpose and direction in human affairs and makes individual human lives comprehensible as wholes" (Polkinghorne, 1988, pp. 17-18).

According to Polkinghorne (1995), narrative descriptions exhibit human activity as purposeful engagements in the world. Some scholars have even argued that personal identity and self-concept can be achieved through the use of narrative configuration (e.g. Linde, 1993; Polkinghorne, 1988; Widdershoven, 1993). Widdershoven (1993) calls this the 'narrative identity', which he defines as "the unity of a person's life as it is experienced and articulated in stories that express this experience" (p. 7). The stories therefore express a sense of self.

They express an understanding of one's life, who you are and how you got that way, according to Linde (1993). This author further reports, which is of central importance to the current study: "for some people, although certainly not for everyone, a job or profession constitutes a major component of their understanding of their lives. Consequently they must be able to give some account of how they came to have that profession" (p. 4). In narrative inquiry then, people's individual life stories are the focus (Marshall & Rossman, 1995) and often aid in the process of understanding and expressing the self. The work of psychologists involves listening to other people's stories, to a lesser or greater degree depending on the context in which they work. Particularly for those working in more conventional contexts, listening and helping clients develop, understand and express their sense of self, is often part of the therapeutic relationship. In adopting this particular research method, it was hoped that psychologists in turn could have the opportunity to tell their 'stories'. In this sense the narrative has a further value function. This is an example of what Viney and Bousfield (1991) refer to as a psychosocial function being served by the narrative. According to these authors, the most important of these functions are personal and they include developing and maintaining a sense of identity, and providing us with guides by which to live our lives.

The function of the narrative has thus been illustrated as a means of constructing meaning. A narrative understanding allows people to talk about their own experiences, to hold continuity in their meaning systems and to construct themselves. The psychoanalytic literature, however, takes this understanding a step further. From this perspective there is a narrative through which conscious meaning and understanding are articulated, but also an unconscious latent narrative, both of interest for this study. According to a psychoanalytic framework, the meanings that are constructed through the narrative are governed by underlying emotions, and furthermore, psychoanalytic models are based on theory, which claims that subjectivity needs to be understood biographically (Hollway & Jefferson, 2000b). These authors further argue that, "contemporary experiences, actions, relations and identities that make up subjectivity achieve their meaning and influence with reference to the way a person's past is sedimented into unconscious (as well as conscious) mental processes; a past which itself signifies through fantasies of these earlier events, both at the time and subsequently" (p. 137). People's narrative accounts of their lives need thus not necessarily be true or factual, but nonetheless serve a particular function. Within the psychodynamic approach to history there is an interweaving of fact and fantasy, actuality and interpretation, but all are experienced as real for the person and therefore important for this particular study, where an interpretation of

the psychologists' experiences is central to how they tell their story. Denzin (2000) interprets it as follows: "narratives do not establish the truth of events, nor does narrative reflect the truth of experience. Narratives create the very events they reflect upon. In this sense, narratives are reflections *on* – not *of* – the world as it is known" (p. xii). Jacobs (1991) argues that fantasy plays an important part in trying to construct meaning and it remains important throughout childhood and into adult life, relieving frustration, helping us to work through inner stresses and conflicts, and providing a sense of hope.

We recognize that from memories people create stories and it is *how* these stories are told that is of interest, since they may be a product of their emotional fantasies, but in turn guide their lives. "Research cannot provide the mirror reflection of the social world that positivists strive for, but it may provide access to the meanings people attribute to their experiences and social worlds" (Miller & Glassner, 1997, p. 100). Hollway and Jefferson (2000b) argue that the critical psychoanalytic position, "sees remembering as a process in continual tension between a truthful acknowledgement of the (emotional) reality of a past event and defensive distortions of that reality in the service of psychological self-protection" (pp. 150-151). According to these authors, unconscious defenses are common when painful or very personal accounts are being communicated, resulting in what they have coined 'defended subjects', and inaccurate memories, or loss of memory altogether, may even be a defensive distortion used for this 'psychological self-protection'. What is important, however, is understanding the effects of these defenses against anxiety on people's actions and stories about them, by eliciting and paying attention to free-associations (Hollway & Jefferson, 2000b), which is made possible through the narrative interview method.

We can see that narrative helps to elaborate the function of story-telling in diverse ways. Central to the current research, which is interested in people's accounts of their life histories, is an inquiry into what it is that we know about people who become psychologists. The literature illustrates that the narratives employed by psychologists to explain their lives have been found to convey common themes, e.g.: the wounded healer, the significance of early family experiences, learning through therapy, having a psychologically sensitive personality, etc. These are congruent with many models of the practice of psychology and seem to be repeated in psychologists' own views about themselves and are documented in a variety of readings. These kinds of stories are partly the result of widely held social ideas, about who psychologists are, what kind of people they are and what sorts of issues concern them (for

example, the idea that psychologists are kind, sensitive people who care about others and are motivated by concern). In other words, they may think about people's distress and suffering in very particular ways. These broad social expectations of psychologists, in general, arise out of the discourses available to us about psychologists, and are a source of ideas and narrative constructions (Frosh, 1999). According to Frosh, a well worked out 'script', as he calls it, is available for someone who would end up in the helping professions. Therefore, when someone is seen to display these characteristics or have these (expected) experiences, "there is a very strong narrative tendency to construct him [or her] into this predetermined script" (p. 384). This is done not only by other people and their views and expectations about psychologists, but more importantly, by psychologists themselves. It is therefore recognized that the meaning people create and live by, are often shaped by some of the social discourses around them. These social discourses may be internalized and become personal in nature. Therefore, material social conditions, discourses and narrative practices all interweave to shape the self and its many identities (Denzin, 2000). Although there is no harm in these narrative constructions being informed by dominant discourses and social ideas about who psychologists 'typically' are, which may in fact be very important in the formation of an identity, there is the danger that it could limit the many possible narratives that may be made available. This is especially true when these dominant discourses have not taken heed of the local circumstances.

2.8 Summary

This research, I have already outlined, is particularly interested in the way that psychology is being envisaged within the broader South African social context and the extent to which the conventional kinds of narratives that have been found in psychologists' accounts of themselves have been adapted by the local context. It explores how this context has influenced their identities as professional psychologists. In the reviewed literature I have outlined the South African context and the socio-political developments that affected all South Africans. This reality has, and continues to influence, professional psychology in diverse ways. The literature has illustrated the state of flux that psychology has undergone and the many changes that have taken place. There is pressure on the profession to be able to continually renew itself to be applicable in present day South Africa and to be relevant in serving and providing mental health for all its citizens. As shown, the pressure falls on individual psychologists who have to structure and maintain a sense of self in this continuing state of flux. The question is whether South African psychologists are able to accommodate

more than one narrative. Do they have two separate narratives – one, for example, dealing with the wounded healer who helps individuals with their private suffering, and another dealing with political activity/community psychology? How do they adjust conventional narratives to accommodate these factors? Do they intertwine conventional psychological narratives with new and different narratives arising from South Africa? More importantly though, have, what may be called ‘political narratives’, been made available to, and allowed to be part of, the professional psychologist’s identity?

In summary then, we recognize that people map their experiences against that which is available already; against widely held discourses (Frosh, 1999). In the current research I hope to uncover the possible narratives through which local psychologists have structured their identities and to begin to make it possible to articulate new and different narratives, which may not necessarily be enmeshed in the commonly held ideas or expectations of psychologists.

University of Cape Town

CHAPTER THREE

METHODOLOGY

In this chapter an outline of the methodological approach taken in this study is provided. The participants are introduced and the specific way in which the data was gathered from them, through interviews, and the analysis of this material are also described and discussed.

3.1 Introduction

The study aimed to gain some insight into the subjective experiences of professional psychologists: their choices, characteristics, motivations and commitment to their work. The central focus was on 'the person' and explored the diverse narratives in which local psychologists structure themselves. Eight psychologists were interviewed and given the opportunity to tell 'their life story', with a specific emphasis on their process of becoming and being a psychologist. The participants were asked to trace the factors that led them to pursue a career in the helping professions, their subsequent choice of approach, how they put that approach into practice, and the elements that have sustained them in their work.

3.2 Qualitative research

The experiences of a small group of people, rather than broad generalizable data, were of interest in this research. An explorative qualitative approach was therefore best suited to the study, since it involves an interpretive approach to its subject matter, in which it attempts to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 1998).

The narrative approach has been recognized as a method through which individuals are able to express their understanding of events and experiences (Mishler, 1986). This method therefore, allows the participants' voices to be heard as opposed to the researcher's interpretation of an account. According to Viney and Bousfield (1991), it comes much closer to the unique meanings of research participants and to doing justice to their picture of events than other methods. This is particularly important in recognizing that people create meaning and create the stories they live by, whether or not these stem from very deep-rooted personal events in their past or broader social events that may have had personal significance.

Qualitative researchers have employed the term 'narrative' with a variety of meanings. However, in the context of narrative inquiry, Polkinghorne (1995) suggests 'narrative' refers to a discourse form in which events and happenings are configured into a temporal unity by means of a plot. It is a research method which cuts across many disciplines and is used for various purposes (see Casey, 1995). The definition may therefore change, depending on the discipline and what it is being used for. Polkinghorne (1988) proposes that the most inclusive meaning of 'narrative' refers to any spoken or written presentation. Furthermore, he writes: "Narrative can refer to the process of making a story, to the cognitive scheme of the story, or to the result of the process – also called 'stories', 'tales', or 'histories' " (p. 13). This study is interested in a narrative at the individual level, where people give a narrative of their own lives and how they interpret the events in their lives as it has influenced and is still influencing their work as psychologists. It is this, Polkinghorne (1988) argues, which enables them to construe what they are and where they are headed. The approach to narrative can thus be referred to as one that is interested in 'personal histories', one of the types of narratives that qualitative or interpretive researchers collect, according to Denzin (1989). He argues: "personal histories are reconstructions of a life, based on interviews, conversations, and self- and personal experience stories. They may be focused around the life, or biography, of a single person, group, or institution. Personal histories envelop and embed self- and personal experience stories within a larger narrative structure, that is, the story of a life. The full meaning of a personal experience or self- story can only be gleaned by locating the story in the biography of the speaker" (p. 38).

It is evident that life history and narrative approaches, as Hatch and Wisniewski (1995) have argued, offer exciting alternatives for connecting the lives, and stories, of individuals to the understanding of larger human and social phenomena. Qualitative research in general, and more specifically the use of narrative as a research method has, however, also been criticized. Miller and Glassner (1997), for example, report on the radical constructionist view, that the problem with looking at narratives as representative of some 'truth' is that they are context-specific (and, they go as far as to say, invented) to fit the demands of the interactive context between the participant and the researcher, and are representative of nothing more or less. There are two problems then; firstly, that qualitative research is prone to the unwanted effects of interference and bias (Henwood & Pidgeon, 1994) and, secondly, the likelihood that factual experiences and events may not be communicated (Flick, 1998; Marshall & Rossman, 1995). Flick (1998), among others, argues however, that, "unlike quantitative research,

qualitative methods take the researcher's communication with the field and its members as an explicit part of knowledge production instead of excluding it as far as possible as an intervening variable" (p. 6). The researcher's subjectivity is therefore not treated as an obstacle, but rather acknowledged, studied, interrogated and written about (Kidder & Fine, 1997). There is the possibility that research participants may either choose to be untruthful for whatever reason, or may not be able to remember experiences or events as they actually occurred, may suffer from memory gaps or memories may be reconstructed. However, the aim of this study is not to find and uncover universal truths, but personal meaning and what is true and relevant at this particular time for each participant, and to listen and give voice to what the participants choose to talk about and reveal, whether it is a fact or fantasy.

3.3 Participants

The study made use of eight qualified clinical psychologists*. Seven of the participants are working in Cape Town and one in Johannesburg. Four of the participants are white, two so-called colored and the remaining two African*. Six are female and two male.

The participants had to fulfil the criterium of having been qualified psychologists for several years. This was to ensure that they are well-established professionals and to increase the likelihood that they are established in their various work contexts. Several psychologists were initially identified as possible participants with the help of my supervisor who, as a clinical psychologist, has a network of contacts. Two of the participants identified in this way referred me to one other person, and I interviewed one of these, who in turn referred me to someone else. It is evident then that a snowballing effect took place (with the Cape Town-based participants). This could possibly be attributed to the small community of psychologists in Cape Town that have built up a network amongst themselves over the years.

The participants were specifically identified with an eye to diversity. Firstly, racial diversity was central given the salience of race in the South African context and, secondly, diversity in the different contexts in which they work was taken into account. Psychologists who work in the public as well as the private sectors were interviewed. They were working either in

* All have a master's degree in clinical psychology and are registered with the Professional Board for Psychology.

* Throughout this thesis I use the term 'black' generically to refer to 'Africans', 'Indians' and 'coloreds'. However, in those places where I specifically want to make reference to a specific group I use these distinctive terms.

hospitals, NGO's, private practice, lecturing at a university, involved in a university-based program or doing a combination of jobs in two or more of these settings. In approaching their task of exploring the process of becoming a psychotherapist, by inviting several therapists to write an autobiographical essay on the theme from their own experience, Dryden and Spurling (1989), too, selected a broad sample of therapists. They describe this sample as follows: "They include both men and women from different therapeutic orientations who are at different stages of their respective careers. Furthermore, they come from both sides of the Atlantic and while some have achieved great eminence in the profession of psychotherapy, others are less well known" (p. ix). As reviewed in chapter two, these essays highlighted a great deal of diversity amongst the stories told. Therefore, my decision to interview people who work in diverse contexts was based on the belief that different experiences, pre-dispositions and circumstances may have led to different choices within the profession. This diversity accommodates for the possibility of diverse 'stories' being heard. In spite of this however, the way in which I gained access to the participants probably considerably limited the diversity I had hoped to achieve amongst them. For instance, none of the participants had attended previously Afrikaans-medium universities.

The table below provides a summary of some of the relevant information concerning participants and is indicative of the diversity amongst them. The table lists their race, age, number of years in practice and work settings. It is important to note, though, that there are certain difficulties inherent in placing some of the work settings into distinctive categories because very often there are no objective indicators and definitions are often arbitrary. Many of the work places reflect the shifting boundaries within the profession. This table is therefore presented only as a general indication; descriptions of specific work contexts are given in the analyses.

Participant	Race	Age	Number of years in practice	Work setting
Amanda	White	47	15	Academic Community Private
Vanessa	Colored	37	10	Academic Community Private
Linda	White	43	12	Community Private
Thulani	African	33	6	Academic Community
Emma	White	40	12	“Analytic work” *This participant was reluctant to provide more detail about her work in the interest of confidentiality
Marc	White	44	19	Private
Lynn	Colored	36	9	Hospital/ Community
Lesang	African	46	5	Academic Community

3.4 Interviews

Individual face-to-face interviews were conducted with the eight participants (see appendix for the interview schedule). According to Hollway and Jefferson (2000a), this has become the most common type of qualitative research method used to find out about people's experiences in context, and the meanings these hold. It offers flexibility as well as the opportunity to clarify unclear points and probe for more information where necessary. It also allows for the investigation of subjective accounts on a very personal level. Miller and Glassner (1997) write: "those of us who aim to understand and document others' understandings choose qualitative interviewing because it provides us with a means for exploring the points of view of our research subjects, while granting these points of view the culturally honoured status of reality" (p. 100).

It has, however, been argued that even the qualitative interview process results in many fractures in the stories being told such that it is difficult to present them in their wholeness (Miller & Glassner, 1997). Since the current research emphasized the importance of gaining insight into how psychologists understand the events and experiences in their lives through their personal narratives, an attempt was made to employ narrative interviewing techniques. According to Flick (1998), although semi-structured interviews offer flexibility in the research process, narratives allow the researcher to approach the interviewee's experiential world in a more comprehensive way, this world being structured in itself. For Flick, the starting point is a basic skepticism about how far subjective experiences may be tapped in the question-answer scheme of traditional interviews, even if this is handled in a flexible way. "In contrast to other qualitative interview techniques, it is the interviewees' frame of reference, their gestalt or system of relevancy, which structures narrative interviewing, not the interviewer's agenda" (Jones & Rupp, 2000, p. 277). Hollway and Jefferson (2000a) extend the narrative approach a step further. They argue that there is a problematic assumption that words mean the same thing to the interviewer and interviewee and that there are shared meanings attached to specific words. In addressing this problem, they hold that one needs, "to account for individual differences in the way in which people make sense of the available information; that is, the discourses or systems of meaning within which they may be positioned" (p. 15). Within this narrative approach, the interviewee should be seen as a story-teller rather than a respondent.

Although this is the case and the narrative interview method is designed to elicit the free association to events (Hollway & Jefferson, 2000a), this still needs to be done with the underlying theme that is of interest for the specific research. Therefore, the interviews were oriented around each individual's narrative of their lives, but an interview schedule was drawn up and the questions were aimed to address the central areas of interest. These questions were largely drawn from Dryden and Spurling (1989). Slight adjustments were made – not all the questions they presented to their participants (and with the same amount of detail and/or specificity) were presented to the participants in this study. Furthermore, the questions were localized and adjusted. The participants were specifically asked to talk about what it means for them to be a psychologist in South Africa and what they think the role of the psychologist in this context is.

The interviews began with what Riemann and Schütze (1987 as cited in Flick, 1998) call a 'generative narrative question', which refers to the topic of the study and is intended to stimulate the interviewee's main narrative. According to Jones and Rupp (2000, p. 280), however, "the interviewee does not just narrate a chronological account of items they think will interest the interviewer. When reconstructing their life history they are relating and connecting experiences and events they consider as relevant from their own idiosyncratic subjective perspective. During the interview, the interviewee will be unconsciously reinterpreting past events, actions and experiences as he/she decides what and how to present the past". The participants therefore narrated events from their personal memories. Hollway and Jefferson (2000a) argue that the free-association narrative interview method is most powerful when the research question involves understanding people's experiences through their own meaning-frame and when the area that needs to be tapped to address the research question implicates a person's sense of self. Since this was the case in the present study, the generative question was broadly formulated, allowing for the participants to engage in a form of story-telling relevant to them. However, at the same time, it also had to be sufficiently specific since this, Flick (1998) reports, is necessary for the interesting experiential domain to be taken up as a central theme. Hence the importance of having a flexible interview schedule with open-ended questions.

The interview schedule was not meant to restrict the interviewees' narratives but rather as a guide in the interview process. It also proved very useful with some participants

who found it hard to engage in a form of story-telling. Flick (1998), for example, reports that being able to narrate may be an everyday competence, but that it is mastered in varying degrees, and therefore it cannot be assumed that every interviewee is capable of giving narrative presentations of her or his life. Furthermore, with the emphasis on the 'personal' rather than the 'technical' (the approach also taken by Dryden and Spurling, 1989), it may have been even harder for the interviewees to provide a narrative of such an intimate nature. Marshall and Rossman (1995) argue that interviewees may be unwilling or uncomfortable sharing all that the interviewer hopes to explore, or they may be unaware of the recurring patterns in their lives. Some of the participants did at times find it difficult to talk about certain issues, which I understood to be either too personal or painful to share (particularly with a 'stranger').

I contacted each of the participants by telephone to inform them of the study, to ask if they would be willing to participate and to set up a date for the meeting. Regardless of the various limitations discussed above, through the narratives that did emerge in the interview contexts, I was brought into the social worlds of the participants - worlds that exist outside the interview itself (Miller & Glassner, 1997).

The following areas were explored in the interviews: 1) the origins of the participants' desire to become a psychologist; 2) the experiences which influenced their decision to pursue psychology as a career; 3) the responses of friends and family to their decision; 4) whether they had had an experience/experiences of the helping professions that may have influenced them; 5) questions pertaining to the influence of training, and; 6) questions regarding current occupation and mode of practice.

3.5 Analysis

The interviews were tape-recorded and transcribed verbatim. In analyzing the narratives, the focus was on exploring retrospective explanations by the participants, which, according to Polkinghorne (1995), is the result of a narrative analysis, having linked past events together to account for how a final outcome might have come about. Viney and Bousfield (1991) explain that narrative analysis is based on the assumption that people create meaning in events by telling stories about them, and that these stories can be identified in interviews. As Polkinghorne (1995) outlines, the process of narrative analysis is actually a synthesizing of the data [or events communicated by the

narrator] into a story or stories (e.g. a history, case study, or biographic episode), rather than a separation of it into its constituent parts. “Narrative analysis synthesizes or configures events into an explanation of, for example, how a successful classroom came to be, how a company came to fail in its campaign, or how an individual made a career choice” (Polkinghorne, 1995, p. 16). According to Hollway and Jefferson (2000a), experiences can only ever be ambiguously represented and there may be meanings in them, which are not evident, even to the participants. They suggest that the researcher go beyond the obvious and interpret the possible underlying hidden meanings. In the present study, too, I was interested in the conscious narratives presented as well as the unconscious latent narratives. In analyzing the material, the focus was not merely on the stories as they were told and clearly presented in the interview context, but also on what was being covertly communicated.

Since the current research is interested in tracing the connection between events within each of the participants’ stories of their lives and how they came to choose their specific career, each of the stories is presented as a separate case study. Within each one of these cases an interpretive approach to the material was taken in the sense that the focus was on those life experiences that have radically altered and shaped the meanings persons have given to themselves and their experiences (Denzin, 1989). The reason why such a presentation was thought to be more appropriate than the use of thematic analysis, for instance, is that it avoids the possibility of losing the continuity of each person’s history. In presenting the material in the form of case studies, each person’s narrative of their life story could be communicated in a richer, more holistic way, as opposed to finding overarching themes between the participants. It was also hoped that each individual story would reveal the pivotal aspects of each person’s life as well as subscribe to the focus of the interpretive, which endeavors to capture the voices, emotions and actions of those studied (Denzin, 1989), prior to extracting common themes.

Hollway and Jefferson (2000a) warn that, because research subjects are meaning-making and defended subjects, they may not hear the question through the same meaning-frame as that of the interviewer or other interviewees. The use of case studies as opposed to thematic analysis means that one reduces the likelihood of making the assumption that, similar understandings and/or themes are found across the various stories. Although this is the case, each of the case studies are presented in a similar

format, to provide some structure, with three main divisions: 1) Why psychology?; 2) Becoming a psychologist; and, 3) Being a psychologist. The narratives were analyzed and the data systematically sorted according to these three common headings.

In each of the case studies I gave an account of the many factors which influenced the participants' choice of psychology as a career. In some instances these influences were quite similar and in other cases unique. A description of each participant's formal and informal training, in their quest to become a psychologist is given, as well as an account of their work experiences as professionals. Direct quotes from the transcripts have been used in places, either to emphasize a point, or to give a closer sense of what the participant was trying to communicate.

3.6 Reflexivity

According to Hollway and Jefferson (2000a), the narratives that result from research are always a product of the relationship between interviewer and interviewee. They argue that both the researcher and researched are subject to projections and introjections of ideas and feelings coming from the other person. Therefore it is imperative that researchers take cognizance of and reflexively think about the effects their centrality and subjectivity may have on how they view and interpret the interview material.

As a psychology student who has her sights set on becoming a professional psychologist, I found myself, at times, identifying with the stories I was hearing. I particularly felt a sense of relatedness towards those participants with whom I share a cultural background, although our upbringing and individual contexts may not have been related at all. Hollway and Jefferson (2000a), however, argue that impressions [and feelings] are not simply derived from 'real' relationships, but that the interaction is also mediated by internal fantasies, which derive from our histories of significant relationships. They write: "such histories, are often accessible only through our feelings and not through our conscious awareness. If we start from these theoretical principles it follows that the information of our feelings in and around the interview are of value for understanding the dynamics of the research relationship. Therefore, they are important to how the data are produced" (p. 45). These authors argue that the similarities between researcher and researched, and identifying with research participants may be beneficial for the research process. 'Points of identification', as they call it, enables the researcher

to be a better, more informed listener and therefore identifying with the participants on some levels may in fact have bridged the gap between our differences.

Another area of the research that made me aware of my centrality as researcher was related to the content of some of the narratives. Often the participants spoke about very personal and sensitive issues and past experiences, which made me question the right I had to intrude into these private areas of their lives. Since I found it difficult to ‘hear’ these stories, it must have been even more difficult to ‘tell’ it. It is evident then that unconscious subjective dynamics do in fact affect the research relationship, as Hollway and Jefferson (2000a) believe. It is hard to say exactly how it affects the relationship or, more specifically, how it affected my relationships with the various participants, but I was, at the very least, able to reflect on these dynamics. Using reflexivity in this way, Hollway and Jefferson (2000a) argue, can serve both to guard against bad interpretations and to assist with good ones. Flick (1998, p. 6) reports: “researchers’ reflections on their actions and observations in the field, their impressions, irritations, feelings and so on, become data in their own right, forming part of the interpretation...”

3.7 Ethical considerations

Ethical issues in social-science research are concerned to ensure that the interests of participants in research are safeguarded (British Psychological Society, 1996, as cited in Hollway and Jefferson, 2000a). In conducting this research, I too was aware of the ethical aspects of my work and of protecting the interests of the participants. They were able to make an informed decision about their participation based on my explanation and clarification of the aim of the research, as well as the reason for this particular research being conducted. Prior to starting the interviews, participants were assured that everything discussed would be kept confidential and that every effort would be made to ensure their anonymity, and that their names or any other identifying information would not appear at any point in the dissertation. Pseudonyms were thus used in the presentation of the material and thick disguise is used throughout the presentation of the analysis and discussion. I was continuously aware of issues of privacy, particularly since the participants are professional psychologists who form part of a community of people amongst whom this paper may circulate. This research does, however, require quite a substantial amount of detail. It is evident that there are certain difficulties inherent in protecting participants and maintaining their anonymity and because of the detail that was required, some amount of compromise was inevitable.

I informed the participants who my supervisor was and assured them that, although I would not identify them, parts of the interview material might be discussed with her. I felt it was my ethical obligation to raise this issue since all the participants know my supervisor and she them, and therefore might have been able to recognize some of their details and identify them. Although most of the participants were quite light-hearted about this possibility and laughingly said things such as: ‘Oh, she’ll recognize me, not everyone felt this way. One participant told me, after the tape was switched off at the end of the interview, that the reason she did not want to engage in a particular line of questioning was because she felt her responses to those questions would reveal her identity. Therefore, although she felt this way, there was no pressure on her and she did not feel pressurized to talk about anything she was not comfortable with.

According to Hollway and Jefferson (2000a, pp. 84-85), “ethical guidelines are often based on scenarios of unequal power, especially scenarios where researchers could abuse their superior power in situations in which participants may not be in a position to protect themselves”. It is for this reason that these authors emphasize the importance of ‘honesty’ and ‘respect’ as guiding principles for researching psychosocial subjects. Honesty entails approaching the data openly and even-handedly, in a spirit of inquiry, not advocacy, deploying a theoretical framework which is laid out and justified; and respect refers to ‘observing carefully’ or ‘paying attention’, by which is meant noticing what normally is overlooked or what might even be too painful to notice (Hollway & Jefferson, 2000a). Not only were the principles of honesty and respect, as they are described above, central in the current research, but also in the sense of being respectful towards the participants, that which they chose to share with me, and the trust they placed in me as researcher.

None of the participants requested to edit the transcript of their interview. Two did, however, ask for a copy of the final dissertation, which will be made available to them.

CHAPTER FOUR

ANALYSIS AND DISCUSSION

In this chapter I present the eight individual case studies. Each participant's interview material is analyzed and a discussion of the narrative account is given.

4.1 Case study one

Background history

Amanda is a 47-year-old, white South African woman. She entered university without knowing exactly what she wanted to do or which profession to pursue. This she felt was an advantage, since she said:

Um, it was actually very nice for me, I think, because I didn't know. So I felt quite free to choose subjects that I was interested in.

Choosing to do psychology as a first-year course was, as she said, because it 'just happened to be one that fitted in the time-table'. Amanda reported that it was only once she was at university that she realized that she wanted to do something useful for other people. The connection between psychology and doing something that felt useful to others, however, had still not been made; the way to do this seemed to her to be through education. She therefore continued with psychology only until her second year and rather majored in sociology, which she felt she would use to 'get into an educational institution'. She did honours in sociology, following which she became involved in research working for an NGO where she was involved in doing evaluations of educational programs. The more she did this, the more she felt she wanted something that was more 'personal', since 'it was too isolating to do research' and she wanted to work more with 'emotional things rather than academic things'. Amanda explained that the first 'thought' she had had about psychology as a profession had been as a second-year psychology student. They had been shown a film of three different therapists seeing the same client, which, she explained, 'suddenly felt very interesting'.

Still, at this point she did not really think about becoming a psychologist herself. It was only after working for the NGO for three years that she was able to make the connection between her need to do something on a more 'personal' level and her initial interest in doing something that felt useful to other people through education.

And then I thought, okay, there's something that ties up with that film that I saw (giggles), in second year, and with something that feels missing in my job now.

It was at this point that Amanda returned to university to do third-year psychology, psychology honours and then later to enroll for professional training in psychology at the master's level.

Why psychology?

Early childhood experiences

Amanda's first response to the open generative question at the start of the interview was to state explicitly that there were both external and internal factors that influenced her. It was evident from our exchange that she herself was able to separate two very different experiential processes, which occurred in her professional journey. The 'external things', were her experiences of university, second-year psychology, her first work experience and general situational circumstances. The 'internal things' she admitted, she was only able to make sense of much later in life, in retrospect. Once she had had contact with psychology, it felt for her as though it resonated with an internal need.

I didn't know that there were such things as psychologists, I think, until I was actually studying at university. So this was sort of external facts. But when I think back on it, I think that people become psychologists because they are wanting to understand something. Not everyone, but I think wanting to understand something about themselves. And I think it is true for me. Um, so I think that's why it sort of rang a bell for me when I saw that film. And I thought well that is - there are people who actually do sit and listen and try to think about and understand why people do things. So I think it was those two, those two things that came together.

Amanda was able to bring the external and the internal together by realizing that something about herself and her past, as it later became evident, allowed her to identify with what was happening in the film she saw. Initially, when she talked about the film, she said that 'it suddenly felt very interesting and I thought that's what I want to do'. But in the same breath she continued: 'I didn't sort of really think about becoming a psychologist then'. This at first appeared to be a contradiction, though, on further analysis, I realized that Amanda might in a sense not have identified with the therapist in the film but with the client. Her need for a healing relationship such as the one she

saw, could have been interpreted as: ‘that’s what I want to do’ as opposed to the harsher reality of ‘that’s what I need’.

Amanda spoke about how some people, as certainly in her case, become psychologists to try and understand something about themselves. At this point, evidently, Amanda employed a narrative that described the profession of psychology as one chosen in a quest for self-understanding, which Gergen (1971) argues is a compelling motivator for many who enter professions which focus on the study of human behavior. This quest is one, which according to Gergen’s theory of the concept of self, would commonly be reflected in psychologists’ narratives about themselves, as well as the ideas many people have about psychologists. The reason for this is that choosing a career in the helping professions can be an unconscious need to ‘heal’ through understanding aspects of themselves, their families and/or their pasts, and in so doing coming to terms with any unresolved issues from the past (Roberts, 1994). When asked if she could tell me a bit more about what she meant by, ‘trying to understand yourself’, Amanda finally opened up to talk about the ‘internal things’ she had referred to. I could sense that she was finding it hard to talk about this, which was made evident by the fact that she initially spoke about it in an abstract sense. In other words, instead of saying ‘I’, or ‘my experience’, Amanda spoke of psychologists in general, using the plural instead of singular context:

...the whole sort of notion of the walking wounded. And I think that those of us, who become psychologists, have a need to try and think about, um, where do we come from. And I thought probably always, there is some sort of pain in our own childhood that needs to be talked about. And the wish that somebody could have been available for us.

This in fact happened quite often throughout the interview, which I interpreted as a need to identify with others. Even when she eventually moved away from talking abstractly about ‘us’ and ‘our own childhood’ to directly talking about her childhood, she still needed to group her experience by saying, for instance: ‘It would be interesting to know whether that’s a trend’, and ‘I think it’s probably that, and that you’ll find, well you’ll see in your research’, suggesting that psychologists with wounded backgrounds are common. Through her story then, the presence of a ‘wounded healer’ narrative, which Amanda had constructed was evident. This narrative suggested that psychologists in

general are motivated by a need to heal themselves and their own wounds and are able to do so by being a healer in a professional context (e.g. Groesbeck, 1975).

Amanda finally talked about a long experience in hospital as a child, which left her shaken and confused about what happened to her. Furthermore, she felt that her family had not really dealt with the situation very well and was not emotionally available for her. Although she initially placed the roots of her interest in psychology in 'external' experiences, she was able to make clearer sense of what must actually have happened on a more internal unconscious level through the course of her narrative.

...and I think that's really where the roots of my wanting to be a psychologist comes from. Is wanting to understand what children need in their growing up in order to become sort of stable adults and I think [not audible]. Ja, I think that's where it comes from. I think you are sort of left with a curiosity and a need to make sense of it. And I think that's what really put me into a field of psychology.

Given this new understanding of the unconscious internal influences that contributed to Amanda's career choices, one is better able to understand some of the external influences and may be able to see them as not necessarily being two separate entities. For instance, her early childhood hospitalization was a particularly painful experience for her.

And wishing in a way that somebody could have intervened I think, with my family and myself, when I was younger. It might have saved me a lot of therapy as an adult. And I think it's, ja, I think it's something that happens to you as a child. Doesn't have to happen [not audible], but it's something that happens to you as a child. Um, and your parents sort of try their best to deal with it, but can't really deal with it very well.

This early experience could be the reason why she responded to the film she saw in her second year in the way she did; she may have responded to the client in the film being helped in a way she was not helped. Furthermore it could have been the reason why she was inclined towards subjects that could be used in ways that were 'helpful to other people'. In fact, later on in the interview, Amanda herself highlighted just how important this early trauma was in influencing her career choices.

Well, I think it was central. I mean I think if I hadn't had the difficult things that I'd had to deal with as a child, and a family who struggled to deal with them also, to name them and talk about them, I would have been an accountant.

This statement seems to highlight the fact that psychologists, unlike other professionals who would simply make logical career choices, need to have had a deeply personal experience to motivate them. Their choice of profession thus resonates with and satisfies a personal need (Gibson et al., 2002).

Family influences

Throughout Amanda's narrative it became evident that her family of origin played a big role in the shape and course of her life and career. I have mentioned how Amanda interpreted her childhood experience of hospitalization as having unconsciously shaped her career path and how her family's response or lack of emotional support when she needed it played a role. Amanda's narrative in this regard was, however, quite contradictory at times. Initially she talked about their lack of support and a lack of a healing relationship, but, much later in the interview the topic of her family resurfaced and at this point she took a defensive position in terms of her family and shifted the blame to herself.

I think at the time I had developed a way of not needing help. I'm sure my family also offered help and I wasn't able to take it. That's not necessarily their fault.

This presented some ambiguity about the family's role. It is possible that Amanda may have had guilt feelings about publicly accusing her family of not being emotionally available for her as a child, something she could perhaps only contemplate privately. I sensed that she wanted to make sure I understood this and that she was not bitter or resentful of her parents in general. On the one hand, this could indicate that Amanda was merely being protective of her parents, it could also have been an indication of her belief that a 'good' psychologist should be emotionally strong and should have worked through any past insecurities of this nature. The argument of Gilbert et al. (1989) that Western culture expects therapists to be psychologically strong may explain why her narrative was constructed in this way. The literature certainly suggests that those involved in healing others should have worked through their own difficult feelings, since not only the experience of, but also the mastery of early trauma or conflict is

necessary in order to truly empathize with a client (Chippindall & Watts, 1999; Norcross in Dryden, 1991) and to fully separate that which is personal and that which belongs to the client (Roberts, 1994). These ways of 'being' a professional not only affects the way people in general see psychologists, but how they themselves view their roles.

Although Amanda's family played a central role in her narrative, she reported strangely enough, that their reaction to her choice of profession was not very important to her and did not influence her much. She spoke of her parents as having been supportive and proud of her, but said that they did not understand her choices and did not completely understand her work, but that she did not expect them to. The reason why her family could never understand her work she explained as follows:

It's so sort of foreign, I think, to the way my family operates. Which is about *not* dealing with feelings, because they are too dangerous. That they could never really embrace what I was doing. Or really allow themselves to be curious about it. So I mean they were pleased for me, and proud of me, but could never really engage with what it was I was actually doing.

Amanda therefore chose a career that challenged the way in which her family functions. Perhaps choosing psychology was unconsciously a way of dealing with feelings and emotions in a manner never done in her family and to fix that part of her past, and in so doing prove that dealing with feelings is in fact not 'dangerous'. Through her career, she tried to get what she could not get from her family. In this sense then, psychology as a career may be seen by Amanda as a separation from her family and perhaps her way of coming to terms with this aspect of her past, which in many ways may still have been unresolved.

So it was sort of a process of growing up for me. Was being able to recognize that I wanted the psychological things outside of my family. Um, that I wasn't going to get it in a way that I wanted from my family.

As the literature suggests, from a psychoanalytic framework (e.g. Pines, 2000; Roberts, 1994), occupational choice is often inextricably linked to past events and circumstances and a need to work through these events. In Amanda's case, it may have been difficult for her to be in a family that did not deal with 'emotions' and 'feelings' and issues she

felt were important to confront. Therefore, she needed to do that later and found a way to do so, through her occupation. She herself acknowledged the fact that the profession she chose may have been a means of replicating a childhood experience and in so doing changing the outcome (Kottler & Blau, 1989).

In terms of being in hospital and so, I think it was a trauma for the whole family and I think my parents struggled to deal with it. And they did the best they could. But what I did psychologically, was to become self-sufficient and not to need anybody. So, it makes sense then that I would choose to be in a profession where I would help everybody.

Political influences

Although Amanda was able to place the roots of her desire to be a psychologist in her childhood experience, highlighting a ‘wounded healer’ narrative, it later became clear that there were certain political influences that also played a role in her decisions. She told a story in which her account has clearly been adapted to accommodate a more political narrative. She talked about having wanted to do something that felt ‘politically important’, which felt more important to her than ‘individual stuff’. Amanda only really exercised her political inclinations when she was at university, within a ‘community of people who were thinking that way’, and particularly because she was a sociology student, since she said, ‘sociology was very politically inclined in those days’. However, she claimed to have been aware of and to have had a keen interest in what was happening politically in South Africa before entering university. Although she was not sure where this interest originated from, she did say:

I think in our generation, ja, I think it was. I think we sort of grew up in the worst days of what was happening politically. And I think it was different. We had to think about our context. There was a sense of wanting to be able to contribute, in some way that was significant.

Initially, her political narrative was specifically centred around her activities as a sociology student. However, in telling her story, she later linked her political awareness and her need to ‘be able to contribute in some way that was significant’ to her need for personal healing.

And it was only later that I realized that that sort of dovetailed with my own personal need to understand myself. But that I could do that with somebody else,

or help somebody else to do that, in a way that I hadn't been helped, I suppose, when I was young. That came together later.

I initially thought it strange that through working in a politically relevant context Amanda identified her own personal childhood need to be helped, since her personal experience of distress and suffering had not been caused by political unrest. However, her narrative unfolded in a way that helps to explain why she identified with this aspect of helping.

I think it must have been a mixture of my own, my own childhood and wanting someone to look after me. But then also, um, just the whole experience of university for me, which was a very liberating experience. To get out of my family, and to recognize that there are adults who were sort of strong and secure, and who were able to think about other people. And sociology was very politically inclined in those days. So there was a general sense that I wanted to be part of the teams that were doing something relevant. And that was, it was part of belonging to a community, I think. A community of people who were thinking that way.

It seems then that it was not necessarily the politically relevant work that was central here, but rather the group of people working in ways to help others, regardless of how they did that. Amanda identified with two issues: helping others and helping others within a group of people that became a surrogate family to her. This 'team' or 'community' of people at university were different from her family and had the characteristics she craved from them – strength, security and the ability to help someone in need. This could be interpreted as giving Amanda the sense that if she could do something relevant where it really mattered, then she could belong to a group/family that reacted to people in distress and in need of help. In identifying with a community or 'family' who had the characteristics she wanted from her own family during her time of need, she also identified with their ideals and actions. At that time this gave her a sense of life and struggles beyond her own.

A sense of belonging to something that was bigger than myself and my family.

This explanation may also be relevant in understanding why Amanda felt her family's reaction to her choice of profession, or their lack of understanding, was not very

influential since, in a sense, she had been able to replace her real family with this family at university in terms of her career.

Within Amanda's 'political narrative' she did not specifically name herself as a 'political psychologist'. Although more and more psychology is opening up ways of being political psychologists, and the literature provides evidence for the fact that psychology and politics cannot be separated (Stevens, 2001), this is still not a well-established professional identity. It may thus still be difficult for psychologists to talk about it and call themselves political psychologists. It is evident, though, that Amanda was very politically motivated. Choosing psychology over sociology, which already at that time practiced in accordance with liberal viewpoints, could mean that Amanda recognized how psychology could be politically relevant. She was therefore able to accommodate two separate narratives: one dealing with her personal internal needs and therefore stemming from a 'wounded healer' perspective, and another dealing with her political interests.

Personal therapy

Amanda had already decided on pursuing a career in psychology before entering therapy herself. Therefore, her choice of profession was not influenced by a personal experience of being in therapy, as often found in the stories told by professionals (e.g. Heppner, 1989; Karp, 1989). When Amanda returned to university for third-year psychology she, however, also went into personal therapy. The reason for this, she said, was 'to see what the process is like'. Given the fact that Amanda believed that people often become psychologists 'because they are wanting to understand something about themselves', her going into therapy once she had decided to return to university to pursue a career in this profession, could unconsciously have been an attempt to start the process of understanding something about herself. In fact, much later in the interview, she again talked about her personal therapy and it was clear that to a certain extent she realized that her entering therapy had a much deeper meaning.

I decided I'd go into therapy to see what it would be like. But I mean that's also quite a defensive reason to go into therapy. I mean I'm sure there was also a part of me that felt I needed to deal with some issues.

Again there was the implicit assumption that psychologists need to be psychologically strong, and having decided she wanted to be a psychologist, Amanda needed to ‘heal’ herself. The centrality of personal therapy in Amanda’s life before, during and after qualifying as a psychologist was evident in her narrative. Before applying for the master’s course it helped her understand what being a psychologist entailed.

I got into my own therapy, for I think it was for about two years before I applied. So I had a sense of what it was like to be in therapy and - so I had a sort of sense of *a* therapist and what they were like.

Over the years, therapy also played an essential role in her understanding of why she became a psychologist. It has been argued that helping professionals in general should understand and try to come to terms with their reasons for choosing to do the work they do, due to the very nature of this work and the consequences to the clients if they are blind to these internal motivators (Roberts, 1994). It is through the process of therapy that Amanda came to understand the ‘internal’ influences that unconsciously led her to the profession.

And it was only later, through therapy, that I began to realize that that was my way of dealing with not getting help from my family.

Psychology as a calling

Amanda believed that not only psychologists, but people who work in the helping professions in general get ‘called’ to the profession. According to her it is an ‘unconscious’ calling because ‘there’s something that needs to be resolved’.

I think you know, I think my childhood chose me as a psychologist, *because* I had to deal with a whole lot of things. Um, and I wanted to be able to deal with it and not just shut it out. The way to do it was to become a psychologist.

This reference to the ‘calling’ of psychologists is one, which according to Spurling and Dryden (1989), is commonly reflected in psychologists’ narratives and is often central in the stories about how they came to their current occupations. Amanda’s difficult childhood experiences, which consequently ‘chose’ her to be a psychologist, left her with a need to heal herself and the best way was to become a healer herself. She does, however, recognize that this could be a particularly dangerous motive for becoming a

psychologist, since one may continuously try to identify oneself in every patient/client and may never be truly available for the client, a concern which has often been raised (Guggenbuhl-Craig, 1971; Roberts, 1994; Skinner & Schlapobersky, 1989). Amanda talked about how people become psychologists to deal with their own problems and once they have done this they leave the profession, but she chose to stay. One gets the sense that, having been ‘chosen’ for this profession, only after she had been able to work through many of her own issues, was she able to make conscious choices regarding her career.

And some people become psychologists and then go into advertising, you know, because they’ve worked *through* the issues that they needed to work through. But I wanted to stay.

Becoming a psychologist

Formal and informal training

Amanda described her formal training as a psychologist as being ‘loosely psychodynamic’, and one, which did not really focus on any other model. Although the training did include group work and family work it mostly focused on the psychodynamic approach and ‘trying to think about the unconscious’. Given Amanda’s political orientation, which had been further developed as a sociology student, she described herself as entering training with a very critical attitude and found herself ‘fighting with the psychological paradigm’. It is interesting to note how the ‘critical’ thinking was harnessed in relation to the academic exercise.

I kept wanting to say, no you can’t reduce everything to the psychological, you’ve got to think about the context. I mean I still believe that.

This attitude seemed very different from the personalized story Amanda told earlier. Although she did speak of wanting to do something that felt ‘politically important’ and employed a political narrative as such, Amanda’s narrative strongly constructed the profession of psychology as one chosen to deal with and resolve personal past issues. Nonetheless, during her training Amanda struggled with issues of ‘relevance’, and the relevance of psychological theories in the broader social context. Therefore, Amanda’s political narrative seemed to include a sub-narrative. In addition to the explicit narrative dealing with politics, there was also an underlying ‘resistance’ narrative in which she

placed herself in opposition to the dominant psychological paradigm. She did, however, say that many of her earlier attitudes had changed and that she now believed that psychology is very relevant.

But that was a process for me to come - to put the two together. To be able to think about inner feelings in a social context, but using psychological knowledge. It's been a whole process of getting there. It didn't come easily.

At the time of Amanda's training an approach to community psychology had just started. As a student she was involved with others in starting a clinic, which is still running today, in a disadvantaged black community. Amanda described this aspect of the course as 'very good' since it allowed those students who were political (including herself, though she did explain that there were students who were more political than she had been) to continually question the psychoanalytic model in different contexts, which was a 'challenging' experience for them. They questioned whether the models being applied were relevant or not and how they were going to make it relevant, which suggests a commitment to finding ways to work successfully in this context.

Amanda identified with the community work during her training, which later influenced her professionally, and with time came to understand how relevant psychological models can be in different contexts. However, throughout her narrative, she tended to skip over her formal training. Rather, she continually emphasized learning through therapy.

I think for me, my own therapy was really what I learned from. I mean you learn all the text book stuff and you go through that process. But it's actually through the, I think, through being a patient oneself, that you really learn about how to be a therapist.

Whenever Amanda spoke about her formal training, she would reiterate the centrality of her own therapy, saying 'but my own therapy was the most influential'. It became evident then that Amanda's identity as a psychologist was to a certain extent influenced by her formal training, but was really established through therapy. It was consolidated and understood through the process of being a patient, through learning and understanding and healing herself with the help of her therapist and an approach to therapy that was not simply 'supportive', but was 'hard work', 'challenging' and

‘incredibly holding’. In this sense Amanda set up psychology as an apprenticeship in which one is ‘taught’ the trade by being in therapy. She thus saw the profession as one, which is learnt in this practical way. This may stem from the very notion that psychologists choose this profession because it connects with their own experiences and ‘wounded’ pasts (Gibson et al., 2002), which could be resolved through personal therapy. It has even been suggested that for those who wish to work in the helping services, personal therapy should be an obligatory part of training (Thorne & Dryden, 1991). The reason for this is that if training is to be effective, it must involve a high degree of self-exploration on the part of trainees with the aim of increasing their self-awareness and self-knowledge. These arguments suggest that personal therapy has a significant role to play in the training and development of a psychologist.

Being a psychologist

Early perceptions

Amanda’s early perceptions and expectations of being a psychologist was that it would be much easier than it turned out to be. She described not having had a sense of how difficult the work would be. The difficulties she described were mostly related to the client/patient’s reactions to her as the psychologist and the fact that she had to come to terms with and allow that person to be ‘really angry with you’ and to be able to ‘process’ that and not ‘withdraw’ or ‘retaliate’.

Because I think one has the sense of how you going to be a psychologist and it means you going to help people, and they going to really want the help, and then they going to be grateful and then you going to feel wonderful.

Amanda described herself as being fortunate enough to have had to ‘face the reality’ of how difficult the work could be in the process of her own therapy, again highlighting the apprenticeship quality of personal therapy.

Because I think they go together. The more you can deal with your own difficult feelings, then the more open you are to somebody else’s difficult feelings. And then you realize how complicated it is.

Working as a psychologist

Since qualifying as a psychologist, Amanda has worked in many diverse contexts in the public as well as the private sector. She started by staying on in a teaching position at

the university where she had trained and later went into private practice. At the same time she was involved in supervision of master's students at the same university, teaching them and supervising the community work, taking place at the clinic that had been established when she was a student. She was also involved in the supervision of a privately run counseling service. After approximately seven or eight years, Amanda relocated and started working privately but, in addition to this, started supervising at a university. At the time of the interview, Amanda was still working in an academic context, lecturing and involved with supervision; doing private work; running staff-support groups and working in a hospital setting.

Amanda's work was therefore very varied. She described a need, however, to move away from doing private, individual work since it was 'quite isolating' and wanted to launch herself into doing more community and team work. Although she said she felt very 'passionate' about individual work, she was at a point in her life where she was ready for a change. She also explained that one of the reasons she initially started out working in private practice was because of a lack of job opportunities and resources within the public sector and that it is hard to earn a living doing community-oriented work. When asked what her definition of community work was, Amanda initially explained that it was very hard to define but for her it involves any work that is outside private practice. Later on it became evident that, to a large extent, her personal definition of community work falls largely in the political framework of working in disadvantaged black communities and offering her skills in a broader context. This resonates with much of the literature, which also fuses psychology and politics, through the use of a 'community psychology' approach (Bender, 1976; Duncan et al., 2001; Pretorius-Heuchert & Ahmed, 2001; Seedat et al., 2001).

I mean there is a sense of there being so few facilities for people. And there's such a psychological need. And I just feel that in a way, I need to use my skills in a broader context. That it's not fair to offer my skills to so few people who can afford them. It just doesn't feel right.

The different aspects of Amanda's narrative; i.e. understanding the self, healing the self, resolving past conflicts, all bound up with a 'wounded healer' narrative and the 'political' narrative were expressed in the different and diverse areas in which she chose and continues to work. Her diverse roles in the many contexts in which she has worked

resonated her belief in the diverse roles that South African psychologists can and should have. She felt very strongly that psychologists have a role to play in educational awareness of psychological issues, in schools, in hospitals, in private practice and in community settings and that they are all equally important. Amanda stressed the importance of modeling the diverse roles of psychologists in training institutions, particularly with regard to community work, and being proactively involved in finding ways of extending the work of the psychologist beyond private practice.

We need to get them involved in doing community work in their training. And show the ways in which they can be involved and encourage them. I feel very strongly that, because there are no jobs, we can't just sit back and say, well there are no jobs you've got to work privately. I mean that's what I did when I started. And now I feel more competent, I suppose, and more confident to know that that's not enough. And so we've got to go out and make jobs. We've got to raise our own funds, we've got to write our own proposals, we've got to start offering services so that people will see that what we have to offer is of value and begin to think about making posts for us. We've got to fight, because it's not going to happen unless we do that. I think students need to be part of that.

These attitudes again expressed Amanda's 'resistance' narrative and highlighted her commitment to wanting to challenge the dominant discourses available to psychologists about how and where they should work.

Frustrations and sustenance

Amanda described herself as feeling very 'privileged' and 'grateful' to be a psychologist and to be able to earn a living doing a job that she really enjoys. Through her narrative, she gave the impression that her gratitude was not only a product of her being able to do a job that she loves but also related to what the profession had given her personally and how it had allowed her to grow and heal. She described working as a psychologist as 'rewarding' and 'intellectually stimulating', allowing her to learn continuously. Although there was always a sense of appreciation for the work, Amanda described the lack of recognition for the work psychologists do by the government which does not see it as important enough to spend money on, as particularly frustrating. Regardless of her frustrations, she could not imagine herself doing anything else. She drew strength from personal therapy and supervision and believed it to be imperative for psychologists to have a life outside their profession in order to be

sustained in their work. She talked about loving every aspect of her work and confidently said that she would not have wanted anything else.

Summary

Amanda, through her narrative, was able to interweave many different elements, internal as well as external, that came together in contributing to her becoming a psychologist. She spoke of psychologists being unconsciously called to this profession out of a need to resolve and heal some part of themselves. The conventional ideas of personal pain and suffering (Gibson et al., 2002) thus strongly emerged in her narrative. A large part of her story described a childhood trauma of hospitalization as the reason for her becoming a psychologist and in this way she employed a 'wounded healer' narrative. Although she came across as being protective of her family, their difficulty in dealing with her early hospitalization, or lack of emotional support, led to her narrative that also described psychology as a separation from family. Amanda always had a keen interest in doing something that 'felt politically important'. During her training she was able to do this through community work. Through the work that she has been doing over the years, as well as the emphasis she placed on diversifying the work psychologists can and should do particularly in the South African context and the importance of reaching more people, her political awareness was again emphasized. The importance of personal therapy in shaping her career and as a process, through which she was able to heal and continued to do so, played a central role in her narrative. It was through therapy that Amanda was able to consolidate her identity as a psychologist. She has over the years worked in many different contexts and still did. However, her main focus during this time was to move away from private work and incorporate much more community-oriented forms of practice into her work. Her narrative highlighted some of the tension between the individual and community-oriented approaches. In some ways she felt they fitted together, but she was frustrated that there were not enough resources available for the community-oriented approach. This implied a split and has placed Amanda in a compromising position, as she wanted them connected with a seamless flow between them. This may explain why, in addition to the two explicit narratives of 'wounded healer' and 'political', an underlying 'resistance' narrative also emerged through her story. Although there was sufficient evidence for this resistance in which the status quo was challenged, Amanda not necessarily disparaged the individually-oriented approach. In many ways, throughout her story she tried to find ways to interweave these two

separate parts of herself, highlighting an underlying ‘compromising political’ sub-narrative. Becoming a psychologist was not only the right choice for her, but being a psychologist has also been a lifelong journey of learning, for which she felt grateful and privileged.

4.2 Case study two

Background history

Vanessa is a 37-year-old, colored South African woman. Vanessa entered university having already decided that she wanted to pursue psychology as a career. She reported that her desire to become a psychologist originated in high school and she had never thought of pursuing any other career. After completing her undergraduate and honours degree in psychology, Vanessa gained a teaching qualification and taught for two years. This was not because she was uncertain about following a professional career in psychology though.

I did some teaching but en route to becoming a psychologist. I knew psychology is always what I wanted to do, um, and that this was a mere deviation, to take a bit of a break from that.

Vanessa made it very clear that teaching was not her first choice, but in the process, gained valuable experience that later contributed significantly to her practice as a psychologist. After the two years Vanessa returned to university to enroll for professional training in psychology at the master’s level.

Why psychology?

Early political influences

Vanessa immediately started her narrative by grounding the origin of her desire to become a psychologist in a socio-political context. During the time when she was in high school, political unrest was climbing steadily. As a colored girl living in a colored township, there was a great deal of ‘fire’ and ‘war’ going on around her. Many of her school days were fraught with school boycotts and political violence, of which the impact on herself and those around her left her with a sense of anger. It was evident that Vanessa’s exposure to political upheaval not only angered her but also instilled in her a particular need to take an active role in the struggle against apartheid. This seems to have been the case with many young black people at the time. As Eades (1999) argued, in the fight against apartheid, a youth culture arose in the townships. Out of frustration and fear many became actively involved in the

political struggle. She immediately employed a narrative, which constructed psychology as a form of political intervention. She was clearly very politically orientated and motivated, and understood early on that psychology was a profession which allowed one the opportunity to practice in political ways and thus be a 'political psychologist' (or at least allowed a space to be created for this).

And I think it's something about me, a lot of anger that I tried to turn into a positive kind of career. Um, and basically also partly because of political activism. And I thought I could use this quite constructively, um, this career to, um, to work towards, you know, helping or assisting people, um, who - well initially it started off like that - who were kind of suffering at the hands of the regime, and sitting with lots of stuff as a result of that.

From this exchange, particularly when she said: 'and I think it's something about me, a lot of anger...', I got the sense that Vanessa had internalized the outside socio-political factors, making them very personal in their contribution to her account of why she chose to become a psychologist. Vanessa did however say:

We went to a very middle-class school [school's name]. And by no means did we experience the brunt of political violence as many other people did.

In this sense then, Vanessa almost trivialized her own personal experience of what was happening politically around her and how this affected her. This initially seemed to contradict the idea that Vanessa had in fact internalized what had happened on a broader socio-political level, leaving her feeling 'angry' and with a sense of wanting to be actively involved in the healing of those who suffered during and after apartheid. However, through her narrative it became clear that the reason why the country's socio-political context had such a big impact on her was not necessarily because of any political acts committed against her personally or her family. Rather it was through the atrocities, in actions and attitudes, of the apartheid government, on blacks in general, on her community, her friends and classmates as well as herself. By virtue of the fact that she is colored and was therefore a target of marginalization and oppression during the apartheid years, the socio-political was made personal. The policies of apartheid not only had implications for government structures but affected individual people, resulting directly or indirectly in personal pain, loss and suffering (Gibson & Swartz, 2000), and may explain the feelings of frustration, fear and anger felt by all black people, not only those who had directly been targeted.

South Africa's socio-political context not only exposed Vanessa to political unrest, but also contributed to the impoverished conditions in which most black South Africans were living. Although Vanessa reported that her family was always 'fairly middle-class' by virtue of her parents' occupations, she grew up in quite a poor community*. This exposure to poverty and suffering around her contributed to the anger she felt towards the apartheid structures and to her keen interest in political activism.

Vanessa's narrative clearly marked socio-political influences as central to her career choices. Through becoming a psychologist, she felt she could positively affect change in this country and use it as an agent of advocacy. In this she departed strongly from the conventional narratives of internal needs, personal pain and suffering that psychologists often employ to explain their lives and which highlight common themes such as the wounded healer, the significance of early childhood experiences, having a psychologically sensitive personality etc. (e.g. Spurling & Dryden, 1989). Although Amanda spoke of political motivators too, the two narratives differ in that Vanessa made it a central point of reference. Both these participants were affected by the socio-political conditions of the time, but their different experiences of these conditions clearly influenced their respective narratives.

Family influences

From Vanessa's narrative, it was evident that her family of origin also influenced the shape and course of her career. The literature has demonstrated that sometimes children's career choices are influenced by the careers of their parents (e.g. Bloomfield, 1989). The role of parents in this regard has been recognized for many years and as Earle (1931) argued, in an examination of vocational guidance and choice, it is imperative to include the individual's family and home environment in such a study. Both Vanessa's parents were teachers. Her father, in particular, played an important part in her choice of psychology as a profession. During his career he became the principal of a school in a 'small colored community'. Vanessa reported that her father, as principal, often 'dealt' with issues of 'poverty and suffering that people were exposed to', and was actively involved in 'social responsibility' work. The centrality and importance of this kind of work was passed on from father to daughter.

* The Group Areas Act segregated non-whites into townships by color with no social class distinctions.

I think I identified quite strongly with my father and kind of in many ways kind of thought that I'd do some kind of social responsibility kind of career.

Given the understanding of how Vanessa thought she would use a career in psychology as a tool for political activism, it is clear that her choice of profession was thus seen as this 'social responsibility career'. Her moral consciousness and values were greatly influenced by her father's involvement in the community as well as the education from both her parents.

And also the kind of, um you know, the kind of values that were instilled in us, in many ways, as children growing up, you know that you don't just live for yourself. You know that kind of thing.

The literature has also demonstrated how one's parents can play a role in career choices by modeling certain values and characteristics, which the children in turn internalize as their own (Bloomfield, 1989; Heppner, 1989).

In speaking about her family and particularly about her father and his involvement in community welfare, Vanessa made a clear link between the broader socio-political conditions and what was happening in and around the community and her upbringing in a family, which concerned itself with the social welfare of those around them.

And this is where I found my place. Um, so I think it was a bit of both. Um, kind of family, kind of - and community and social kind of responsibility.

Vanessa chose a career that perfectly fitted into the framework of how her family functioned. Her family background may therefore explain why Vanessa responded to the effects of political unrest on people the way she did and why she felt she personally had to do something about it. Many people suffered at the hands of apartheid, but not all chose professions in which they believed they could actively contribute to rectifying the consequences of the apartheid regime. The value system, in which Vanessa was raised, was one, which placed emphasis on action and reaction and responding to social need. Vanessa reported to having been very 'close' to her father and therefore, by choosing a professional career, which she could use to respond to social welfare in ways very similar to what her father may have wanted, she was perhaps identifying with him.

By the time Vanessa had finished high school and was making decisions about her career, her father had already passed away. Her mother was supportive, but at the same time had reservations about Vanessa following this career.

And my mum said: 'you know, you saw how your dad always had to used to have to sit up late at night and listen to all these people's problems and now you going to do the same thing'. So I'm not quite saying my mum was against it. But I think she was a bit cautious about my wish to follow this career.

Vanessa reported that although her mother felt this way, she always had the freedom to do what she wanted to do and this was true also for her choice of career. She was very clear about the fact that she wanted to be a psychologist and that it was the right choice for her. This was important in her mother's appreciation of her daughter's decision, but also suggests that even if she received negative feedback from people regarding her career choice, it would not have had a big impact on her.

But you know, I've always been a person that does what I feel is right for me. And she accepted it. It wasn't a major thing. But she had reservations. Um, because you know, feeling that I'm subjecting myself to um, to all these outside forces that couldn't be good for my own psyche. That's the way she felt about it. Um, but um ja, generally the response was positive.

Vanessa's narrative in regard to her family, unlike that of Amanda, did not express anything lacking in her family, which led her to a profession through which she could separate from them. In Vanessa's case, she was in fact trying to recreate her family and in this sense her narrative constructed psychology as an expression of family. This narrative therefore challenged the notion that helping professionals have chosen their careers because of problems in their families and that they come from dysfunctional family backgrounds (Skynner & Schlapobersky, 1989).

Personal experience of trauma

Vanessa's father passed away very suddenly during her teens and this she said 'was an enormous shock for the whole family' and especially for her since she was 'very close' to him. I have already reported on Vanessa's relationship with her father and it was clear from her narrative that she was not only very close to him but that he also played a major role in shaping her identity, her values and ideals. Initially, however, Vanessa firmly placed the roots of her desire to be a psychologist in broader socio-political conditions. She did not speak

about being attracted to the helping professions because of her personal distress, caused by the loss of her father, and hence as a means to understand the loss she experienced. Later in the interview though, she did talk about this experience as having perhaps contributed to her choices. The way in which Vanessa talked about this, gave me the sense that it was only in the interview context that she really thought of her father's death as a significant contributor to the path she has followed. Although her political narrative was still central, it appeared that she was able to recognize how she may have also been influenced by internal personal needs. Therefore, although she prioritized the broader socio-political conditions as important and, as I said earlier, in some ways even strongly departed from the conventional narratives of personal suffering commonly found in the stories of psychologists, it became evident through the course of the interview that even in this case there was a history of personal pain that was part of who she was and what she did, even if it was not a large part of her story. Perhaps one reason why the socio-political took precedence was that it may have been hard for a colored person (particularly one as affected by the political context as she had been) to claim selfish reasons such as needing to heal herself and to cope with a personal experience of trauma for her career choice. Vanessa placed herself in an altruistic/community-oriented context that would demand this of her. Nonetheless she said:

But I think you know, um, if one talks about intensely personal experiences and crises, then I think there is a bit of that. Of just the loss of my father at a very important developmental stage for me. That uh - and maybe part of me is wanting to help other kids who - and other people who kind of go through losses like that in a particularly significant way. I think we could, I mean I could ascribe that to it.

Vanessa referred to the possibility that, like others, she might unconsciously have chosen this profession from a 'wounded healer' framework. Although she did come to admit the importance of her father's death in contributing to her career choice, she brushed over it quite quickly. Her narrative provided evidence for the centrality of her father in her life and she herself admitted that it could have played a role. Still, his death and the personal suffering caused by it was not a central part of her narrative and she again returned to focusing on the socio-political elements and influences. It may be the case that the socio-political context really was the largest, even the only influence, but there is also the possibility that the death of her father was a particularly painful experience for Vanessa to talk about. Prioritizing a political narrative may thus, from a psychoanalytic perspective, represent a way of managing anxiety related to the loss of her father and of evading a painful experience. This may perhaps

be considered an entirely unconscious motivation since the literature in this regard has demonstrated that motives need not always be conscious (Norcross & Guy, 1989). The very fact that it may have been so painful to talk about, strengthens the possibility that this was an unconscious defense used for psychological self-protection (Hollway & Jefferson, 2000b). Although this personal loss may have influenced her choices to a large extent, in the context of an interview with someone who really was a stranger, for the purpose of conducting research, it may have been easier simply to talk about those influences that were not so intensely personal. In the following exchange Vanessa did, however, make it clear that both these experiences contributed to her choices:

But I think you know, these experiences never stand outside each other. Um, there's always like you know, strong community and political, but also strong individual experiences that contribute to um, in fact, in shaping, you know, the choice of a career or something, as it did in my case.

Although this was the case, she did not allow herself to talk openly or in depth about the more personal individual influences. The way in which she made this statement gave me the sense that she needed to identify and place herself in a category with others. She did end by saying 'as it did in my case', but only after she had generalized this as a common trend. This method of generalizing and grouping her experience is similar to what Amanda did and suggests perhaps that, although psychologists are willing to recognize the conventional motives about reconciling unresolved issues (Roberts, 1994), they need to identify with others in doing so. Nevertheless, Vanessa's story too highlighted the perception amongst psychologists themselves that some 'individual', personal experience/s from one's past leads one to the profession and in so doing connects the work with the individual's own experiences (Gibson et al., 2002).

Personal therapy

Following her father's death, Vanessa went into therapy. She made it very clear though that this early experience of being in therapy had no influence on her subsequent choice of profession. She ended this therapy after only four sessions and did not feel that she had gained any sense of relief from it.

I had more helpful chats with my, with one of my teachers at school following that.

Vanessa in fact talked about this therapy in a very animated way and seemed to recall the irony of it with great amusement:

I thought, this is a very weird kind of interaction. You know, people actually don't just sit across the table from you and say nothing. It was quite alienating. And so I decided, well I will sort myself out (laughs), because a psychologist wasn't helping me. So if I had to take that experience, then I probably wouldn't have become a psychologist.

It is evident that this experience of therapy did not at all influence her career choice and, unlike Amanda, Vanessa did not speak of psychology as a profession learned through being in therapy. It did not provide her with a positive model of a profession that she may have wanted to pursue. But it was not a severely negative experience that deterred her.

In talking about her personal therapy, it seemed Vanessa wanted to make it clear that she would be a different kind of therapist to the one she saw as an adolescent. Given her background, it must have been hard to appreciate a mode of therapy that might have been associated with apartheid or white people. At that time Vanessa may not have been aware that this individually-oriented therapy was one which reflected broader racial inequalities and the discriminatory character of the discipline at large (Duncan et al., 2001). However, in the context of her narrative construction, what she had learnt and experienced about the profession over the years were likely to form part of the events she reflected upon (Denzin, 2000). Vanessa was therefore disparaging of this selfish/individually-oriented way of being a therapist and had to create her identity differently. As in the case with Amanda, there was evidence of resistance against the dominant and traditional images of what a psychologist is.

Becoming a psychologist

Formal and informal training

Vanessa described her formal training as a psychologist as an 'intensely psychodynamic experience'. Although the underlying focus continued to be psychodynamic throughout, Vanessa explained that at the time when she started her training, they had just begun incorporating or, as she said 'attempted to integrate', a community psychology approach into the training program. During her training, an internship at a health project in a disadvantaged community was begun. Vanessa described the integration of community psychology into the training as 'very encouraging'. Given the community psychology approach, that she reported

fell largely into the political framework with its focus on community health projects in disadvantaged black communities, this integration clearly resonated with her personal interest in broader socio-political issues and the suffering of disadvantaged, marginalized communities. Her narrative therefore also described community psychology as a 'politically oriented' form of practice which, according to Seedat et al. (2001), represents the radicalizing mode of professional psychology and its attempt at releveling its practices. Vanessa strongly identified with the community-oriented aspect of her training and went as far as to describe the psychodynamic aspects as 'weird'. This attitude quite clearly followed from the story she had told earlier and resonated with the political narrative Vanessa had emphasized. However, it was clear that the overall training experience was positive.

Um, you know, and in many ways I kind of put the very weird experiences [laughs] of psychodynamic psychology into a little box, because there were other parts of the course that um, there were other parts of the course that fascinated me and that interested me. And so ja, I did the other stuff, but I enjoyed, you know, the community stuff more.

Vanessa initially experienced and understood the two aspects of the training, psychodynamic and community, to be mutually exclusive approaches.

I think for me it was really a time of kind of either/or.

She did, however, report that this earlier perception has changed and that in time she came to recognize that these two approaches could be successfully integrated and that both were relevant in different contexts.

But since then, I mean, it's a long time on and you've grown since then. I hope I've grown since then. But I think you know there's a place for everything. It's just how one uses and how one tries one's theory in the various contexts that one finds oneself in.

Vanessa's training was therefore very relevant in giving her the opportunity to learn and see the value of individual work, which previously she had had no interest in. She said:

In fact it made me, it made me see that it was - ja, as far as I was concerned it was fine to work on an individual level as well. As long as it wasn't inappropriately so. And when I left [the training] it was more about re-integrating stuff, for myself, so that I

could find a place for individual and also find a proper place that wasn't just a little section of community psychology.

Apart from her formal training, Vanessa was involved in work, which was also largely significant in contributing towards her becoming a psychologist and her professional identity as one. Before entering university, Vanessa did counseling work with detainees and worked particularly with the families of these detainees. During her undergraduate studies, she started getting involved in 'more social responsibility kinds of stuff'. Vanessa worked for a local organization for women and, more importantly, for an organization interested in working with issues of apartheid, largely with people who suffered from the adverse effects of political violence, but also concerned with advocacy. She described this work experience as follows:

And so it was really at university, at undergraduate level, that I kind of strengthened my organizational ties and so on, and translated that um, more into kind of service provision. But also at the same time, service provision linking some form of activism.

Vanessa's story brought in the political even outside the context of why she became a psychologist or her training to become one. In this sense, her narrative further helped her find some meaning and continuity through various experiences she had and in various contexts. She found meaning and created a pattern in her life by means of continuously constructing a political narrative. Her community work experiences as well as the two years of teaching which followed, 'broadened' her experience, provided her with a great repertoire of skills to draw from once she became a psychologist and were all very significant contributors to her informal training as a psychologist.

From her narrative it was evident that Vanessa's identity as a psychologist was influenced by her formal training as well as by her work experiences prior to entering the master's program in clinical psychology. Both afforded her the opportunity to do work that was relevant in the broader context, which was very important to her, and at the same time gain experience and appreciate the value of individual work. Her story therefore brought disparate parts of herself and her experiences together. The way in which she brought these two different parts of her experience and/or identity together, seems to create a smooth single narrative in which the political is central, but with recognition for that which is individual and personal. In this

sense she was able to allow for ambiguity and even, to a certain extent, conflicting narratives to run side by side, but still keeping the political central.

Being a psychologist

Early perceptions

I mentioned that Vanessa's early experience of therapy, following her father's death, was not very positive but did not deter her from psychology as a career. This is perhaps evidence for the fact that, from quite early on she was aware that psychologists' roles are not limited to private practice, helping only individuals suffering from personal trauma and distress, but that they can play a role in a broader context. Private practice, Vanessa explained, was also never part of her 'background'.

You know, because I come from a background where you go and you work in a job and you get paid a salary and all that kind of stuff. And there's just no thought that you may one day be responsible for your own income.

Vanessa therefore claimed that she had always presumed that as a psychologist she would work in an NGO or in some form of state service. She understood the diversity of roles available for psychologists and perhaps was aware of the changing roles within the profession (Gibson, 2001). Her particular interests and political orientation, coupled with her negative feelings towards being responsible for her own income, which would be the case in private practice, led to her initial decision not to practice privately. She also asserted her position as 'working class' and in this way, displayed a rejection of professionalism. Such an identity may create some anxiety about rising out of the masses of the marginalized, and once again the resistance narrative was evident in her story.

Several times during the interview Vanessa made reference to the fact that one's prior perceptions are often very different from the reality of the profession.

Well you know, when one is outside of the field, you are not really in it. Um, you don't have a very clear idea of what could be offered. Ja, but generally, there seems that you really don't know when you outside - until you inside the profession.

Given Vanessa's interest in working with victims of apartheid and in social advocacy, she was interested in 'constructively using' psychology as a career to work in the broader socio-

political context. Her early perceptions and expectations were that she would be able to do that with relative ease. However, she said:

But when I hit up against the profession, I saw that there were in fact no - very little opportunities for this kind of work.

Vanessa felt that, in contrast to her early perceptions, the influence of 'mainstream' individual work was very strong and presented many 'conflicts' and 'challenges' for her.

Working as a psychologist

Vanessa felt that, due to the lack of resources, there have been few opportunities available for psychologists, who want to work outside private practice and extend their services into broader contexts, meeting the needs of the majority of South Africans, as was her main interest. This concern has also been raised in the literature (Pillay & Petersen, 1996), where the major barrier is reported to have been the health financing mechanisms limiting access to mental health services. Vanessa reported that she had to create her own opportunities. Since qualifying, she has worked in diverse contexts and described her years as a professional psychologist as an 'integrated experience'. Over the years she has always maintained a small private practice and has been involved in 'very individualistic kind of stuff'. The reason, she explained, was because she has always thought that there was a specific skill that was important in that. However she went on to say:

But in many ways that was not where I was seeing myself on a, you know, full-time basis.

Within her work, Vanessa has concentrated on work in disadvantaged black communities and doing intervention work.

Looking at you know, how does one go about setting up what we call so-called appropriate services, um, in communities who just have never been exposed to this.

The larger focus of her work within these communities has revolved around children and violence, which has involved working with schools, parents and teachers. Vanessa said that she felt a lot of the work she had done 'is very different from what the mainstream does'. She explained that what had been interesting about her work over the past ten years was that she had been forced to create her own opportunities and had always 'balanced' out the

individually-oriented work with community-oriented work. She did not give a clear chronological account of her employment over the years, but described it as follows:

I've extended it into a lot of activities you know, from doing individual work, from doing training, from doing - and in various contexts - organizations, communities, um, teaching. I've done quite a bit of teaching as well, because I think students are a very receptive - or a fairly receptive bunch, especially at undergrad.

At the time of the interview, Vanessa's work included lecturing at a university, supervision work in a community project and private clinical work. The value Vanessa placed on working with psychology students in an academic environment was evident and this work she regarded as her main form of advocacy. Throughout her career, she has been concerned about being involved in activities that could 'broaden the role of what a psychologist can do' and the importance of creating an awareness of professional psychology that extended beyond private practice. She described this as having been her 'journey in this career'.

Last year I thought I really need to do a lot more advocacy. And that I think is exactly what I'm doing. Because through students, where one still has an opportunity to shift ideas, um, to a large extent one can do a lot of advocacy. Um, I still see myself in some ways as a practitioner, broadly speaking, but also as an activist. Because advocacy is about activism. Um, and um, and ja, about shifting or presenting opportunities so that people can have an opportunity to make informed decisions about where they want to be as far as this profession is concerned.

Vanessa was also working on a Ph.D., which largely focused on this area. She described it as follows:

Looking at how one can create more incentives for people to actually work in more predominantly, I would say, primary health care settings. Um, to kind of avoid this, what would one call it? To avoid this rush or barrage for private practice. Um, you know, to avoid it. And there's no reason why people can't integrate things that are private practice, with um, with more community based services. But there are so few incentives for people to actually do community work. There are also lots of urban legends about community work. And it's about unpicking a lot of that. Um, so that people can begin to feel more comfortable about working in - across the settings.

Several times during the interview Vanessa made reference to these 'urban legends' and what she claimed was a widely held myth: that mainstream individually-oriented psychology has been seen as the only 'acceptable' and 'proper' way to practice psychology. This gave the

sense that over the years she has experienced this attitude towards the work she has mostly been involved in.

Because you know, psychology mainstream - acceptable psychology was like basically um, individualistic stuff. There's also been a lot of tensions um, precisely because um, you kind of in some ways not seen as a real psychologist. Um, not doing the things, you know, the proper in-depth work that psychologists are supposed to do. Because the assumption and the myth goes along that you can't actually, you know, you have to do community work, because you actually not so good to do the other kinds of stuff.

These attitudes did not upset her or make her feel resentful. On the contrary Vanessa's attitude reflected a greater sense of resolution and conviction about the importance of extending psychology in the form of 'appropriate services' and not limiting it by catering only for a minority of people who can afford it in private practice.

Um, and um, one just has to let that flow like water off a duck's back. Um, because here, for me, it was that I have a single purpose in mind. My main single goal.

In telling her story, Vanessa emphasized the difference between what her work involved and what 'mainstream psychology' (which she believed was seen, both inside and outside the profession, as 'proper' psychology) did. These attitudes may have been experienced as difficult. By describing her work as a 'journey' and her 'main single goal', Vanessa used her narrative to justify and account for her choices. Her narrative, in this sense, helped her understand the enjoyment she felt doing community-oriented work, regardless of whether it would be considered 'proper psychology'. In contrast to Amanda's resistance, which resulted in more of a compromise narrative, Vanessa had a strong resistance narrative that asserted her difference and emphasized her conviction of being a different, 'other' therapist. Where Amanda looked to bringing together the different ways of being a psychologist, Vanessa was disparaging of the individual approach.

Although the community work that Vanessa has been involved in has largely been with black disadvantaged communities and has been concerned with relevant and appropriate service provision, she claimed to have had a problem with this political definition of what community psychology is. She believed that community psychological principles could be applied to any community or group of people, but that the places where people practiced led to the 'connotations' that community psychology was psychology that could only be applied

to 'black', 'poor' communities. These criticisms have also been reported in the literature (e.g. Butchart & Seedat, 1990; Maw, 1996). Having said this though, Vanessa made it very clear that the work she chose to be involved in, was in poorer communities and would fall into the political definition of what community psychology is. She strongly believed that being a psychologist in the South African context was about reconstruction and 'shifting ideas' stemming from the legacy of apartheid. This is central to prevent the continuation of widespread mental ill health. The way to do this, she believed, was to create re-building opportunities and to start with intervention programs in communities; a challenge she has taken up through her work. She felt strongly about this and said:

If you are not doing that, then you might as well be practicing in Europe or America.

Vanessa emphasized the importance of adjusting the practice of psychology to fit the South African context. Her narrative incorporated the local demands and transformations in psychology through the importance she placed on the specific roles of the local psychologist. Implicitly these differ from the roles of professionals abroad, since the unique social structuring of South Africa has meant that local psychologists are confronted with difficulties which differ from those in other countries (Steere, 1984).

Frustrations and sustenance

Vanessa described the profession of psychology as one that is often 'enormously frustrating'. Working in underprivileged communities, the biggest source of frustration for her was the lack of resources, the inefficiency of existing organizations, and the general apathy amongst teachers in preventative work with children. Although she described her work as very challenging, this challenge itself was what sustained her. She also felt very strongly about discipline. She placed boundaries between what she did during and after working hours and described being in an ordinary supportive relationship as a great source of sustenance.

And I think one of the things that has been hugely sustaining for me is that I don't carry my 'therapist' veil around me wherever I go. Um, when I walk out the door it drops. For *me* it drops. Other people may have that veil over me, but I drop it. And so when I go home, I'm just mummy, I'm the gardener, I'm the cook, and that likes doing ordinary things. It's not a veil that I carry with me all the time. Um, ja, and um, I think that in fact has been the biggest thing that sustains me.

Vanessa believed that her work as a psychologist exposed her to contexts and experiences, in which she was continuously learning, that never a day passed that she did not learn something new. She loved working with children and particularly with students, since ‘there is an opportunity of not changing one or two people’s views about where psychologists and psychology can go in South Africa, but for dropping the seed with many people’. Generally she found her work ‘incredibly rewarding’ and was confident that her choice of profession was the right one for her. She said:

I can’t imagine what I would be doing if I wasn’t a psychologist.

Summary

Vanessa’s narrative largely centred on socio-political factors as contributing to her choice of profession. Her interest in South Africa’s political history and working in ‘relevant’ ways to contribute to mental health for all was evident. She placed great value on activism and advocacy within the profession as a means to broaden the roles of psychologists and in increasing awareness about these diverse roles psychologists can play. She strongly identified with the community aspect of her training, but also, perhaps slightly reluctantly, learnt the value of individual ‘mainstream’ work. The diverse contexts in which Vanessa continued to work emphasized her beliefs and attitudes regarding the profession. Although she was able, in the interview, to recognize the role her father’s death might have played, she did not explicitly employ an individualized, ‘wounded healer’ narrative. Her narrative was largely political, one of resistance, unlike the ‘compromise political’ narrative of Amanda. The more individualized tone of the narrative crept in much more subtly. Therefore, this was a political narrative but included a resistance sub-narrative that did not allow for much compromise. The story of Vanessa, as a colored person growing up during apartheid, highlighted group suffering. She also described psychology as an expression of family. Vanessa drew strength from working with children and particularly with students. She talked about the profession as being rewarding, providing an ongoing learning environment and the right choice for her.

4.3 Case study three

Background history

Linda is a 43-year-old, white South African woman. She explained that in high school she developed an interest in the field of psychology, a ‘fascination’ about the way in

which the ‘mind works’. This she attributed to having read a biography of Freud, which she found ‘very interesting’.

That it started an interest for me in trying to understand how, uh, people thought about things and felt about things.

Although this was the case, Linda had not, at this stage, made a ‘conscious’ decision to become a psychologist, but merely realized that she was interested in ‘the area of psychology’ and in ‘exploring it further’ at university. In fact, throughout most of her high school years, Linda thought that she would study law and even went as far as to learn Latin at school in preparation. She did not really give a concrete reason as to why she eventually decided against pursuing law as a career but, when asked if it was Freud’s biography that changed her mind, said no, jokingly adding that it was ‘probably how awful Latin was’.

When Linda then entered university she did not quite know what exactly she wanted to do or which profession to pursue.

And I kind of was more intent on just being at university and having fun. You know, I remember going to orientation and saying to my friends, what are you, you know, registering for? What subjects are you taking? Oh okay, maybe I’ll also take that one. But I knew that psychology was one that I wanted to take.

Linda registered for psychology in her first year, but reported to having been ‘somewhat disappointed’ by the course material. She did, however, admit that although she ‘wasn’t particularly interested’ in what they were studying, she was not completely put off and majored in psychology. Her family emigrating in the middle of her second year interrupted Linda’s undergraduate studies. At this time she left university but returned after a year to complete her second and then her third year. She had still not decided on psychology as a professional career and after completing her undergraduate studies, she started teaching at a school. Because her two major subjects had been psychology and history, she was employed as the guidance teacher and was very happy in this post. It was only after losing her job at the school ‘for political reasons’ that Linda returned to university for psychology honours, following which she enrolled for professional training in psychology at the master’s level.

Why psychology?

Chance encounters

Linda described her becoming a psychologist as something that happened by chance. She felt that she had fallen accidentally into the profession and did not recognize it as a long-term career mission. As Linda explained, she ‘sort of stumbled back into psychology’ after losing her teaching job. She taught for approximately three years in total, at two township schools. She explained that, during this time, which was in the mid-eighties, ‘things were quite disrupted at the schools’. Political unrest at black government schools was rife, and Linda became politically involved in her capacity as teacher and member of the teacher’s union. She lost her job and was blacklisted. The way in which Linda described what happened at this point in her life, how she was uncertain of what to do and, ‘stumbled’ back into psychology, gave the impression that she almost had to be persuaded to study psychology.

Um, a teacher at the school that I was teaching at, she said she is going to register for a part-time honours course at [the university], why don't I come along. Um, and it was a bit like, well I'm not quite sure what I'm going to do next year. So I said - I thought, let me go along. Um, so I literally went with her to [the university], and at [the university] bumped into someone that I had been working with - in a political context. Um, I've worked in a detention treatment organization. Um, and she went - I mean literally, she bumped into me and she said, come and do honours here. And I said, weeeell I'm thinking about it. She said, come on. So I did. And then I did my honours at [the university], and three quarters of the way through the year, she and one or two other lecturers said, apply for masters. And I went uuuuhh, I don't know. They said, come on apply for masters. And I kind of applied thinking I wouldn't get in, and then I got in. And then that's how I did it, ended up doing it.

The idea that Linda had to be persuaded in this way seemed to contradict her early interest in psychology. However, although Linda initially spoke about her interest in psychology starting after having read Freud's biography, she was very clear that at this point she had not thought about actually becoming a psychologist. Much later in the interview she again made it clear that her high-school interest in psychology was more ‘a fascination with the field of psychology’ and ‘the way in which the mind works’, than a concrete desire to become a professional psychologist and help others. At this point, her narrative showed more of an academic interest. She seemed to want to make it clear that she was not the typically clichéd ‘helper’ that one might think she was.

For me it was more, it was definitely the sort - the intellectual aspect. Um, that you could understand the way the mind works. That's what I thought psychology was about. But then it was more about understanding human behavior. And more at an intellectual level. That excited me. Um, I could understand why people do the things that they do.

Having completed her undergraduate studies and working as a guidance teacher, Linda became very 'committed to being part of the education system'. Her narrative, gave the impression that had Linda not lost her job, which she 'enjoyed a lot' she would never have returned to university. The idea that Linda had to be encouraged to continue her studies in psychology could possibly have been because her understanding of the profession, at that time, was largely influenced by the biography of Freud. Perhaps her sense of what psychologists are and what they do was limited to the conventional, psychodynamic, mainstream forms of practice. The narratives that psychologists employ to explain their lives and choices (e.g. Dryden & Spurling, 1989), highlight common themes that are congruent with many models of the mainstream practice of psychology. Although the literature certainly demonstrates the move locally within the profession to include broader social interventions in the way that psychology is constructed (Duncan et al., 2001; Freeman, 1991; Gibson & Swartz, 2000; Pillay & Petersen, 1996; Seedat et al., 2001), opening up ways of working as a psychologist in these contexts have been more of a challenge, mostly due to limited resources (Pillay & Petersen, 1996). This limits the narratives available to local professionals and the limited narratives available perpetuate limited ways of being a psychologist. Linda's work as a teacher and consequently her political inclinations implicitly contradicted this mainstream way and she was searching for something she could do that would be politically relevant. Unlike Vanessa, she was not aware from the start that the profession could indeed be used in politically relevant ways. Even when she was already continuing her psychology studies, it was in the hope of returning to the education system. Thus there seems to have been a mixture of an academic interest in psychology and an attempt to find her way into some sort of profession. Her narrative therefore highlighted a search for professionalism.

Political influences

Through Linda's narrative it became evident that her work as a teacher and her 'commitment to the education system' was not simply about teaching, but also about being politically active in her capacity as teacher and her role during a time of political

activity within schools, particularly at schools where unrest was rife. Her political interest had, however, originated long before she started teaching. Her early interest in the 'intellectual aspect' of psychology and in 'understanding why people do the things they do' not only referred to understanding individuals but also society as a whole. She described having had a keen interest in the 'country and what was going on'; she was 'politically interested' and later became 'politically involved as a student'. One gets the sense, however, that her political involvement only really became serious during her years as a teacher. Later, when she entered the honours course, she made a connection between a career in psychology and politics, which prior to this point had 'felt like two separate arenas' for her.

I didn't, at the time, growing up, I didn't link them. I mean I was interested. I was politically interested and became politically involved as a student. But I didn't really make the connection. When I went and did honours, what I thought I would do was, I thought that it was a way to get back into the school. I thought that I wanted to find a way back in, um, as a school counselor. And by that point, I was - then the link between the career and politics was made.

What is interesting is why it took so long for the link to be made. Linda could not initially see psychology as a form of political intervention. This could be attributed to the fact that psychology had for a long time turned a blind eye to the role it could and should play in the country's transformation and remained 'scientifically neutral' (Duncan et al., 2001).

Given Linda's political commitment, the connection she made between politics and a career as a psychologist must have gone a long way in acting as a motivator for her to continue professional training. At this point, she may have found a reason to become a psychologist that she could identify with from a political framework. Her narrative was centred around politics and an interest in the socio-political conditions in South Africa. However, it was only once she had had contact with the profession, as an honours student that this narrative could be adapted to construct psychology as a form of political intervention. In this Linda, like Vanessa, departed strongly from the conventional narratives of personal pain and suffering.

In analyzing the interview material, I found it hard to establish whether Linda's early political interest led her to teaching in a highly politicized environment and being so

politically active as a teacher, or whether this environment made her more politically aware and fertilized a general, but not serious, interest in politics. Was it her interest in what was happening politically in the country that resulted in her fascination with the way in which the mind works and understanding why people do things, or did a general interest in people's actions unfold into a specific interest into people's political actions? Either way, by the time she had decided to return to university, at which stage she had linked politics and psychology, she was so politically committed that she specifically chose a university which she felt was 'much more politically outspoken' and in her opinion 'had a reputation for being a struggle university, particularly at that time'.

I thought that I was going to get a training at [the university] that would fit in with my commitment to the struggle - whatever that meant then and now. But I wanted to go to [the university]. I didn't apply to any other university, because it felt like that that would be the right political environment for me.

Family and childhood influences

Linda did not speak much about her family of origin during the interview, nor did she attribute her career choice to their direct influence. However, a short exchange between us, which initially seemed unrelated since it was about how she first became conscious of what a psychologist is, revealed much about her and the role she felt her family, specifically her father, played in her life and career path.

I didn't think that I was conscious in my childhood, or growing up, of professional psychologists, or professional helping service. Um, I knew about psychology and psychologists as helpers, more through - I mean my father, who is a lawyer, did a lot of family law. He did a lot of custody work. And he used to use the services of a psychologist, who became quite a good family friend. So I mean I knew about that kind of work that psychologists did. But I think I had very little consciousness around what psychologists did. Or where you go to if you have emotional difficulties, or need help. Certainly, I think it only came in adulthood.

Linda's father may in many ways have expressed respect and admiration, either directly or indirectly (by virtue of their friendship and trust, both professionally and personally), for this psychologist and the work that psychologists do. Linda's interest and 'fascination' with the field of psychology may be described as an attempt to identify with her father. This interpretation was given credibility by the fact that, like her father, Linda wanted to be a lawyer during her adolescent years. The only two professions that Linda showed an interest in while at high school were therefore both related to her

father and the work that he did. Quite early on in the interview, before the above exchange took place, I was trying to clarify with her, the extent to which Freud's biography may have set her on her career path. Her response was:

I mean I think I - that is certainly what I can remember as something that stuck out. Um, I mean there must have been other influences that made me think, oh this field, psychology, is an interesting one.

Linda never directly elaborated on what these other influences may have been. However, it seems evident that her father played a big role in the course and shape of her career, although she may not have said so directly, or perhaps did not even consciously realize what 'the other influences' could have been. So again, as in Vanessa's case, Linda's narrative presented psychology as an expression of family. Linda did not become a psychologist because one of her parents was directly involved in this or a similar profession but her story alerted one to the fact that family influences are central in an exploration of career choice and motivation argued by Earle (1931).

Linda reported that, when she had decided on pursuing psychology as a career, people were generally 'pretty positive' and that her family was very 'supportive'.

Everyone thought that it - I suppose most people said to me, ja, I think it's a good idea. I think you would make - whatever that means - I think you would make a good psychologist, was generally the feedback I got.

Although Linda received only positive feedback about her career choice, she was very clear that even if this had not been the case, it would not really have influenced her much since not only was she already thirty years old at that stage, but also as she said:

It was more about what I wanted to do. So I was going to do it.

Initially this seemed to contradict the idea that Linda had to almost be persuaded to study psychology. However, on further analysis, I realized that perhaps once she had decided to go back to university and had made a link between psychology as a profession and politics, Linda's mind was made up and she was more certain that that was what she wanted to do.

Unlike the others I interviewed, Linda did not once incorporate, as part of her story, any aspect of the many common themes commonly documented in the literature about the narratives psychologists generally employ to explain their lives. Even Vanessa's narrative, which very strongly emphasized a political orientation, allowed a space for the inclusion of a more conventional side. Linda, in telling her story, did not give any indication that there might have been several narratives, running side by side. On the contrary her narrative brought together aspects of her experiences that unfolded and constructed a single political narrative.

Becoming a psychologist

Formal and informal training

Linda described her formal training as a psychologist as 'a watered down psychodynamic training', which 'didn't really have a model'. Given her political interests and her reasons for specifically choosing the university she felt portrayed itself as an institution that offered a training which resonated with her political interests rather than offering a purely psychodynamic training, she was somewhat disappointed. Her main interest at that time was in 'community-focused' training, since when she started she did not think that she would be 'interested in working as an individual long-term psychoanalytic therapist'.

Uh, I mean I think [the university] at the time and now even, I'm not sure, I think prides itself as being more socially relevant. Um, but it wasn't my experience. It was just an ordinary straight clinical training. But uh, I suppose it was slightly apologetic for what it offered. So it was neither here nor there. And in that respect it was a little bit of a disappointment. That was *a lot* of a disappointment. Um, because it wasn't, it didn't, it certainly wasn't a community training. There is no such thing in this country. Um, but as I say, it was a somewhat apologetic clinical training.

Linda added:

I thought that [the university] would offer me a training that had more to do with where people were at in South Africa than any other university.

However, she reported that, in retrospect, she was not sure whether what she *thought* she wanted at that time was *really* what she wanted. The reason for this is that, when she did her honours degree, all she thought about was going back to a school as a school counselor. After this, whilst doing her master's degree, she reported to having been more 'open' to being taught and influenced, but in ways that would lead to 'a different kind of work than a private

practice set-up'. However, like Vanessa, Linda's training influenced and taught her the value of individual, long-term psychodynamic work, which she said she was 'very interested in now'.

The training influenced my ideas around how to use, uh, psychology, and how everything fitted together. I mean I became much more, I suppose I became much more interested and influenced by psychology as a relational science and therefore working more with the individual, than with communities.

This change in attitude seemed to depart from the very political story she told earlier, which did not open up a space for the 'personal' and 'individual' motivators. In this sense then, her earlier narrative was not congruent with the particular model of practice, which, following her training, Linda became interested in. The argument by Gilbert et al. (1989) that the practices of professionals in this field are influenced during training and through the availability of learning experiences, was thus evidenced in Linda's account. Accommodating these new interests, however, in no way indicated that Linda had lost interest in working in socially relevant ways, but she was afforded the opportunity to see the value of working in ways and settings that, prior to her training, she had no interest in. She did admit that this could be attributed to the fact that the training demonstrated how difficult it could be to use one's skills outside private practice. According to Stevens (2001), regardless of the many changes in the profession, the training model still leaves much to be desired. He writes: "For all the rhetoric about training clinicians who can relevantly meet the needs of the majority of blacks in South Africa, clinical training has remained largely westernized and mainstream" (p. 48).

We weren't offered anything other than, I suppose, an individual model of working. So what the training did for me was made me realize that actually, what's easiest, what I'm being fed most of, is how to work as an individual private practitioner.

In this way Linda's story may have helped her to justify her choices and interests, which contradict the strong convictions she had prior to qualifying as a psychologist. Her formal training therefore largely influenced Linda's identity as a psychologist and the shape her career as a psychologist has taken in terms of the context she works in and is interested in. However, her work as a teacher, as well as her work in a detention treatment organization prior to her training, had both resulted in her being involved in a political context and resonated with her commitment to politics and her interest in working in socially relevant

ways. In so doing, it contributed towards the informal training and formation of her identity as a psychologist.

I suppose I've remained somewhat committed to the idea that it would be nice to use psychology and to use my skills in a way other than just working in private practice. But that had more to do with just what I believed going into the training. Not so much what I got out of the training. Um, and the training, I suppose what the training did was made me realize just how difficult that is.

Being a psychologist

Early perceptions

Linda explained that, when she had decided to return to university, she did not really have any expectations or could not even imagine what being a psychologist would be like. Much earlier on she had thought psychology was about 'how the mind works' and about 'understanding human behavior'. This understanding of the profession might have been influenced by the way in which her father used the psychological expertise of his friend as well as Freud's biography. But even this perception of the profession she did not claim had been linked to what it would mean for *her* to be a psychologist. Her commitment was to teaching, and all she was interested in was returning to the 'education system' as a school counselor. It therefore appeared that she wanted to use the qualification in that capacity and did not think of herself as becoming a psychologist in the traditional sense. She did, however, admit that her early perceptions and expectations of how she would use the qualification were dramatically changed during the course of her training.

Working as a psychologist

After qualifying as a psychologist Linda stayed on at the hospital where she had done her internship for four years, doing 'straight clinical work', by being involved in hospital programs.

I mean I ran a ward for two or three years there. And that, you know, I mean I ran an inpatient program. I did rounds seeing people individually, ward rounds, uh group work.

After leaving the hospital, Linda worked in a community mental health context. She described this job as consisting of a community multidisciplinary mental health team, whose task it is to develop mental health services at primary health care level. At the time of the interview, she was still working in this post as well as running a part-time private practice.

Although Linda described her job as being a 'state job' in the public sector and that she is 'in a community post', she emphasized the fact that she did not define herself as a community psychologist.

I define myself as - well I - in terms of where I'm most comfortable, I would say, first and foremost, I'm a therapist. And then I would say that I'm a public sector psychologist, uh, involved in developing services.

She spoke about considering whether to give up her public-sector job to go into full-time private practice. Although she emphasized the value of psychological services at primary health care level and the importance of ensuring that 'as many people as possible have access to some kind of basic psychological service', she described this work as 'difficult' and 'exhausting'.

So it's a huge task. And quite a thankless one. I mean it's very difficult, few resources and - but that's what it means.

Linda said that she would love to do both private practice and continue her public-sector job and that 'they compliment each other', but if she had to give up one, it would be primary health care. Given her determination, before starting her training, to 'use her skills in ways other than just working in private practice' and to 'being taught in ways that would lead to a different kind of work than to a private practice set-up', it was evident that her interests had changed dramatically over the years. This is not to say, however, that her attitudes and beliefs had changed, as they still reflected a concern from a socio-political context.

But certainly I think that, you know, that the job of the psychologist in South Africa is to take care of the individual, but also to point out to, and to look at things that are adversely affecting the mental health of our society. And there's plenty to look at.

This demonstrated an awareness that the practice of psychology should be placed within the broader social context and should be adapted to fit local demands. Linda believed in the importance of all work done in all contexts, which was evident also from the fact that she has up until now worked, and enjoyed working, in both private practice and public service provision.

If you're asking me do I think that every psychologist should, you know, be an advocate, should every psychologist be working in a non-private practice setting? No

I don't think that. But, I mean, it goes with an understanding of human behavior, it goes with an understanding of development. That we should notice and comment on what affects healthy or unhealthy development.

It is interesting to note that although Linda was motivated by politics and, in telling her story, presented a political narrative in creating meaning in her life and career path, there was not only a shift into individual work, but a greater interest in working privately. She emphasized how the training she received was psychodynamically focused and that students were not offered 'anything other than an individual model of working'. In this way Linda, through her narrative, was perhaps able to justify the type of work which interested her now, and the enjoyment she felt within it.

Frustrations and sustenance

Linda described her work as sometimes being 'enormously draining' and that it was frustrating on a daily basis, specifically at her primary health care job, since 'there is a huge need and limited resources'. Regardless of this, however, she talked about the work being 'interesting' and 'varied'; and said:

I remain most interested in people and human behavior and psychic life.

Linda said that, although being a psychologist, doing the work she did, was rewarding, it was a job she would not do without being paid and that it sustained her to earn a salary. When asked whether she thought becoming a psychologist was the right choice for her, She responded as follows:

Yes I do. I still can't think of anything - well, there are times when I think I'd rather be doing something less draining. Because there are times when I feel this work is enormously draining. But I don't - I know that if I had my life over, I probably would do it again.

Summary

Linda's narrative clearly outlined psychology as a form of political intervention. She described herself as stumbling into the profession after losing her job as a teacher due to political reasons. She remained mostly interested in political issues and was interested in a training that would offer her community-based skills. Her narrative seemed to divert from many of the more conventional emphases of individual healing and she presented a clear single narrative dealing with political activity. However, through her career there has been a

shift to individual work. Her narrative appeared to be at odds with what she did do. Perhaps Linda felt guilty about not taking up a more political role. This may explain why she reiterated the fact that the training consistently reinforced the notion of an individually-oriented professional. Linda's case raised the question of why there is this drift into individual work even by people with such strong, explicitly political narratives. It may suggest a schism between political idealism and reality, where individuals have a socio-political trajectory but end up doing individual work. At no point did Linda refer to any conventional form of personal suffering as a motivator. Her narrative described psychology as an expression of family values and also subtly introduced professionalism as a sub-narrative. Although her work could be 'draining' at times, Linda found it to be rewarding and still believed it to be the only profession for her.

4.4 Case Study four

Background history

Thulani is a 33-year-old, black South African man. Thulani explained that he had never thought of pursuing psychology as a profession while growing up. He had always been interested in medicine and wanted to become a doctor. It was evident from his account that, from early on, establishing a profession and particularly a medical career had been very important. According to De la Rey (2001), education policy under apartheid was explicitly intended to reproduce and maintain a racially divided political, social and economic structure and in spite of the efforts by the democratic government to develop an integrated and equitable system, these historical differences are still evident in the current higher education system. These challenges facing blacks in this country may explain the value placed on professionalism, and why having a professional identity may be important particularly for black, working-class people. Thulani described himself as coming from a poor working-class background, and the emphasis on a professional identity might have been seen by him as a way to overcome the struggles associated with such a history. After completing high school, Thulani was, however, not accepted into medical school and began looking for an alternative that was related to medicine, which would help him get in at a later stage. His perception of psychology was that it was similar in many ways to the medical field; later he realized this was incorrect. In addition to the fact that he related psychology to medicine, Thulani also chose to enroll for psychology in his first year because, being at a very small university with few courses to choose from, psychology was seen as more 'sophisticated', 'elite' and 'complicated' than many of the other courses offered. When Thulani started studying he

found that he not only did well, but was 'enjoying psychology' too. Still he was not thinking about psychology as a profession or continuing with it at a postgraduate level. After graduating he was interested in joining the correctional services as a prison warden and using his psychology background to do some counseling.

You know your lay counseling kind of thing. Um, not professional psychology. It felt like too hard for me because I was aware that one needed a master's degree to be able to practice and to register as a psychologist.

It was only after being turned down that Thulani returned to university to do an honours degree. He was still not interested in professional training and after honours applied once more for a position at correctional services, as well as for a job with a research agency. But he ended up back at university for professional training at the master's level.

Why psychology

Chance encounters

As was the case with Linda, to Thulani, becoming a psychologist was something that happened by 'chance' and he too did not initially recognize it as a long-term career mission. His reasons why he felt this way were based on the events leading to his professional training: not being accepted into medical school, choosing psychology as a subject based on its status and his perception of its relation to medicine, and not being successful in his job applications. Although Linda and Thulani both felt that becoming a psychologist happened by chance for them, their reasons for such a claim differ. She struggled to reconcile her political interests with professional psychology. It is ironic that, in contrast to the political idealism of the white psychologist, which was her main reason for why she accidentally fell into the profession, this had nothing to do with why Thulani felt this way. He was enjoying psychology and doing well in it, but said:

You know becoming a professional psychologist was - it just felt like too demanding - it would take too long to train for that. So it wasn't something - much as I aspired - you know at undergrad, I became aware of psychology and then it became one of the options, but it was more like an aspiration. I aspired to become a psychologist. But um, I considered some practical things as well. Like the time it takes, the fact that I needed money, I needed to look after my family and stuff like that. Um, and as a result it wasn't a top priority. It was clearly by chance.

Perhaps the issues that concerned Linda are factors that could be considered a luxury that a black student, from a working class background, could not afford. This indicates that, in considering options, there are very different concerns for different people. In Thulani's case there were practical obstacles, which took priority over the more common concerns of choosing one profession over another. It is interesting to note that these very same factors would have stood in his way of studying medicine too. After his honours degree, Thulani was once more intent on finding work and was in fact offered a job as research assistant within a research agency. However, his student counselor at the university insisted that he apply for selection for a clinical master's degree and he did, although at this point he did not believe he would actually do the course.

So just to please him I applied to one university, which was [the university]. And um, I mean I didn't think I was going to get in. I knew the competition was tough. I had told myself already that I'm going for this job. And ja, which is why I say, it was by chance; because there again, it felt like I had to stumble across each level to become a psychologist. I stumbled across being selected at [the university] that shaped my decision really, for it you know. My plan for the future, that okay, let me take up this two or three years to study and then work after that.

It initially seemed that Thulani had to be convinced to pursue professional training in psychology. However, on further analysis it became evident that, given the fact that Thulani saw becoming a psychologist as an 'aspiration' but not something he could 'actually do', he might simply have been uncertain about his ability. His acceptance into a master's program clearly changed this, which is when he started planning for his future as a psychologist. Therefore, although Thulani felt that he had fallen accidentally into the profession, his story certainly described himself as having ambition and wanting to continue his studies. Perhaps telling his story in this way helped Thulani justify why he in fact did become a psychologist and helped him feel better about the fact that he could not pursue his childhood dream of becoming a doctor.

I mean the selection process for clinical psychology if you know it (laughs) you know, if you manage to make it you know, through the selection process, um, I don't think you have any choice but to be grateful and to want to do it.

Although Thulani emphasized the fact that he became a psychologist 'by chance', through his narrative it became evident that there were several experiences during his childhood and high school years that had also played a role in shaping who and what he became. It was also

apparent from our exchange that Thulani was separating the events that had led to his training, of which he was conscious at the time, from those, which he in retrospect believed must have unconsciously predisposed him to the profession. His account therefore stressed the accidental pathway to the profession, but clearly recognized the limits of his conscious understanding at the time. His retrospective beliefs about ‘unconscious’ determinants perhaps were only recognizable once he had had contact with the profession and could discern how psychology resonated with internal needs. He might not have realized it at the time, but if it were true that these events had predisposed him to the profession, it was not surprising that he had been interested in becoming a medical doctor. He had been unaware of psychology as a profession whilst growing up but knew of medicine. The fact that both are thought of as ‘helping professions’, did perhaps make them seem quite similar.

Childhood experiences

Thulani started his narrative by initially talking only about the ‘chance’ events that led to him becoming a psychologist. Much later in the interview, he was more at ease and, I could sense, more comfortable as he started talking about his childhood. It was evident from our exchange that he thought of the experiences he had had during his childhood as having ‘unconsciously’ influenced him and his career choice. It seemed to me that he initially found it hard to talk about this since, in the same way as Amanda and Vanessa, he started this exchange by first talking about how psychologists in general might have chosen their profession out of a need to heal themselves. In identifying with others and grouping his experience it might have been easier for him to talk about this personal aspect of his narrative.

If one speaks about the unconscious uh, although this might not necessarily apply to all psychologists, but um those people who go into the helping professions um, are in some way um, you know they may seek some kind of meaning or wish to help themselves in line with that.

Once again there is evidence for the commonly held perceptions (by psychologists themselves and the public at large) about psychologists and their motives for choosing to work in the helping professions. In this particular case, Thulani also employed a ‘wounded healer’ narrative in which psychology was chosen to heal and help the self and in this way connected with personal experiences and suffering (Gibson et al., 2002). It was only after he had made the above statement about psychologists in general that Thulani was able to talk more specifically about his own childhood. For most of his life his parents had worked away

from home, which had a 'significant impact' on him that he described as 'quite painful'. The absence of his parents meant Thulani had a lot more responsibility than children generally have as he took on the role of the over-responsible, parentified child (Goldklank 1986). This experience left him feeling that on one level he was a 'grown up' but on another level just a small child.

A child that was left you know at some level, that kind of a child that was hurt inside, you know, feels, you know, wants to be looked after and cared for.

Thulani explained how this experience might have influenced him:

So I suppose um, being in the helping professions and looking after other people, to put it in a very loose way, looking after other people um, facilitates you know that kind of feeling that you are in some way looking after yourself. Or you have looked after yourself as well. As you see other people deriving some satisfaction and some positive outcomes from contact with you as a therapist, um there is a part of you that, along with those patients that go with that positive feeling, um there is a part of you that is left with a positive feeling.

Skyner and Schlapobersky (1989) have argued that, mental health professionals are often drawn to the profession because of a problem in their family of origin. Thulani's story certainly resonated with the conventional narratives found in the literature. Growing up as a parentified child was difficult for him and as an adult left him with many unresolved issues, which may have influenced his choice of profession (Roberts, 1994). As Thulani himself said, choosing a profession in which he could look after others, facilitated looking after himself and in this way he felt he was able to replicate a childhood experience (Pines, 2000) and was provided with what he needed as a child.

From this it seemed that Thulani saw himself as having been unconsciously drawn to the profession out of a need to resolve and heal some part of himself. He explained that, when one has a significant difficult childhood experience, such as growing up with your parents mostly absent, you 'develop internal means to cope'. Furthermore, he believed that once you had the capacity to look after yourself, you felt the need to share that, by looking after other people and helping them find ways to look after themselves too. It was evident that he also believed that the profession could be used, in a sense, to remove oneself from facing such a painful past by reversing roles as well as giving one a sense of power, of being in control, something which might have been absent in childhood. He employed a narrative to explain

his life and career choices, which described psychology as a means of healing and therefore, as with many others, the common themes of the wounded healer and significance of childhood experiences were present in his view of himself and his professional journey.

You felt like you wished that you know, your important others could have been more available and present, when they were not because they absolutely had to be - and you understand that. So to sit on the seat of someone who is capable allows you to deny or to suppress or whatever, to denounce that experience that you know, in the past I had to be helpless and to - You are the provider instead of the one that is in need. You are the provider. So it increases the distance between you know, being there and in need and being where you actually have something in abundance, and you are giving it to other people.

Like Amanda, Thulani was greatly affected by the 'absence of family', although the particular circumstances differed; for her it was emotional absence and for him physical absence. Nonetheless, both of them constructed psychology as a separation from their families. This separation prompted them to fulfil a childhood need that they felt they were able to satisfy through psychology.

Thulani believed that, because of the way in which psychology as a profession often resonates with significant, difficult personal experiences such as his own, it was imperative for psychologists and particularly training psychologists to be in personal therapy. This allows them the ability to separate 'what is personal from what is the client's', and allows the psychologist to be more objective in their contact with their clients. Like others, he too saw psychology as an apprenticeship learnt through therapy, but specifically in the sense that therapy is needed to help one come to terms with one's personal wounds in order to be truly available for the client and for empathic immersion (Chippindall & Watts, 1999; Norcross in Dryden, 1991; Roberts, 1994).

Personal characteristics

Thulani had not considered psychology as a profession nor was he even aware of it during high school. However, once he was studying psychology, one of the reasons he wanted to continue with it was because of what had already been happening when he was at high school. Not only had his friends approached him for help with their personal problems, but he had also had a desire to be of help to people who needed it. This too indicates how, once he had had contact with psychology, he recognized the way in which it resonated with the type

of person he was. This reference to personality type and qualities that predisposes one to certain professions is congruent with Sofer's (1974) argument that some categories of persons have qualities that fit them better than others for entry into certain occupations.

So if things went wrong and I happened to know the people personally, then I would have a strong wish to intervene and in some instances of course they would come and talk to me about it.

One of the conventional themes conveyed in the narratives that psychologists employ to explain their lives has been 'having a psychologically sensitive personality'. They are generally thought of as kind, sensitive people who care about others and are motivated by concern (Norcross and Guy, 1989). Thulani's narrative too conveyed this theme. He recognized that when he was at school, he obviously did not have any counseling skills but the wish to offer some assistance was present. It is possible that, had Thulani known about psychology as a profession at that stage, his desire to become a psychologist might have originated a lot earlier than it did. He showed an interest in other people and in helping them with their problems, which led to his interest in a helping profession he was aware of, medicine. This early interest might later have been the reason why he enjoyed psychology as much as he did.

Political influences

Unlike many of the white and colored psychologists, Thulani did not directly attribute his choice of profession specifically to socio-political experiences. He did not speak of being influenced, as a black South African, in a way that led to a need to pursue a career, which could be used to effect change. However, although he did not elaborate much on it during the interview, he did make a comment that clearly indicated to me that he was partly socio-politically influenced. Once Thulani had become aware what psychology was about, one of the reasons his interest in it flourished was as he said:

A wish to help out in the black context of personal problems. People needed to talk.

It is interesting to note that, in the context of speaking about political motivations, Thulani used a therapeutic kind of narrative, which resonated more with an individual, traditional approach (Orford, 1992). As a black South African himself, he believed that he was equipped to use his skills and work in a black context. This is perhaps evidence for the fact that local

psychologists are beginning to recognize that the psychological and sociological/political can be integrated and that they exist on a continuum with each other (Aponte, 1977; Bender, 1976). Having grown up in a black township exposed to the difficulties that many still face in this context, Thulani had a 'need' and a 'wish to contribute and to plough back'.

It is interesting to note how the political narratives vary from one person to the next. In telling his story, Thulani did not employ a political narrative as a motivator for choosing psychology in the first place. However, as a professional psychologist (since practicing in the field) he did see psychology as a form of political intervention. The way he saw it was perhaps different from the white and colored participants' views. He identified with how he as a black man could use his expertise in addition to his experience of being 'black' and thus previously marginalized, to work in socially relevant ways. He did say though:

I haven't managed to do much of it, is working in you know, in specifically in a township and seeing particularly black people who are in the township. I do see mostly black people now, here, but it feels like it's removed because it's in a white context of you know an alien context you know. Um, there is that wish for me as a psychologist in South Africa, to reconnect with the communities that I grew up in and to work from there.

Perhaps Thulani needed at least to think about a political narrative in which he had not forgotten his origins and could 'give back'. When one enters training, you become part of a different culture, a professional culture. Kleintjes (1991) argues that you assimilate new experiences, roles and responsibilities, which form part of a new identity as a psychologist. According to this author, this process can be further complicated for the black intern, since it could symbolize a transition from what has historically been a black realm to a white one. The black intern therefore, "whose psychological experience is that of being powerless and exploited, may feel a sense of conflict of identity and values as part of his or her transition..." (Kleintjes, 1991, p. 11). Perhaps psychologists, and particularly black psychologists, who come from less privileged backgrounds, as Thulani did, need to construct a narrative that helps them (from a psychoanalytic perspective) to manage anxiety and silence guilt about their professional identity and the fact that they were able to overcome many obstacles to have lives that many from similar backgrounds, who also grew up during and suffered under the apartheid regime, cannot have.

Family influences

It was evident from Thulani's narrative that the absence of his parents during his childhood had significantly influenced him and in some ways unconsciously shaped his career path. Although this absence was 'painful' and left him 'still yearning' to be taken care of, he in no way came across as resentful. As I have discussed in Amanda's case study, this could simply be a protection of his family but could also be an indication of a belief in the fact that as a good psychologist he should by this stage have resolved past conflicts and be psychologically strong. The literature in this regard certainly seems to suggest that this is a requirement for psychologists (Gilbert et al., 1989). Thulani's love and respect for his parents (as well as for his sisters) was obvious in his response to a question about his family's reaction to his decision to pursue psychology as a career. He explained that, coming from a fairly poor family background, in his culture there is an expectation that at a certain age one should start working and supporting one's family financially. Since he was the only son, the responsibility of looking after the 'economic status' of the family rested on him. Continuing with his postgraduate training meant that Thulani was still not able to fulfill this responsibility, and from our exchange it was clear to me that this worried him.

At that time my friends were working as teachers, policemen and so on and earning some money and looking after their families. It was - most of us came from poor families. So um - and my family still didn't have anyone to look after them.

It was therefore very important for Thulani that his family and friends (since his friends offered him a lot of emotional and financial support during his studies) support his decision to continue studying. He explained that he generally did not experience any negative feelings about his desire to study psychology and especially not at the master's level, which was the time that their support and understanding was most crucial.

If they had reacted in a negative way, both my family and friends, I think it would have been very difficult for me to pursue psychology, which takes a long time to complete the training. The fact that they were committed and they were supportive helped.

Becoming a psychologist

Formal and informal training

Thulani only applied to one institution for his formal training and the reason for this, he explained, was because he believed that in South Africa there were only three ‘great institutions of higher learning’. The one he chose was one of these, and his student counselor, while he was an honours student, had very ‘positive things to say’ about that university, since he had himself studied there. Thulani said that, he felt most drawn to that particular university and the fact that he knew nothing of the city, in which this university was situated, attracted him even more.

Thulani described his training as having been ‘quite psychodynamic in orientation’. He also emphasized that at the time that he was training he felt the university was ‘one of the most community-orientated training places to be at’. The value it placed on a community-oriented approach had nothing to do with his choice to study there, though, and Thulani’s narrative did in fact mostly focus on personal internal issues, while the political narrative focused on what he thought he could do after training. This community-oriented focus, he felt, helped him to develop a broader understanding of what psychologists could do.

I don’t have to be seated in a hospital somewhere and looking after the particularly difficult and mentally, you know - or psychiatrically ill. But there is a broader community out there in which I can intervene in specific ways.

Thulani was very clear that he believed the two approaches were not necessarily mutually exclusive and that he did not see a ‘divide between the two’.

I think you know, one can do community work using psychodynamics. Uh, and a psychodynamic understanding of the community. Although you might intervene in a different way, but you could talk about the presenting issues of that particular organization or community or whatever, from a psychodynamic perspective, which is really helpful. So ja, the flexibility that that allows you, you know. That facility - knowing, or being able to grasp the issues of an organization or community or an individual psychodynamically. Although you’ve got the freedom to intervene differently you know, that is very useful for me.

Thulani explained that he was very drawn to the psychodynamic approach. Of the two orientations, psychodynamic and community, it was the psychodynamic that ‘stayed’ with him during and after his training and certainly resonated with the personal story he told

earlier. Thulani said that he enjoyed the ‘mental or the intellectual challenge that the psychodynamic orientation provides’. He described it as ‘the most challenging way of being a psychologist’. It was evident from our exchange that Thulani firmly believed that psychodynamics was what was most valued in the field and that it was what he valued and where he wanted to be seen in the profession. Given Steven’s (2001) argument that clinical training has remained westernized and mainstream regardless of the recognition within the profession that change is imperative at the training level, this attitude is not surprising.

If you are going to talk the language, the psychodynamic language you know, ja, you are amongst the cream of the crop or something like that. Ja uh, so I like that engagement. It feels like that’s where competition is moving, that’s where things are happening. That’s where the challenge is about being a psychologist. Um you know I want that. I quite like it. And that comes from the influence from [the university].

From this last statement it was evident that the training Thulani had received was very influential in his understanding of being a psychologist and in the formation of his identity as a psychologist and the ways he chose to practice. Again there was evidence in Thulani’s story for the pervasive influence the training environment and availability of learning experiences has on a person’s professional choices (Gilbert et al., 1989). The training environment influenced his perception of the field and what was most challenging but also what was most valued in terms of the respect and attitude towards the psychodynamic approach. It did, however, afford him the opportunity to learn more about a community approach and how the two could be successfully integrated. Therefore, as was the case with the other participants, the training demonstrated that the two approaches are not mutually exclusive. In contrast to the others though, who were looking for more of a community-oriented training and then learnt the value of individual work, Thulani learnt the value of community-oriented work, which he had not necessarily been looking for when he applied for clinical training. Thulani did not speak of any experiences outside his formal training that might have been significant in the formation of his identity as a psychologist or that might have had any influence on whom he was professionally and how he worked.

Being a psychologist

Early perceptions

Thulani’s early perceptions of psychology as a profession were that it would be a ‘powerful, wealthy and high status’ profession. He explained that he had learnt quite early on that

although different psychologists 'fare differently in the field', generally psychologists did not earn as much money as he initially thought they did. He did, however, feel that what 'panned out' was his perception of the power that psychology confers. This, he explained, was because of the perception people have of psychologists. He chose psychology as an undergraduate course because it was seen as 'sophisticated' and 'elite'. His narrative suggested his pride in being able to overcome many obstacles and emphasized professionalism as central.

So being a psychologist has got this sort of sinister kind of thing - mysterious kind of - and I like it you know. That's one thing that has panned out for me in terms of being a psychologist. You know, this sort of um personal - its got mysterious powers people, that other people - at least that's just a perception, but you know I like that perception. I like that perception that people think I've got these mysterious powers. So it's sort of, it's nice. It confers a little bit more power of whatever, I don't know, advantage in social relationships and whatever. So I like that very much.

In terms of the work Thulani thought he would be involved in as a psychologist, his perception during training was that he would be a 'practitioner at a hospital or clinic' and do some private practice as well. The way it had in fact turned out is different and Thulani described himself as an 'academic'.

I spend most of my time in academia and if I do think I'll work um, it's on a part-time basis.

Working as a psychologist

Although Thulani described himself as an academic and worked mostly in academia, employed at a university, he had over the years been involved in several quite diverse settings. He had worked for employment assistance programs, drug-related programs, and depression counseling, marital counseling and family interventions, conflict resolution as well as media-related analyses. He explained that most of his time was taken up by his studies towards a Ph.D., but that he was still involved in short-term projects such as conflict resolution and trauma briefing.

So those sort of time related things where I can go you know over three days and finish what I'm doing there.

Although Thulani was very clear that he would definitely go back to working in a more long-term private practice setting, at the time of the interview he was not able to commit to clients because he lacked the flexibility such a commitment requires.

As a black South African psychologist, I have mentioned, Thulani had a keen interest in the mental health of black South Africans and in working in a 'black context'. By this he specifically meant going into the communities and into the townships to work with black clients, not bringing them out of their contexts and working with black clients in a 'white context'. Thulani did, however, recognize the difficulties associated with this but still wished to extend his work and to 'reconnect with the communities' that he grew up in.

Maybe because like I believe that in white contexts there are so many psychologists that um, places where people are really needed is in the townships. That's where there are very few psychologists. But then of course one has to think about you know, the cost of it.

Regardless of these difficulties it was clear to me that Thulani felt very strongly about this kind of work and the importance of addressing the huge need amongst black South Africans for mental health services. His interest in working with black disadvantaged communities such as the one he grew up in, stemmed from a need to 'plough' back some of what he had learnt. At different points in the interview Thulani made it clear that he sought status and prestige. For example, he chose psychology as a first-year course because it was more 'elite' and 'complicated' than the other courses. He placed a lot of importance in training at one of the three universities in South Africa he believed were the 'prestigious institutions'. He enjoyed the perception people have of him as a psychologist with 'mysterious powers'. Thulani therefore sought ways of overcoming his own marginalized background through a profession that would afford him respect regardless of the color of his skin. Having been able to do so, Thulani wanted to be able to contribute to the struggles of black South Africans who have been, and still are, negatively affected by the country's political history.

And um, being a psychologist then puts you in a position to provide, you know, an alleviation of some of that pathology that characterizes our society. Um, given our racialized history.

This interest did depart slightly from the narrative that ran through most of his story. In this sense one could conclude that Thulani to a certain extent did employ two different narratives,

which he intertwined and operated towards coherence, trying to bring disparate parts of the self and experience together. His need for 'status', interest in private practice and working in more traditional settings, contradicted his interest in 'ploughing back' into the black community. Perhaps this was to silence guilt feelings, as it could be seen as less noble for a black person from a working-class, poor background, to be successful and then forget where she/he came from. Nonetheless, the different parts of Thulani's story came together and highlighted a narrative of success and achievement that was central throughout.

Frustrations and sustenance

Right at the end of the interview, Thulani mentioned that he felt quite strongly that training institutions needed to train more black psychologists. He explained that this was important in terms of the need there is for the work that psychologists can do in black communities, where it is preferable that they share the same cultural and racial background as the potential targets for intervention. Another reason why this is so important Thulani explained as follows:

Um, the field can be quite lonely. You know and sometimes, without necessarily being racist, sometimes you need those people that share your background, that you know come from the same - more of a similar background as yours, as support, as support structures, that you can talk to and so on and so forth. So if we remain in low numbers of black psychologists um, I see the profession continuing to be quite lonely.

Recruiting more black people into the profession has also been documented in the literature as a means to reduce racial imbalances (Mokutu, 1998).

Thulani spoke of the change he saw in a client that he had been working with; when a client was able to 'see things differently', as enormously rewarding. He did admit, however, that he did not necessarily see himself as affecting 'healing' in a patient, but what he was more interested in was being able to offer the client an alternative experience and an alternative course, 'which they have to walk themselves'. Often this did not always happen as he would have liked and patients did not always respond in ways that he would have wanted them to. He explained that, along with having to remind himself of what his purpose as a psychologist is, his personal relationships and the support he received from them were very important, providing him with strength and sustaining him in his work.

He believed that, as a professional psychologist, he was still learning every day, particularly through his continued studies. The choice of becoming a psychologist he described as having been ‘absolutely’ the right choice for him.

I mean I am so happy that I chose to be a psychologist.

Summary

Thulani initially emphasized the fact that he became a psychologist by ‘chance’. It later became quite evident, however, that there were several factors that played a role in him becoming a psychologist. From his narrative it was clear that several experiences during his childhood and high school years had drawn him towards the helping professions, which at that stage meant studying medicine. He was not accepted into medical school and it was only once he was studying psychology at the undergraduate level that Thulani’s interest in the profession really started. It was evident through his narrative that Thulani’s background as a black South Africa had influenced him in many ways and he placed great value on a need for psychology to be extended to black disadvantaged communities and for training institutions to train more black psychologists. This attitude contradicted the idea that he enjoyed the power and status being a psychologist afforded him, which had in effect allowed him to be removed from this black marginalized and disadvantaged context. He spoke about a difficult childhood, which made him a parentified child and left him with a need to be looked after and ‘healed’. In this sense there is evidence of a ‘wounded healer’ narrative. Because of the difficulties caused by the absence of his parents, Thulani’s narrative constructed psychology as a separation from family since it allowed him to fulfill a childhood need. He also employed a narrative, which identified himself as having a psychologically sensitive personality that predisposed him to the helping professions. His story also introduced politics, but it was only once he had qualified that Thulani was politically motivated to work in a ‘black context’ and ‘plough back’ what he had learnt. His narrative has to be recognized as different from the others. Central to his story was an explicit success/achievement narrative that strongly ran through most of it. This narrative further surfaced in his emphasis on professionalism and a need for a professional identity that would give him status and respect. He was happy within his profession and believed that choosing to become a psychologist had not only been the right choice for him but had allowed him to continue to learn, something he had no wish to stop doing.

4.5 Case Study five

Background history

Emma is a 40-year-old, white South African woman. The decision to pursue a professional career in psychology was only made in her final year of high school. Until that point Emma had wanted to be a Veterinary surgeon, a dream she had had since being a 'small girl'. She explained that in her final year of high school a number of 'practical things' had stood in the way of her studying veterinary science although she had selected her high school subjects specifically for this. She did feel, however, that it was going against what she 'felt inside', since she was more interested in 'the arts than the sciences'. The biggest practical obstacle for Emma was relocating to Onderstepoort, the only veterinary school in South Africa, which she was not keen to do. She was also concerned about whether she would be able to 'cope' in an Afrikaans institution. She therefore started 'looking around for other things'.

And I had an interest in stories and narratives and mythology and um, and the paranormal and, and all of those kinds of things, which seemed naively to me as a sixteen year old to suggest psychology.

In addition to these interests, Emma talked about becoming interested in issues that she felt are salient and expected to accompany a decision to pursue a career in the helping professions.

So I started thinking, no I want to help people and I want to be useful and all those clichés that kind of came into it.

What Emma referred to as 'clichés', are the common themes found in the narratives of psychologists. These are stories that partly result from widely held social ideas about who psychologists are, and that they are concerned about and motivated by caring for others. These expected qualities that make individuals suitable for this profession (Sofer, 1974) are concern for others (Norcross & Guy, 1989), empathy (Chippindall & Watts, 1999), and identifying with another person's personal pain (Norcross in Dryden, 1991). These ideas are so widespread that they have come to be considered as 'clichés'.

Emma therefore entered university having already decided that she wanted to pursue a professional career in psychology. Once there she found that she enjoyed the work, 'loved' what she was doing and had found her 'niche'. She completed her degree, then did honours in psychology and later enrolled for professional training at the master's level.

Why psychology

Early childhood experiences

Emma's narrative on how she became a psychologist very clearly separated two experiential processes that led to her current profession. From our exchange it was evident that she had come to understand that both 'conscious', and 'unconscious' factors had influenced her. She initially started off by attributing her choices to the events outlined in the previous section. It was clear to me that this sequence of events was how she understood her interest and choice of psychology as a profession at the time when she entered university. Her understanding of what led her to becoming a psychologist has, however, changed dramatically over the years.

But now if I look back, the real story is kind of - if I look back, I realize that I didn't know consciously at the time, but there was a lot of difficulty in my family and in myself. And I think that was an absolutely perfect response to that - my choice.

Like many others, Emma separated two processes and in retrospect, once she had had contact with the profession, it felt as though it resonated with an internal need.

She first talked about the 'difficulties in herself' to which she had referred. She described herself as having been a 'very shy' child and teenager and one who lacked 'a lot of confidence'. She found it very hard to form relationships and to 'mix' with people. She therefore compensated for the difficulties she had with inter-personal relations by 'spending a lot of time with animals'.

I think animals were easier for me to attach to and um, form relationships with than people were.

Although this was the case, at some level Emma had felt the need to develop relationships with people. Looking back, she believed that this need was one of the influencing factors in her career.

Animals were just a lot easier. And I think that was, that was the outflow of my original choice. But I think the choice to do psychology was, *very very* unconsciously, was quite a healthy attempt to move into the world of people.

In this sense she employed a narrative that constructed her choice of psychology as a means of addressing issues from her past and healing herself in this way (Groesbeck, 1975; Roberts, 1994).

The difficulties in her family that Emma talked about, which she believed also ‘unconsciously’ influenced her, were related to the fact that her mother had a mental disorder. Her mother would often have psychotic episodes and, as Emma explained, was ‘very sick’, although her family ‘pretended it was not there’.

At that point in my family, it was not talked about. And in fact I didn't know. Although when I look back I can't imagine how I didn't know. Um, it was really denied and very unconscious. We didn't acknowledge, we didn't speak about it, we didn't name it, we didn't - nobody really knew that she was sick.

The literature has demonstrated how families of origin play diverse roles in the career choices of people. They can be positive motivators (e.g. Bloomfield, 1989; Heppner, 1989) and thus career choice is seen as an expression of the family. However, often they are the cause of difficult childhoods and act as motivators for the individual to want to rectify or make up for these past difficulties (Kottler & Blau, 1989; Skynner & Schlapobersky, 1989). This was the case with Emma. As a result of the fact that her family never ‘acknowledged’ or ‘named’ her mother’s illness, they did not seek professional help. She explained that, at that time, she was not even aware that there was such an option or that they would need it, although she now believed they did. It simply became a normal part of their lives.

My mother would have psychotic episodes. And nothing would be done about it at all. And then I would just be the little caretaker, and kind of try and take care. And I could never really understand why she was behaving the way she was behaving. My father would wash his hands sort of off it in a way. So I was left, as the oldest child, to kind of be responsible, and to take care of it and take care of the family. And that's how we coped with it. So um, things all went underground.

This story also highlighted being an over-responsible, parentified child (Goldklank, 1986), as Thulani's did. In his case, though, his parents were physically absent from the home, leaving him in a care-taking position. This understanding of Emma's family background goes a long way in explaining, why she might have been so shy and withdrawn, since this could have been a defense mechanism she had adopted.

Initially I automatically assumed that the ‘unconscious’ influence this childhood background had on Emma’s career is that it predisposed her to the care-taking professions and that she wanted to work in a context where she could take care of people in the same way she took care of her mother. However, this was not at all the way Emma interpreted the influence her background had on her choices. The professions she thought dealt with the formation of ‘care-taking’ relationships (and she explained, by that is meant ‘looking’ after rather than simply ‘caring’ or being ‘empathetic’) were medicine and nursing. As I quoted Emma earlier, ‘the choice to do psychology was very unconsciously, a healthy attempt to move into the world of people and to make relationships...’ She added:

... different kinds of relationships. And I think also not just caring relationships. I knew I didn’t want to be a doctor, I knew I didn’t want to be a nurse. And in fact in my family I was *very* much a carer. Um, it happened with friends as well and I often hear psychologists say this. I was the one people would come to, to talk. Because I wouldn’t go and talk elsewhere. It was safe to come to me and tell me what was going on - peers. Um, so, um, I knew I was very turned off by the whole idea of being a nurse or anything like that, which just felt like it would be about taking care, which unconsciously I knew I was already doing and it was, it was harmful for me. Um, so I needed to be somewhere where I was making connections and making relationships, but in a different kind of way.

Initially, Emma reported that when she chose psychology it was not out of a need to heal herself. As she reported, it was not a case of ‘healer, heal thyself’. Rather she felt that she had simply found a way to work with issues that she somehow knew were wrong in her family. Later in the interview though, Emma admitted that she did think psychology, as a profession, was a way to heal her mother, heal herself and heal her family but, it seemed, by finding herself and not just by being a provider. Although it took some time for her to acknowledge this, her story highlighted several themes: having a psychologically sensitive personality, healing the self, resolving past conflicts, the significance of early family experiences - generally an overall ‘wounded healer’ narrative. The reason for this apparent contradiction or ambiguity about healing the self became clear in that, Emma explained she couldn’t think of it in these terms because it felt too ‘conscious’ and too ‘direct’. How she preferred to think about it was that, choosing to become a psychologist, was a way to ‘survive’. Telling her story in this way could be a means of managing some anxiety, silencing guilt and disowning a less noble part of herself in terms of how she thought about her family. By turning it onto herself, her narrative allowed for the ambiguous feelings towards her family, since it might

have been easier to say: 'I needed to survive', as opposed to: 'I have a dysfunctional family that I want to understand and heal through my profession'.

Although she did have a 'wounded healer' narrative, it was slightly different from the conventional type in that hers had an underlying sub-narrative of survival. In other words, she constructed herself as a person who had had a difficult past, deep emotionally difficult experiences, but who had moved on from that. The 'survival narrative' positioned her as a strong person, while the other would have shown a more vulnerable side.

I think it was a way to survive, more basically. I think what I first became conscious of was needing to heal others. You know, and slowly came off the different layers. Um, it was a survival.

From this statement in particular I got the sense that Emma's own survival depended on working with other troubled people. She might have needed the reassurance that there are other people in the world who also had difficulties and perhaps this made hers look better by comparison.

Family influences

It goes almost without saying that Emma's family of origin played a major role in the shape and course of her life and career. Her experience with an emotionally disturbed person and the general problems within her family affected her in many ways. These are generally thought of as strong motivators for mental health professionals (Dryden, 1991; Skynner & Schlapobersky, 1989). The way in which her family dealt with their problem was also something she needed to move away from.

So when things happened you just put on a stiff upper lip and coped and you didn't talk about it. Pretended it wasn't there. Um, and I think those - that's why my mom could have such a severe illness and not, it not be known consciously by anybody. Um, and I think psychology was my attempt to break that.

There is therefore evidence of a narrative that constructed psychology as a separation from her family.

Although Emma's family were supportive of her choice of career in practical ways in that she was given the freedom to do whatever she wanted to, she did say that they struggled to

understand her choice. Her siblings, she felt, had been particularly critical and still were. Like Amanda, Emma had chosen a profession that challenged the way her family functioned. However, her commitment was evident and their attitudes had not discouraged her. In fact, Emma reported that she had to a certain degree cut herself off from them and accepted that there were certain things she could not speak about with them. She described their attitude as follows:

People who have mental problems are pathetic. So if you choose to work in that area, you must be like them.

This attitude is quite ironic given that a member of their own family had a mental disorder.

There is a real difficulty understanding why I would want to sit with all - or delve into a world of feeling at all.

Given the 'culture', as Emma called it, in which all these children were brought up, this attitude and the difficulty they have in understanding Emma's career choice may simply be a defense against having to deal with their mother's problem, which is too painful for them, but was something Emma wanted to do.

Becoming a psychologist

Formal and informal training

When asked about her formal training, Emma was not willing to tell me where or when she trained. She did, however, describe it as having been 'analytic'. She explained that she believed the training 'heavily influences' what you choose to do, an opinion which is congruent with what has been reported in the literature (Gilbert et al., 1989). Very often however, personal interests and inclinations towards certain ways of practicing do not resonate with the training offered and many find themselves at odds with the teaching model. For example, Amanda, who was very critical of the training approach. In Emma's case she reported that she was fortunate enough to not have to 'fight' the model.

I think I've been incredibly lucky to find a training, all the way through, just to fall into training that has been where I wanted to go. I mean I was always very interested in mythology. And kind of the analytic and Jungian models fit so beautifully with that, and with narrative and so - I mean it was partly, it was choice and partly it was just luck because I wanted to - knew where I wanted, which university I wanted to go to and that university had an analytic training. Um, so right from first year, I kind of

ended up getting the kind of analytic um, orientation. And it's just always kind of been where I wanted to go.

It was quite evident from our exchange that Emma had not only identified very strongly with the model that was used, but that her formal training was very significant in the formation of her professional identity. It taught a way of practicing psychology that resonated with what she imagined it would be.

I mean those kinds of things shaped me very strongly.

She did not make reference to anything other than her training that had helped her understand the dynamics of being a psychologist and that could have contributed to her becoming a professional. This further emphasized the pervading influence her formal training had on her path.

When she talked about her family history and her mother's illness, something which Emma mentioned made me realize that her training had also played an important role for her personally and had helped her come to terms with many conflicting issues in her past.

Um, it was only as I started training that I began to recognize what was happening, what I was seeing, and understand it.

The training therefore had not only taught and qualified her to practice psychology professionally, but also aided in her own healing process. She did, however, admit that once she had started practicing psychology, it had initially been difficult for her to separate her personal background from her professional role.

And it took many years for me in fact, to step out of the role of, still to kind of, taking responsibility. Trying to fix my mom or whatever, my family, whatever was happening.

There was initially some uncertainty about her reasons for choosing to become a psychologist (e.g. her own survival vs. 'fixing' or healing her family). This may explain why it took her so many years and why she struggled to separate her personal wounds from those of her clients. According to Roberts (1994), it is imperative for psychologists to have clarity about their

reasons for choosing their profession and understand their weaknesses and blind spots if they are to be of any value to their clients.

Being a psychologist

Early perceptions

Emma explained that when she first started exploring the possibility of studying psychology in her last year of high school, her perception of psychology was very different from the reality of the profession.

I had this idea of things like hypnosis and crystal balls and um, you know very new age kind of alternative healing kind of idea of psychology. Um, I think I had the idea of wonderful intense body-mind debates and um, all sorts of diverse and rich healing kind of - ja that kind of new age type of thing. That's what I imagined.

Secondly, Emma thought being a professional psychologist would allow her to be her own boss and have a very flexible schedule that gave her a lot of freedom. She imagined each day being filled with a lot of very exciting activities and jokingly said she obviously knew very little about psychoanalytic frames at that stage.

And I imagined that I'd be - not an easy schedule, I imagined I'd be busy and active, but I'd be here then I'd be there and then I'd be somewhere else and um, doing different things and going to different places. And um, not stuck in a fifty minute hour (laughs). Um, and I don't think I really had a sense of what it would be like. I just thought it would be like really exciting and um, talking to people and hearing interesting things, seeing interesting things. And talking to a whole lot of different people and different experiences.

Emma admitted how she eventually experienced the profession very differently from her early perceptions. She was not, however, greatly shocked or disappointed to find that psychology in fact did not meet her expectations. She explained that it was simply a 'slow sliding process' of coming to understand what it means to be a psychologist and what it means for her to be a psychologist and how that has become a part of who she is as a person.

Working as a psychologist

When talking about her work as a psychologist, Emma was not willing to be very specific about where she had worked, expressing understandable concerns about confidentiality and therefore only vaguely described the type of work she had been involved in over the years.

She explained, however, that she had worked in psychiatric units with people who suffer from severe mental illnesses. She had also worked in various therapeutic settings and in private practice. She summarized her work experience as follows:

A mixture of individual, analytic, uh, group and family.

Her work at the time of the interview she described as ‘broadly analytic’ and further said:

A smattering of long-term individual analytic work, and a large percentage of brief-term individual, group and family work.

It seemed Emma felt quite strongly that whatever work one does as a psychologist is influenced by the broader social context of the country in which one is practicing.

The particular social milieu that we work with here is unique. South Africa, there are certain challenges, there are certain wounds that people carry, there are certain hopes in our society that may be different to Poland or um, you know other places. Um, and I think that as a psychologist you’ve got to understand that level and work with that level as well. Whatever kind of therapy you are doing. Whether - even if it’s just individual therapy and you think people would come off the street, you’ve got to understand and work with the particular history and culture and experiences that they come from and go back to.

Emma believed in the ‘relevant’ application of psychological theories to any given context so that as a psychologist one works with both the ‘internal worlds’ of individuals, groups and organizations, as well as with their external worlds. Although, unlike some of the other participants, she did not talk about politics or in any way incorporated a ‘political narrative’, she still clearly realized the importance of context specific and relevant work for the local context. Her narrative, however, had not been adapted by the local demands and transformations in psychology, although she recognized it. She therefore did not have two separate narratives, one dealing with the wounded healer and another with political activity or relevant community psychology, but did recognize the importance of being socially conscious of the surroundings in which you work.

Frustrations and sustenance

Being a psychologist had been and continued to be a ‘wonderful experience’ for Emma and a profession in which she felt she was still learning every day. Besides earning a living, which

Emma explained was very important, there were two main things, which had sustained her in her work as a psychologist. Firstly, the ‘joy’ of encountering someone else’s world and understanding how they feel, what they have been through and the courage it has often taken them to get to where they are. She described this aspect of her job as something that she ‘loved’ and that had allowed her to expand her own world. Secondly, she was greatly sustained by what the profession had and continued to offer her personally, in her journey through life.

I think I’ve been incredibly lucky with this profession, because I’ve gotten things out of it for myself that I don’t know if I would have gotten out of somewhere else. Um, I’ve grown and developed. And um ja, it’s in a way, it’s a therapy that I’m working with myself as well. And that’s amazing.

She continued to use her narrative in a way that suggested that psychology as a profession is a means to heal the self, since this was one of the things which continued to sustain her and brought her joy in her work. It was clear that she felt very satisfied and reported that becoming a psychologist was definitely the right choice for her. She could not think of any particular examples of what typically frustrated her in her work. But she did say that the frustration she sometimes experienced was related to her specific work setting, which she believed one finds in every job and had no direct relation to her being a psychologist.

Summary

Although Emma was able to separate the external conscious influences in her life and the deeper unconscious influences stemming from her childhood in its contribution to her career choices, her narrative mostly centred on her family and childhood background. She spoke about the difficulties she faced growing up with a mentally ill mother, in a family that struggled to acknowledge and talk about it. There was thus evidence of the traditional individual suffering in her story. Given this family background, her narrative strongly constructed psychology as a separation from her family. Emma was very concerned about issues of confidentiality and found it hard to talk extensively about her training and work experiences. Nevertheless, she emphasized the importance of her training in the type of psychologist she is and how well it resonated with what she had hoped to get out of the master’s training program. Unlike many of the others, where two separate narratives ran side by side, Emma constructed a single narrative from the conventional ‘wounded healer’ framework. However, hers was slightly less vulnerable than the typical ‘wounded healer’

story and explicitly highlighted a ‘survivor’ sub-narrative. Although she recognized the importance of a context specific means of practicing, her narrative did not once incorporate politics, nor did it structure psychology as a form of political intervention. Emma explained that she had been very pleased during her university years and was still very pleased with where she had ended up and with what she was doing.

4.6 Case study six

Background history

Marc is a 44-year-old, white South African man. He reported that he had always been interested in bringing relief or healing to people and, whilst growing up, certainly gravitated towards the healing professions. As a child, this translated into a keen interest in pursuing a medical career and initially he was specifically interested in plastic surgery. As an adolescent, however, Marc became ‘psychologically distressed’ and received counseling, which he found ‘enormously relieving’. This distress and subsequent counseling, unbeknownst to him at the time, was to set the wheel in motion for a career as a psychologist. Throughout high school, Marc’s interest in medicine continued but was no longer focused on plastic surgery. His new interest was psychiatry. However, because of the treatment he received, which was ‘counseling and therapy’, Marc was also considering psychology. His narrative thus immediately highlighted a medical career, emphasizing professionalism in which psychology later became one option.

This emphasis on professionalism was similar to Thulani and Linda. However, their narratives in this regard do differ. Thulani also showed an interest in a medical career, but his search for professionalism, which was further highlighted through the course of his narrative, seemed to stem from a black working-class background in which he was in search for a professional identity that would assert ‘status’ and ‘respect’. This could be attributed to the historical limitations placed on black people. Linda’s search for professionalism was more subtle and as I explained, continuing her studies in psychology was the result of a mixture of an academic interest and an attempt to find her way back into the education system. Marc simply had what appeared to be an altruistic interest in providing healing.

And at the end of my schooling, I decided then- it was basically a decision, should I do medicine or should I do psychology. Um, and effectively I guess the decision was going to be, should I become a psychiatrist or should I become a psychologist. I

decided to become - to do psychology. I was more interested in - because the experience that I had was counseling and therapy, that's what I wanted to do.

Marc, it seemed, entered university having already decided that he wanted to become a professional psychologist.

So in fact, when I started university in first year, I knew I wanted to go the whole way. I wanted to become a practicing psychologist. So that was the course set. I knew that's what I wanted to do.

Marc completed his degree, following which he did an honours degree and then a master's degree in clinical psychology.

Why psychology?

Personal 'healing' experiences

Marc felt that he had always 'gravitated' towards the healing professions. As a child he was interested in medicine, specifically plastic surgery, and later his interests were geared towards mental well-being. From his narrative it seemed that these career options were an outflow of both physical and psychological healing that Marc had experienced. When Marc was a child he had had many operations. Marc did not specify exactly what kinds of operations or what they were for, but they obviously introduced him to the science of medicine at a very young age. These operations must have been quite traumatic for him, considering his age, but he found a positive way to cope with this stress.

So obviously one way I dealt with it was to sort of identify with the reconstruction or the healing aspect of it. With the surgery, also the surgeon.

Although it would be easy to mistake his concern for professionalism as central, it is also linked with an underlying narrative of repeating his childhood experience and once again there is evidence for the assertion that occupational choice is often linked to significant childhood experiences (Pines, 2000).

In identifying with the reconstruction, healing and with the surgeon or healer, Marc saw himself in a similar profession where he would be the one providing the healing. The way he thought he would do this was as a plastic surgeon, who also deals with 'reconstruction'. However, as I have said, as an adolescent Marc became psychologically distressed. He did not go into much detail about the source of this distress or what the issues were that led him

and his family to seek professional help, but he learned that one can need healing which goes beyond the simple physical healing provided by the medical profession.

Because I had become distressed as an adolescent, um, I was very much aware of internal life and internal dynamics. Um, and that one can be miserable and unhappy and have thoughts and feelings, which influence one's behavior. So it wasn't just a matter of looking at external sources of distress. But recognizing that there were internal - there's an internal world, which can create difficulties for myself.

This experience of distress and subsequent counseling and therapy had a profound impact on Marc, which helped him 'enormously' and brought 'immense relief'. It was during this period, he reported, that he started wanting to bring people relief from a psychological perspective and his interest in mental health was initiated. Evidently, his contact with the healing professions and specifically with a therapist he saw as an adolescent had great significance for him and he clearly identified not only with the healing itself, but with the therapist too. The literature has demonstrated that in some cases therapists have chosen their profession, or was at least influenced, specifically by their contact with a therapist (e.g. Heppner, 1989; Karp, 1989). The relief brought about by such a healing relationship thus acts as a motivator. At this point though, Marc had not given up his dream of studying medicine entirely, but was convinced that even if he pursued a medical degree he would specialize in mental health by becoming a psychiatrist. It was clear then that his career interests stemmed from two separate experiences during his childhood and adolescence, in which he had personal contact with the healing professions. He himself recognized the enormous impact these experiences had on his life.

So I think my physical um, ill health plus my psychological distress, um, very much geared me towards getting involved in the health professions. And then it was that choice of which way was I going to go. This kind of physical route or psychological route.

One of the things Marc believed might have played a role in his decision between the two professions was his identification with the psychologist he saw as an adolescent.

The person I saw as an adolescent, the therapist I saw, he was very much containing. Just by the relationship, having someone who I could go to, who I could rely on. Um, listen to my distress and wasn't freaked out by it. So I would say I identified with him versus identifying perhaps with the surgeon who dealt with my physical illness or difficulties - operations.

When I asked Marc what he believed the final determining factor was that swayed him towards psychology rather than psychiatry, he explained that he felt more inclined towards helping people through ‘talking’ and ‘relating’ and said that this was probably because he needed to relate. He believed that people become interested in the healing professions for ‘very personal reasons’ and mostly these are to ‘heal oneself’. Like Amanda, Vanessa and Thulani, he too made a general reference about psychologists being influenced and motivated by the traditional notion of personal suffering. In retrospect he thought that, when he completed high school, he was physically healthy and no longer required any form of physical care-taking. However, he was still not completely healed psychologically and therefore, he chose the profession that would address that aspect of healing himself. So, in addition to professionalism and the underlying narrative of replicating a childhood experience of being in therapy, he, like many others, identified the common narrative found amongst psychologists, in which psychology is seen as a means to heal the self from the ‘wounded healer’ framework (Gibson et al., 2002; Groesbeck, 1975).

I should imagine that that time of my life I was still quite isolated interpersonally. And part of the recovery - to be a therapist is also a way of relating. So probably if I did medicine, I think I would have remained *emotionally* isolated. Um, could have been with people, but probably still quite emotionally alone. So I think there is that. I got into psychotherapy as such - or to be a therapist um, helped me, helped reduce my isolation.

Although it was evident through most of his narrative, this statement in particular gave me the sense that Marc had over the years recognized and understood the underlying unconscious influences that informed his career decisions. Most of these he may not have recognized when he was making career decisions.

Family influences

Marc’s parents and the upbringing he received, he recognized, might have had some bearing on the fact that he was interested in the helping professions.

Also my family had been and are, um, are humanitarian. My mother had done a lot of voluntary work. My father was very interested in animal welfare. Then my mother had opened a couple of homes for people with physical disabilities - community living. This was in the seventies. Um, so I think those factors as well.

In telling his story Marc linked these acts of ‘humanitarianism’ to the profession of psychology, again highlighting the influence of social ideas about who psychologists are and the issues that would concern them. In bringing this into his story, his narrative further

constructed psychology as an expression of family. Like Vanessa he was influenced by the values of his parents, which can act as models for children (Bloomfield, 1989; Heppner, 1989). He seemed to feel he had grown up in a family, which not only taught values of compassion and concern for others, but also practiced it through their own very active involvement in welfare projects. This family background might have translated into his own humanitarian interests and might partly have been why Marc identified with both his surgeon, as a child, and later with his therapist. The strong influence the family and home environment can have on an individual's choices regarding her/his career, the family's activities and interests filtering down to the children, and children in turn translating these into their own concerns and what is important to them (Earle, 1931), was again demonstrated.

I had also been interested in early stories of insanity and humanitarian treatment of insanity and the various reforms that took place in the late nineteenth century, when changes were made from criminalization, and basically treating people in very cruel ways, who are mentally ill, um, in more humanitarian ways.

Coming from a family of humanitarians also led to an intellectual interest in mental health, which was independent of his physical ailments and psychological distress.

Given this understanding of his parents, Marc eventually chose a career that was very much in line with their values and, one would assume they would have been completely in favor of his choice. However, Marc said:

I think the family were not particularly supportive. They were encouraging, but I - sounds a bit odd. I think they were wary.

Initially I thought his parents' response to his choice was contradicting what he had told me about them and how he was brought up. However, on further analysis I realized that their reaction probably was nothing more than a deep concern for his own well-being, given his background of having suffered from psychological distress. This theory was given credibility by something Marc himself had said during the interview.

I think they felt that this was like heavy stuff. And I think rightly, they were concerned about would I be able to deal with such heavy stuff at such a young age. Um, they kind of thought I should get into industry and corporate stuff. Less pathology, less clinical work. Um, industrial psychology. Um, and not deal with such heavy stuff. Depression and anxiety, suicide, psychosis.

Marc did however make it clear that their reaction to his choice of career did not make any difference to him.

I just carried on with what I wanted to do.

Although he was not deterred by his parents' reservations he did feel somewhat disappointed and felt that they could have been more supportive. His narrative seemed to construct psychology as an expression of family, given their values and humanitarian interests. However, there seemed to be some ambiguity, given their reaction to his choice, and it could be construed as a narrative which separated from family and in so doing justified his disappointment in their reaction.

I felt it would have been better if they were more supportive, if they recognized that this is what I wanted to do and found a way of supporting me versus encouraging me to do something else. Because clearly my mind was made up and it was very important to me to get into the master's program.

Having said this, however, Marc was very quick to make it clear to me that his parents were not completely discouraging and that he saw their reaction simply as one of concern and a 'different nuance of encouragement'. As with some of the other participants, there was a sense of his being protective of his parents. At the same time, describing their reaction as a 'different nuance of encouragement', might have helped him silence some of the guilt he might have felt about being so adamant about pursuing this career and, in a way, going against their wishes.

Personal therapy

The fact that Marc became interested in psychology as a profession after he had become distressed and was in therapy, is evidence for the fact that personal therapy had a big impact on his life and ultimately shaped the course of his life professionally. The relief from his distress, brought about by the therapy he was receiving resulted in his admiration for the profession and the work psychologists do. Being in therapy as a result of personal distress not only influences an individual in as far as it exposes them to the discipline (e.g. Karp, 1989), but may also serve a further function in that the therapist becomes a role model (e.g. Heppner, 1989). Although there were several other influences, apart from therapy, in Marc's life that evoked his interest in the helping professions, he said:

I think probably that was the most profound reason that brought me to the profession.

Becoming a psychologist

Formal and informal training

Marc's formal training he described as one, which focussed on 'psychoanalytic, psychodynamic psychotherapy'. He also said:

I was very fortunate to have had that training at [the university] in those days because I feel very strongly that one's personality is tremendously shaped by early experiences, early relationships, childhood experiences, whatever you want to call it. And so we got that training, that personality was - and it evolved over time - that it was changeable but via long-term psychotherapy. Looking and exploring at unconscious issues, if we want to call it that.

Marc therefore strongly identified with the model and the focus of the training, which resonated with his personal beliefs and understanding of the unconscious as well as with his interests in terms of working professionally. Not only was he happy with the psychodynamic model the training focused on, but also with the emphasis that was placed on psychodiagnostics. He explained that, in the years preceding his training, the university had no 'so-called clinical training'; they had a strong psychotherapy orientation, but not psychopathology. One of his lecturers, who had trained at the same university, did his internship at a local psychiatric hospital and 'really struggled' with diagnostics. When he then returned as a lecturer, he felt very strongly that the master's students should learn and establish a firm foundation in psychodiagnostics and diagnostic models.

So we got a very great combination of psychodynamic psychotherapy that was operating in a conversable structure of psychopathology and DSM diagnoses. And being practical, practical clinical psychologists, but also with a strong psychotherapy emphasis. So I was very fortunate from that point of view.

Like Emma's, Marc's personal interests resonated with the training model. Both described themselves as 'fortunate' in this sense. He not only felt fortunate because the training allowed him to learn skills in both approaches, psychodynamics and psychodiagnostics, but also because of the value he placed on diagnostic models and the importance of psychologists being able to use them.

Psychologists need to be able to have structure when they are talking about their patients. And a DSM diagnostic, um, categories are a useful structure, especially for young psychologists who are overwhelmed by everything. That they can - and their thinking around certain internationally recognized um, models of describing distress. Because I think we first of all got to be able to describe our distress before understanding it. Structure is important.

During Marc's internship he went back into therapy, because he started 'dealing' with people who were distressed, which led him to re-look at the distress he had had as an adolescent. Whilst working with patients, he felt he needed to revisit his early distress because, although the therapy he had received had brought relief, it was short-term crisis intervention and the 'actual psychological issues' had not necessarily been worked through.

So that precipitated me going into very intensive psychotherapy. Um, and it was very much this intensive psychotherapy, which was helping me with myself and *my* issues, which allowed me to make space for and listen to the issues of my patients. And it was very much a matter of having to resolve my issues so that I could accommodate and hear, and not be frightened by the issues that my patients were sitting with.

Marc's narrative highlighted the importance of therapists having to be psychologically strong and having had to 'deal' with their own issues, if they are to do good work and be truly available for their clients (Chippindall & Watts, 1999; Norcross in Dryden, 1991). He made it very clear that he believed all therapists should undergo personal psychotherapy, since everyone 'comes into the profession with issues'. He went as far as to emphasize it (as Amanda did) as the primary and most important learning tool, even more than the formal clinical training, in becoming a psychologist and gave credibility to the assertion that personal therapy should be an obligatory part of training (Thorne & Dryden, 1991). This I understood to be evidence for the fact that along with the formal training, Marc learnt a lot about himself and about being a psychologist from his own therapy. It helped shape his identity as a professional, since it contributed to how he could relate to and be available psychologically for his patients. Furthermore, because psychotherapy was so successful in his own healing process, it reinforced the value and the very idea that psychodynamic psychotherapy can be very effective, which played a role in how he practiced. Evidently, his therapy influenced him both personally and professionally and although Marc initially only spoke about his personal therapy in terms of the relief it brought him and his identification with the therapist, he, like many others, set up psychology as an apprenticeship learnt through therapy.

Being a psychologist

Early perceptions

Although the therapy Marc had received as an adolescent was short-term crisis intervention, he reported that initially he thought the work of clinical psychologists was only valuable in terms of long-term psychodynamic psychotherapy. At first I thought this was a contradiction

but later realized that what Marc meant was that he believed it is only through long-term therapy that one can address the root of a psychological problem. His early therapy had brought relief but had not addressed the actual cause of his distress; this was only achieved in the intense psychotherapy he had during his training. Here again his narrative made sense of and linked with his reasons for why he felt so fortunate to have gotten a psychodynamic training. Although he held on to this perception and still believed in the importance of long-term therapy to effect change, his work experience during his internship and later when he returned to the state hospital sector, taught him the value of short-term crisis intervention work.

Psychodynamic psychotherapy can be very effective. But it's a long-term solution. It's not a short-term solution. One doesn't change personality, or change ways of dealing with the world, um, overnight. So in terms of my work as a clinical psychologist um, psychotherapist, that model of long-term psychodynamic psychotherapy through wanting to bring changes on a deep level of somebody's personality style, were reinforced. At the same time, my [name of hospital] experience, um, working with a very disadvantaged community in crisis made me, um, forced me to explore a very new area of work, and that was very short-term work. Very relief orientated work. Crisis intervention, um, psycho - what are we going to call it? Cognitive behavioral techniques to change symptoms. Or to bring - ja to focus on symptom reduction. Even if we are not going to change the underlying psychological structures of the person's personality.

Marc therefore recognized that clinical psychologists need not only try to change deep-seated underlying psychodynamic issues when working with patients. His narrative seemed to highlight an underlying contradiction in the value he placed on different modes of practice and he seemed to need to bring these different parts of his experience of psychological intervention together in his story.

Working as a psychologist

Immediately after qualifying as a psychologist, Marc practiced privately for two years. This work he found very 'stressful' and 'too overwhelming' since, he explained, he was newly qualified and 'hardly knew anything'. He then relocated and worked in the government sector for twelve years. This gave him the opportunity to work in many diverse settings. He described this work experience as follows:

It was like going back to university actually. And it was tremendously - I regret not one day of it because I worked in all sectors. I worked in the community service, doing community psychology. I worked in the out-patients' service. Um, I worked in in-patients wards. I ran a crisis intervention ward. Um, I ran a ward for some

rehabilitation on people with psychosis, who had been schizophrenic or who had schizophrenia. And people with manic depression.

At this point Marc also started getting involved in the training of interns as well as in forensic services, in the observation of people who had committed criminal acts but might have been mentally ill at the time. In both these contexts, he said, 'one has to really know what you are talking about' and therefore saw both as a 'great opportunity' to use his experience with theory.

After the twelve years he felt that it was time to move on since he had learnt as much as what he was going to learn in the public sector. Furthermore, he was frustrated with being a 'generalist'. He therefore went into full-time private practice, which was what he was still doing at the time of the interview. He had always had a small part-time private practice whilst he was working in the public sector for two main reasons. Firstly, it was to survive financially. Secondly, because in the state mental health services patients presented more with severe psychopathology and were mostly not functioning; he felt a need to work with clients who were 'articulate' and could use language to describe 'what was going on in their internal world' as opposed to simply describing symptoms. He therefore returned to working in a context, which was similar to his experience of therapy as a patient himself.

Marc had worked in several settings playing diverse roles in the twelve years preceding his move to full-time private practice. During this time he was at times faced with the challenge of doing work, which was unfamiliar to him, for example, the short-term crisis intervention work already mentioned.

I had to teach myself, learn and get books and blah blah blah. Although we had covered it all in the master's year. And I started to only really use it, and put it in to practice at [name] hospital. Because as an out-patients department, I ran community clinics. When I went up it was only once a month or once every two weeks or - so it challenged me to - how can I help people who I was seeing infrequently, and who I might only be able to see for short periods of time.

It seems then that, although his training was more focused on a long-term psychodynamic model, Marc saw this new area as a challenge and responded positively by applying the knowledge he did have and finding ways to work successfully. In fact he felt that, having been thrown into the deep end, helped him develop into the therapist he became.

I think I've been fortunate because I very much feel that all my experiences over the years have brought me to a position where I call it an integration model, where I very much combine psychodynamic ideas with cognitive behavioral ideas in a strong supportive role.

Marc's working in diverse settings, which involved working privately, in health services and at a university, resonated with his concern for the lack of interaction between these sectors.

It's a great pity that things work in the way they do politically between the universities, the private sector and the health services, where people are very much in either one or the other. And there's no cross-fertilization. I think there should be far more part-time posts, sessional posts, where everybody was teaching, working in the state health service and privately.

Frustrations and sustenance

Before going in to full-time private practice, Marc had become frustrated in the public sector, particularly because, as I have said, he felt that he was being a 'generalist' and he wanted to focus his work on 'particular areas'. He also became frustrated within the department where he was involved in the training of interns, particularly with what he understood as the internal 'politics' of the organization. The reason for this, he explained, was because he felt there were flaws in the training procedures of interns. He had nothing bad to say about working in private practice. He did, however, worry about the profession of psychology generally. Marc was very much against the introduction of the B-psych degree, since this would result in an overflow of counselors, whose services could not be compared to those of professional psychologists.

I think everybody deserves access to professional psychology. And professional psychology doesn't happen in four years.

Marc described the profession of psychology as one which brought him 'enormous satisfaction', since it was the closest one could come to 'making people happier'. He believed being a psychologist placed one in an 'enormously privileged' position, where people take you into their confidence and allow themselves to be vulnerable. It also gave him great satisfaction to know that he had made a difference in people's lives in meaningful ways. In this sense then, psychologists are portrayed as noble, intrinsically good people who are valued by others. He drew strength from supervision and from on-going personal therapy. He expressed to me that he couldn't imagine himself doing anything else. Through his narrative, I came to understand that Marc's love and appreciation of being a psychologist, as was the

case with Amanda and Emma, was also related to what he had gained personally from the profession and how it had helped him with his own distress and need to heal.

You know if I had my life over again.....aahhh.....I just think that psychology and my whole life has just enriched me so much that ja, it was without a doubt - I think it was the only thing I could become. And I think it was, um, it's simply been absolutely the right thing. I'm so happy with it.

There thus seems to be some evidence for the fact that those participants who had deep personal experiences of distress and were motivated by their own pain continued to appreciate their professions for the healing it provided them (Gibson et al., 2002).

Summary

A large part of Marc's narrative attributed his personal experiences of healing, during childhood and adolescence, as contributing to his choice of career. Initially he identified with the medical profession following many operations as a child, and later with the mental health professions, after becoming psychologically distressed as a teenager. There was thus a strong explicit 'wounded healer' narrative. Personal therapy played an important role in his life before and especially during the time he was a training psychologist. It also reinforced his belief in the value of long-term psychotherapy. Marc had worked in many diverse settings and had been involved in the private and public sector as well as in the training of intern psychologists. At the time of the interview he was running a full-time private practice. Unlike many of the other participants, he did not mention politics or South Africa's socio-political conditions as possible motivators/influences once. Nor did he talk about the importance of socially relevant and context specific work, which even Emma who did not have a political narrative either, at least mentioned. His narrative was congruent with the conventional kinds of narratives that have been found in psychologists' accounts of themselves in other countries. Although parts of the narratives of the other participants were too, Marc's, it seemed, had not in any way been affected by, much less adapted to accommodate local demands and transformations in psychology. In Marc's case there was a close correspondence to the international literature on the area. Although his narrative emphasized professionalism, it differed from the narratives of those participants with similar sub-narratives, but nonetheless highlighted a search for a professional identity. He largely described psychology as an expression of family, given the influence of his parents' humanitarian interests and values. However, there is some ambiguity with regards to his family because of the disappointment he felt in their response to his choice of profession.

Being a psychologist was not only the right career choice for Marc but has also played an important role in his personal growth and healing.

4.7 Case study seven

Background history

Lynn is a 36-year-old, colored South African woman. She reported that it was only in her second-last year of high school that she started having an ‘interest’ in psychology. Prior to this, she had always been certain that she would pursue a medical career and had not thought about anything else. It seemed that entering a profession was regarded as being of primary importance and, as in the case of Thulani and Marc this was initially through studying medicine. During standard nine, however, one of Lynn’s high-school teachers, with whom she had developed a good relationship, was studying psychology part-time and would often talk to her about studying it.

He thought it suited my personality. He encouraged me basically.

Lynn therefore started ‘finding out more about psychology’ and started ‘thinking’ about it as a subject she might be interested in studying at university. She did not, however, completely lose interest in medicine and after completing high school, applied to university for medicine as her first choice and psychology as her second.

I didn’t get in for medicine so I got into psychology. And that is how it ended up that I started doing psychology.

Both Thulani and Lynn had ended up studying psychology because they had not been accepted into medical school, their first choice. Psychology as a profession they had only become aware of in later years and both said that they had ‘always’ wanted to pursue a medical career.

Her account stressed the accidental pathway to the profession although, like many others, once she had had contact with psychology, it felt as though it resonated with some internal need. In retrospect, she believed that not getting into medical school had been a ‘blessing in disguise’. She had since realized that she would not have been ‘suited’ for a medical career and might at some level have known it even then. There had been a problem with her matric

results, which might have been the reason why she had not been accepted into medical school. However, when the results were corrected early the following year, she had made no effort to try and reapply and said: 'there had obviously been a little bit of reluctance from my side anyway'. When Lynn entered university for a social science degree, majoring in psychology and sociology, she did not actually 'see' herself as being a psychologist, but simply as 'doing' psychology. She was very interested in both her majors and throughout her degree performed better academically in sociology. Furthermore, sociology resonated with her political interests at that time. Psychology was treated as a more conservative discipline and as Nicholas (2001) has argued, preferred to be seen as scientifically neutral as opposed to political, while sociology was seen as more politically liberal.

It spoke towards, you know, the activism in me - you know, the activist in me. Sociology did. It kind of you know, um um, I was there in the mid-eighties you know, and it was the height of the political upheaval in the country and sometimes it felt more of a home in terms of what was going on and my experiences as a black person in this country and all those kinds of things.

It was therefore a 'real struggle' for Lynn to choose between psychology and sociology honours and she felt 'torn' between the two, but eventually chose psychology. It is not clear why, but perhaps psychology gave her a greater sense of a professional status since establishing a profession was very important to her. After completing her honours degree, Lynn started working but 'hated it' and three months later decided to apply for a master's degree.

It was only after honours I think, when I decided to come back and do masters that I really made a decision, okay this is what I want to be.

Why psychology

Personal characteristics

Lynn only started 'thinking' about psychology in standard nine and only really decided that she wanted to be a practicing psychologist after she completed the honours degree. However, she talked about having had certain characteristics emerging when she was a child that she clearly believed are the characteristics found in people who become psychologists. These are probably what her teacher recognized in her when he said that it 'suited' her personality. She talked about always having been a 'sensitive' person and particularly sensitive to people's emotions. Growing up, she was the 'kind of friend that befriended people' and said that her

friends would always talk to her about their problems. She was therefore someone who could, from an early age, empathize with those around her. This narrative seemed to stress the need for some intrinsic kind of psychological personality, an issue, which is reflected in the notion of psychological mindedness and in widely held social ideas about what kind of people psychologists are. Thulani also spoke about having been the kind of person people approached with their personal problems and who had a desire to help others. The emphasis on matching occupational choice and personality type (Sofer, 1974) was again highlighted.

Like a level-headed stable kind of person. So I think that helps a hell of a lot - definitely. I mean I think all of that made me sensitive to emotion and it made me sensitive to - not sensitive, but I think it helped me to be able to listen.

She elaborated on these personality characteristics, noting that being a good listener came naturally to her, since she had never really been a 'talker'. As a child she was the one in her family who 'often would not say much'.

I enjoyed that. I enjoy sitting back and listening. Um, I didn't need to be kind of out there on the stage doing the talking, that kind of stuff. I'm quite happy just absorbing what's going on around me.

It was clear from our exchange that these are the qualities, which she believed are important in a psychologist. She also said that she knew, looking back, that she 'must have had' an interest in individuals and in people's 'internal worlds' as much as she believed she had in their 'external worlds' as she still did. From this I got the sense that in retrospect Lynn had come to understand how her personality might have predisposed her to a career in the helping professions, but particularly the psychological services. She said:

I can see parts of myself as a teenager being reflected in those kinds of - I mean I can see how it resonates with parts of, you know, my personality, that has obviously expanded at different ages and so on.

This reference to the psychologist's personality and the idea that their professional choices are bound up with who they are, is commonly reflected in psychologists' narratives about themselves (Spurling & Dryden, 1989), as well as the ideas many people may have about their being intrinsically 'good people' (Norcross & Guy, 1989).

Political influences

In spite of the emphasis on private and personal characteristics, Lynn also acknowledged her interest in politics. She had a separate narrative dealing with politics and community psychology. Her narrative therefore accommodated local demands and transformations in psychology. Lynn's keen interest in her second major, sociology, I have mentioned, resonated with her political interests. It was evident that South Africa's socio-political context did impact on her and created in her a 'fascination' with politics. She reported that she had always seen herself as 'being a bit of a politician' and did not know why she had not pursued a career in political science. Although she spoke about growing up during the 'height of political upheaval' - her family being amongst those who were forced to relocate when the Group Areas Act of the apartheid government was passed - she did not go into a lot more detail about how this affected her personally, nor did she elaborate on her 'experiences of being a black person in this country'. She did not directly attribute her interest in psychology to this political climate. Rather, from her narrative, the way in which the country's socio-political context influenced her was that it created a drive to be able to study, regardless of what she studied, and specifically at a tertiary institution, which she explained, as a child she knew was only open to white people. Again there is evidence of the primary importance placed on professionalism which, to a certain extent, highlighted a hidden achievement narrative, given her reasons for why it was so important to attend a previously 'white' institution.

The whole idea of studying was more important, and studying at [the university], was more important than what I would study, at some level. Um so then when I was at high school that became the norm with the political crisis and stuff like that, it became even more so and a way of, I guess, a way of rebelling against the system that saw you know people in a particular way.

As discussed in Thulani's case study, the apartheid education policy, which reflected broader racial inequalities (De la Rey, 2001), resulted in blacks not only wanting or needing to 'rebel' against this particular system, as Lynn said, but it also developed a belief that a professional identity would provide status and respect. It is interesting to note, yet very sad to admit, that

South Africa's socio-political history of racial discrimination has left many black people feeling that to be respected as a person they have to constantly prove their worth in various ways as a result of their experience of being black in the world (Manganyi, 1973). One way of doing this is through having a particular professional identity.

Lynn described herself as having had a 'fascination' with the university in the town where she grew up. The fact that only white people were allowed to study there during her childhood years gave her the will and determination to also enjoy such privileges and in a sense 'overcome' certain political structures someday.

Um, I remember driving past, you know on the freeway, and I used to look at this place, and I used to look at [the university], and my parents would say you know, 'that's [the university]' and I obviously knew, but I was fascinated with it. I was fascinated with this, you know, massive place that we were not allowed to go to. Um, and I kind of from a, you know, from a young age would often say: 'I'm going to that place one day. I'm going to go there'.

The very idea of simply going to university was more important than what she would study once there. However she did admit that sociology gave her 'a kind of insight' into politics and this course, as I understood it, helped satisfy her earlier need and 'fascination' with it. Her political narrative thus differed slightly from those of the other participants. Her narrative, as a colored South African woman, highlighted a need for a professional identity and an ability to overcome the obstacles that might have prevented this by virtue of her race.

I initially thought that the determining factor in choosing psychology over sociology was politically related and that Lynn might have found a way to address her interests through the psychology route. However, she made it very clear that at that time she did not see how she would be able to do so as a psychologist. This made me realize that she did not choose psychology because she specifically thought of it as a career that would allow her to be a political activist through her professional activities. She did however say:

I didn't feel like I could address those needs. Certainly not - and I mean I think that there's still a bit of a struggle. But I did think that I could bring those parts of me to psychology. Um, so for instance I think psychology still is, but certainly at that time, was limited in terms of addressing the broader needs, societal needs. Um, but I'm firstly, I didn't believe that that was because it was impossible to do that and secondly I didn't feel that I couldn't bring my struggle to psychology. You know what I'm saying? That psychology might not be able to go through *the* struggle, but I certainly felt like I could bring that stuff into psychology.

Unlike Vanessa, who was very confident about the possibility of psychology being a form of political intervention, Lynn had difficulty reconciling this to psychology as a profession. Her narrative highlighted how she had to find a space for those parts of herself to be relevant within the profession. The fact that she did not necessarily see how psychology could respond in relevant ways to South Africa's socio-political needs, but nonetheless felt that she could find a way to bring that part of herself to the profession, did indicate a commitment to the political struggle and particularly to the struggle from within the psychological services. Given her commitment to politics though, her motivation for choosing psychology over sociology did present some contradiction or ambiguity. However, Lynn admitted that after completing her degree, she 'saw the value in having a psychology degree' and a professional qualification since it would provide her with 'better options'. Therefore, like I said earlier, psychology probably felt like a higher status profession, which would have been important, given her emphasis on professionalism and for wanting a professional identity. I got the sense that she needed to find a way in which she could gain a professional qualification and not completely lose sight of her political interests. In this sense her story operated towards coherence and a need to bring these disparate parts of herself and/or her experience together.

Family influences

From her narrative, it did not appear that Lynn's family of origin had any direct bearing on her choice of psychology as a career, either consciously or unconsciously. Certainly it seemed clear that her parents encouraged their daughter to study. By pointing out the university to her every time they drove past it, I believe they also played a role in opening her mind to the possibility of tertiary education regardless of the limitations on colored people and in this way steered her towards establishing a profession. This might have been the reason for her emphasis on a professional identity. Although I got the sense that, like Lynn, her parents were more concerned with her studying rather than specifying what she should be studying, it did appear that they were quite keen for her to study medicine.

I think it was that you know, that was kind of the expected thing to do at the time and that type of thing. I really don't know where medicine came in. It's really weird but it, you know, it was one of those things that at that time was basically, if you had a little bit of brains everyone expected you to do medicine or law, and that's it you know. I certainly was not going to do law, so medicine was an option.

Off course, Lynn may not have been referring only to her parents as having these 'expectations', but to people in general. She did mention that when she did not get in to

medical school it was a relief because she had not known how to tell her parents that she didn't want to study medicine. In retrospect she did not necessarily think they were 'disappointed', but she certainly thought so at the time. Not being accepted was an 'excuse' and an easy way of 'letting her parents down'.

When Lynn had decided that she wanted to be a professional psychologist and to return to university for the master's degree, her parents were pleased and very supportive. However, Lynn had married after honours and therefore her family of origin did not really play a role in her decisions. Her husband was 'incredibly supportive', and together they simply had to decide when would be the best time for her to continue her studies in terms of the financial implications. Her determination to do the master's degree and qualify as a professional psychologist at that point was evident in the following comment:

I think, I mean I felt quite strongly about wanting to come back and do it. So I mean, I think I would have preferred to have the support, but if the support wasn't there I would have gone ahead and done it anyway. Um, because you know it's obviously my decision, it's my life. Um, it's difficult to say because I can't imagine him not supporting me.

Becoming a psychologist

Formal and informal training

Lynn's formal training she described as 'dynamically orientated' and one which greatly 'influenced her thinking'. She said that, when she had entered training, she had hoped that looking at ways to make psychology more relevant to the broader social context and Black Consciousness Theory would have played a much larger part than it turned out. This clearly followed from the political story she told earlier. She thought that there were 'gaps' in the training.

The one disappointment for me was the lack of focus on like Black Consciousness Theory. For me that was one of the kind of theories that attempted to marry issues around culture, political activism, racism etc. and psychology, a lot more than some of the other theories they had around. I had hoped that there would be a space to look at how that can be used in practice. Um and was told that that wasn't the appropriate thing to do. Um so that was a disappointment.

The training did offer an approach to community psychology that Lynn believed has 'done a lot of work' in terms of responding to the need for a psychology that goes beyond the individual, to the broader society and to culture. She felt disappointed by the focus on psychodynamics but commended the training for its inclusion of community-oriented work. It

is evident that, although she was disappointed that there was not a greater emphasis on 'Black Consciousness', she felt that community psychology addressed the issues of being politically relevant. She reported, however, that she had an 'ambivalent relationship' with the concept of 'community psychology' since the picture that was painted of it was that of a psychology for black people, different from so-called psychology 'proper'. Community psychology emerged in response to the political crisis in the profession (Wilson et al., 1999) and the need for a relevant practice that could be extended to address the needs of all South African citizens but particularly those of the historically marginalized and oppressed (Seedat et al., 2001). Therefore, it has often been criticized for the fact that it is seen as being synonymous with working in poor areas, specifically with black people (Maw, 1996). The reference to mainstream psychology being regarded as psychology 'proper' was also made by Vanessa and drew attention to what may be communicated in training programs and which ultimately affect the attitudes towards mainstream vs. community-oriented forms of practice (Gibson et al., 2001). Lynn described the training as 'overwhelming', particularly because she struggled with finding a 'balance' between herself and where she 'came from' politically, and the ideology and paradigm central to the training. Like Amanda she, too, struggled with the psychological paradigm and this critical thinking was harnessed in relation to the academic exercise.

The 'gaps' Lynn experienced during as well as after training, in terms of 'challenging the status quo', left her with the firm conviction that training institutions need to take responsibility for the type of professionals they produce. She felt people needed to question whether South African institutions are offering a training that equips psychologists to deal with South African issues.

It is not good enough to train because that is the way training has been done all along. But that we need to look at what is happening with our training and whether that is a learning - or a lesson in that for us. For instance I mean, I think it would be interesting to look at where most of the [the university] graduates end up. I am not sure to what extent they then look at what happens afterwards. Where do people go? What do they actually do? Because I think the training doesn't end after the two years. The *training* ends but the implementation begins and that is as much the responsibility of the training institution as the training is. The training institution should be responsible for what you train, but also what gets done with the training.

Lynn also felt that it was a pity that universities within close proximity to each other did not work more closely together to offer students a broader repertoire of skills. Nevertheless, she did feel that her training lay the foundations for the abilities and skills she had and used in the

working environment and that it offered a ‘better picture’ of who she is and what she could offer. This again highlighted the importance of the training environment on subsequent practice (Gilbert et al., 1989).

She did not speak of any experiences outside her formal training that influenced her professionally. However, it was clear that for Lynn, the development of her professional identity took place only once she had completed her training and was practicing professionally. So, like others, she set up psychology as an apprenticeship but not through being in therapy, but through her own practices in the field.

I think for me it’s about wanting confidence about, you know, about a professional identity and that obviously only happens as you are practicing. I mean it doesn’t happen when you are training. Um, and as that confidence grew um, I think for myself, I found that there’s been more spaces for me to marry um, you know parts that I feel that I bring and parts that psychology brings, And uh, to find a balance that’s okay for me. It might not be okay for everybody else, but it’s okay for me.

This last statement is evidence that, regardless of her training and those aspects she found lacking in this training, she had been able to find her own niche in the profession and worked in ways that resonated with her personal interests and beliefs. This was similar to Vanessa who also described having to create her own opportunities. Both these participants’ narratives highlighted politics and a need to work in relevant ways that went beyond conventional practices. It seems that those psychologists who adjusted conventional narratives to accommodate political interests and/or community psychology have had to struggle with ways of being able to satisfy those parts of themselves through their work.

Being a psychologist

Early perceptions

Before becoming a psychologist, Lynn said she knew that psychology was about ‘working with emotion’ and ‘emotional distress’. She also imagined that as a psychologist she would be working with a lot of children. She did not mention whether these perceptions were confirmed when she eventually started training or later when she worked as a qualified professional. There was, however, one thing she had expected and felt ‘disappointed’ about. She had ‘hoped’ that the training would place more emphasis on looking at ways in which psychology could be made ‘more meaningful in the South African context’. Therefore, she too, like Amanda and Linda, struggled with issues of relevance in terms of the training model and felt disappointed with the general approach taken which, it has been argued, still does not

appropriately meet the changing local demands (Stevens, 2001). Given Lynn's political interests, which stemmed from being raised during the 'height of political upheaval in the country' and which was further developed as a sociology student, it stands to reason that she was interested in and expected to learn about how psychology as a career could be used to work in a broader socio-political context.

I mean that was a major impact for me and that was important. That with the new - this understanding to help us through a very emotionally difficult time in our country as well. Not just at the individual level but at the broader levels. Um, obviously at that time I'd been aware of debates that were going on in psychology, especially from government. Um, and was aware and very interested in Black Consciousness Theory. Um, was aware of um, the whole kind of OASSA at the time. And there were attempts to make psychology more relevant, more responsive to the needs of the broader society and so on. And I had hoped that that would be part of the training as well.

When she started training, she found that it was lacking in this regard. Her narrative therefore highlighted her early perceptions as related mostly to the training model.

Working as a psychologist

After qualifying, she stayed on at the hospital where she had completed her internship, first working in an admissions ward where psychotic patients were admitted. From this ward she moved to a rehabilitation ward, where the focus was on the preparation of patients for discharge. She particularly enjoyed the work in this second ward, which offered a lot of opportunities to work in individually-oriented ways. This contradicted her earlier emphasis on being interested in working in less individual settings. After this she joined the community mental health services at the hospital. In 1994 many changes took place in the health department and the community mental health services were dissolved. What this meant was that these services were taken away from the hospitals they had been at previously and were integrated at regional hospitals, which is where Lynn continued working in this capacity. She stayed in this post for seven years and described this experience as 'amazing', 'fantastic' and 'absolutely tremendous'.

I mean that was a really good experience. My kind of thing was that I had never felt that um, truly a psychologist as I did in that setting.

After the seven years, Lynn started working at another hospital, which at the time of the interview, was the post she was still in. She described the position as 'managerial'. This

hospital also offered a training site for interns and Lynn's work experience has therefore included working with students.

It is a split between clinical management and academic management. So 40% clinical and 60% development. Training, supervising, program development, program management. All of those kinds of things. Um, consultancy, academic work. That would be part of the 60%. And then 40% clinical. Um, and often the 60% would be bigger. You know, so then the clinical would shrink a little.

Lynn had over the years also maintained a part-time private practice, but stopped two and a half years ago. She reported that she had primarily started practicing privately because firstly, she wanted to 'maintain a clinical load', since her job was not providing her with consistent clinical work, and secondly, to earn extra money. Lynn found that she 'really enjoyed' working privately and planned to start again in the near future. So although there was an emphasis on politics, she has shifted into individual work, but working in the public sector was 'very important' to her. She did however mention that, prior to the 1994 elections, when this country was still a 'predominantly apartheid state', she did not want to work in a government institution. After the elections in that year this attitude changed.

I wanted to be there so that I could help to transform the country's - you know like the government structures, particularly. Because that ultimately is where most of our people get their services from. Um, so absolutely to give back, to help, to contribute towards change in this country in a very real way.

In contrast to conventional narratives, which in a sense describes a good psychologist as one who has suffered and 'gives back' through healing others, political narratives as is evident here, structure the 'good' psychologist as one who needs to give back to the community and aid the country in transformation. It was clear from our exchange that one of the ways in which Lynn felt this could be done, indeed one of her main interests, was 'looking at training psychologists for the South African context'.

I think psychology has come and developed in a very particular way in this country and has found a good home for itself in that, and we don't want to erode that. Um, because you know, the white middle-class patient or the black middle-class patient, you know, they are part of our society as well. The challenge is about how we make those limited resources available to people who can't access it in that way.

Lynn therefore believed that changes need to take place in the image that the profession portrays, the way in which potential psychologists are prepared for the work environment that is unique in this country, and the development of a psychology which is not only a

psychology of the individual, but also of society, community and culture. At the same time she said that ‘there are certain things that need to be maintained’. By this she meant that one did not have to throw out theories such as psychodynamics, since they are not only applicable in individual private settings but also in societal settings. The challenge, she believed, was finding ways to match different theories to each individual context, making them relevant for each setting. In other words, one should be able to draw on many different approaches but use them in appropriate ways. Community psychology, she said, has done a lot in terms of attempting to make these changes, but it was evident that she felt that this approach in many ways ‘maintains inequities’. She believed there is often the perception of ‘psychology proper’ on the one hand and ‘community psychology’ on the other, which is often ‘racialized’ and ‘seen as the psychology for black people’. These concerns have also been raised in the literature (Butchart & Seedat, 1990; Seedat et al., 2001) and as I have argued in chapter two, there is the risk that this racialized notion of community psychology could be used to disadvantage the oppressed majority further.

It maintains lack of access, for instance, for working-class black people to um - the traditional psychology you know. So it is less likely that a working class black person is going to have access to a long-term psychoanalytic therapist than a middle-class white person would, and that is problematic. Because if you have a resource, it is about making that resource equally accessible. Every black person is not going to need a psychoanalyst and nor is every white middle-class person. There are some people that will need psychoanalysts, and it’s making sure that those people, regardless of what their color, class - all those kinds of issues - regardless of what they are, they can get access to those resources. That’s the challenge.

Lynn said that she was ‘ultimately a psycho-dynamically orientated therapist’, but one who ‘enjoys working in individual clinical settings, with psychopathology, with organizations, and on broader levels’. There are certain ways of thinking and working which she believed could be applied across all of these settings and that there were ‘basic psychotherapy principles’, which were valuable regardless of the context. Her narrative therefore allowed her to bring together the different parts of herself, her profession and her interests within it, which might have been seen as disjunctive (i.e. individual work vs. community work). The way in which she defined herself as a therapist helped her make sense of where she was working and what she enjoyed doing.

Frustrations and sustenance

Lynn felt quite strongly that a number of changes within the profession as well as with the image it portrayed and the services it offered needed to take place. She has, however, experienced a general ‘resistance’ to change and this she found particularly frustrating.

For me there needs to be consciousness and there needs to be reflection. That’s the stuff. There needs to be reflection. Not just in terms of like looking at what we do, how we do it and where we do it and all of that. But also looking at it in terms of how it changes. You know, it’s an on-going process. So I think that I get irritated when things get done the way that it has always been done. You know we do it this way because that is the way it has been done. Um, for me, we need to be able to justify every year why something gets done. Because every year things change and knowledge about things change.

The limited resources in this country and particularly within the psychological services was another area of frustration for Lynn. However, she has adopted a positive attitude to this by focusing on the resources she has at her disposal within her job, rather than those she does not have.

Regardless of the frustrations, however, Lynn reported that there was a lot of ‘affirmation’ in her work and that she enjoyed participating in the ‘activities’ and ‘processes’ inherent in her job. She described her work as providing her with opportunities to ‘think systemically, politically and strategically’, which were all things she ‘enjoys and has skills in’. She drew a lot of strength from personal therapy as well as from family and friends. She was also part of a group of psychologists who met to talk about their experiences and this she described as ‘fantastic’ and ‘amazing’. Choosing to become a psychologist, Lynn said, was definitely the right choice for her and she saw herself ‘going on in this profession’.

Summary

Although Lynn’s interest in psychology only started in standard nine, she believed that even as a child she displayed many characteristics expected in someone working in the helping professions. Therefore, like Thulani’s, her narrative identified her as having a psychologically sensitive personality. A large part of Lynn’s narrative focused on South Africa’s socio-political context. Growing up as a colored person during apartheid affected her by instilling in her a sense of determination to study at an institution that had previously only been open to white people. Her search for professionalism thus stemmed from a need to overcome political restrictions and in this regard there is evidence for a subtle achievement/success sub-

narrative. Her parents' encouragement to pursue her tertiary studies further emphasized the importance of a professional identity and in this way an 'expression of family' narrative was present. From her narrative it was evident that Lynn was very concerned about the way in which psychology is practiced and whether the profession is training psychologists for the local context and offering services that are relevant. Regardless of these concerns, however, Lynn enjoyed her work and felt certain that psychology as a profession was the right choice for her.

4.8 Case study eight

Background history

Lesang is a 46-year-old, black South African woman. She explained that psychology as a profession was not something she had thought of when growing up, since she 'hardly knew that there was something called a psychologist', even when she had completed high school. She was not quite sure what she wanted to do with her life. She was uncertain whether she would pass standard ten and had thus not applied to any university. When she did pass, she explained that she simply 'went to the first university that would take her'. She did, however, describe herself as having always 'loved languages and literature' and this love translated into her wish to study speech and drama. Unfortunately, during the seventies, with the apartheid government still in power, black South Africans were required to 'get approval from the minister' to follow this course of study and she did not get approval. She therefore 'settled' on registering for a straight bachelor's degree. Although she found this 'boring', she did well. The political uprisings during that time, however, as well as the fact that being at university was a financial strain on her parents, made her drop out. She then decided to pursue a diploma in nursing because, as she said:

It was just convenient. And I didn't have money and at least you got paid and so on. And nursing just seemed like a nice option.

Although she found nursing 'easy' she also thought it was 'tedious' and 'irritating' in terms of 'the focus, the structures and the hierarchies'. She therefore decided to stop working as a nurse at the 'local clinic' and started working for a trade union. She felt very 'disillusioned' with what she saw within the Trade Union Movement and many of the issues 'felt uncomfortable to deal with'. From there she went on to work at the 'family planning services' in a local township.

For the first time I actually got to deal with kids coming to family planning. Parents bringing children to family planning and it was the first time I actually had to deal with a child who had been raped - twelve-year-old, ten-year-old. I just felt totally helpless. I mean, I knew that I wanted, you know, wanting to refer them to Rape Crisis. But I didn't - because I was working in the township, I wasn't aware of what resources there were. And I thought Rape Crisis - I mean this is a kid who is from the township and doesn't speak English. Who do you refer such a child to and so on. And so in a sense that's when my love for psychology kind of started.

Lesang decided to return to university, where she majored in psychology and French, did a fourth year in French at the postgraduate level, but later returned to psychology and eventually enrolled for professional training in psychology at the master's level.

Why psychology?

Political influences

Lesang first became interested in psychology whilst working for a family planning clinic and witnessing the suffering of young girls who had been raped. Initially I understood this to have influenced her only in as far as one might be motivated to work in the healing professions, having been exposed to situations where healing is needed. This was true in her case, but it later became evident that it was not only this that had motivated her but specifically the fact that these were helpless black victims in a township with very limited resources. The way in which she responded to what she was seeing at this clinic carried with it underlying political connotations that motivated her. Later in the interview, she herself noted that the work at the clinic and the fact that it was from that context that her 'love for psychology' originated, could be considered the 'political bits' that motivated her to pursue a career in psychology. What is evident here again was a political narrative, which constructed psychology as a form of political intervention. She found it difficult to effectively help victims by referring them to professional services because there were so few available in the black communities and because professionals did not speak the language of these victims or understand the victims' 'background'. Being a black South African who grew up in a township herself, Lesang thought that as a professional psychologist she could contribute and effect change in the black context. Like Thulani, she constructed a narrative, which placed her in a position to use both her experience of being black and of being a psychologist constructively, in a professional context.

Just so that there is a psychologist who speaks Zulu and Sotho and Xhosa and stuff. So people can talk to me about their lives if they want to or they can talk about township things and I can relate to them and understand them.

In the above quote, Lesang highlighted the importance of language, but also the significance of common understandings between a therapist and client.

It's about a particular framework, it's not just the language. It's the whole framework and understanding. I suppose one can talk about it in terms of language, but it's something much deeper. The whole way of being in the world, your whole way of being in the world and how you define yourself and so on. It goes beyond language and everything. It's about shared meanings and shared - whatever. It's just nice to have someone who can - who knows the perspective from which you come.

Mokutu (1998) has also argued that in the development of a 'relevant' psychology that can effectively address the needs of black South Africans, speaking the same language as potential clients is not sufficient. The ways in which black patients present their difficulties may require a psychologist to have certain commonalities other than just being able to speak the patients' language since, "they may communicate linguistically as well as somatically, and use different idioms of distress, as well as metaphors" (Mokutu, 1998, p. 16).

It seemed that the way in which the socio-political context played a role in Lesang's career choice had a very deep significance for her. She spoke about her experience of growing up and later witnessing the kind of service provision found within a 'very poor' township.

I just know the situation felt so bad. There were no services. I mean maybe there were some doctors around and everything. But as I say, I mean when - during my time there I didn't see too much caring or respect for black life. Even amongst professionals. So then, most of the doctors were white doctors, and they got a few black doctors as well. And in terms of services there would be white doctors, black nurses and so on. But you just didn't see too much caring and respect for black life and I just - it's something that I disliked intensely and it kind of influenced who I was, and maybe my feelings about nursing as well.

Lesang felt that she had lost 'a bit of respect' for the medical profession in general because of the 'way that people worked and handled black clients', but also perceived nursing to be a 'subservient position', which was worsened by the fact that it was 'racialized'.

It was like that there's the doctor the boss, and then under, it's the nurses. And it's so unfortunate that it got polarized in the sense that the doctor was white. So you had a mixture of a whole lot of, you know, things that make for discomfort. So they were all mixed up. There was the race, it was a class issue, it was a professional thing. You know, about professional integrity as well.

The way in which I understood this was that Lesang had grown up in a township and witnessed and experienced being disrespected by virtue of being black. Vanessa also talked about growing up in a township and witnessing the oppression around her. As a nurse, Lesang experienced the same feelings, which she linked to being in a subservient position to a 'white' doctor. This resulted in her wanting a qualification in which she could be respected as a professional and as a black person. So again there was an emphasis on professional identity. Psychology, she felt, had never thought of itself as a subservient profession and especially not in relation to the medical profession. Like Thulani, Lesang had a success/achievement narrative. As I have discussed earlier, there seemed to be evidence for the idea that black people, at a time when South Africa's political conditions placed them in a subservient position, needed to assert themselves through having a professional identity.

I suppose I needed a profession that - a profession with a lot of, you know, status is the word to use. I don't know if it's status, but a kind of, almost a self-respecting profession. I needed a profession that respects itself as a profession and makes no apologies and so on and doesn't grovel.

Lynn also employed a hidden status narrative, but did not explicitly say that she chose psychology for the status it would afford her, as did Thulani and Lesang.

Although she had a political narrative, Lesang clearly pointed out that she was in no way a 'political activist'. She was influenced politically in terms of her career in that she thought she would be able to contribute on a 'micro, human interpersonal level', as a black psychologist providing a service in the black context and making a difference in her own personal capacity. In this way, her political narrative differed slightly from those of some of the other participants.

Personal need to heal

Lesang very clearly stated that there were 'political' as well as 'personal' factors that motivated her career decisions. She was quite certain that when she was making the decision to return to university, she was aware of both types of factors. These influences in her career path led to two different narratives that ran side by side, but did not seem to be in conflict.

As I said, there were two bits. And I was quite conscious of it. A part of it was about a need out there. And maybe you know, a need of my own. Maybe that's why I found the pain of those kids so difficult and unbearable, because I was going through similar

pain. And I thought you know, this is destroying me, what chance do these kids have? And so the personal aspect as well, I just knew I needed something to do - to heal myself in a sense, in various ways.

Lesang was therefore very consciously looking for something that might help her 'regain a whole sense of herself'. When I asked her what she meant, she explained that after qualifying as a nurse she got married but had 'a difficult time' in her 'domestic life' and her marriage fell apart. From her narrative it appeared that Lesang had in a sense blamed herself and must have thought that it was her responsibility to hold the marriage together since she said: 'I hadn't succeeded in keeping my marriage'. As she said, her 'ego' had taken 'quite a beating'. Therefore, although she started off by describing a political narrative, Lesang also realized the significance of wanting to cope with internal pain and suffering. To rebuild her bruised ego, she needed to do something that would help her feel less of a 'failure'. For her that meant returning to university, since achieving a professional qualification was a means to regain control over her life. Like others, her narrative emphasized a need for a professional identity, which she interpreted as being her way of dealing with her personal pain.

This explanation gave me the sense that it would not really have mattered which course of study she pursued and I found myself questioning what Lesang's specific reasons for choosing psychology were. Later in the interview she explained that she had asked herself: Which profession would one choose to try and rebuild an ego?

I think in a sense - I mean you know that old cliché that we go into the field to heal ourselves. I think it's quite true in a whole lot of ways, because for some reason psychology resonates quite deeply - part of it was in a sense maybe partly answering one's own questions, or looking for the self, you know, kind of struggling through this maze and trying to look for a firmer, more coherent sense of self than um - and make sense of things around you.

Like Emma, Lesang referred to the common themes found in psychologists' accounts of themselves and why they chose their profession, as clichés. Psychology, Lesang thought, would help her personally and it was evident that she believed many people who choose to become psychologists do so to heal themselves through healing others. Her concern for professionalism was thus also linked to an underlying narrative of the 'wounded healer', found amongst psychologists that are motivated by a need to heal themselves (Groesbeck, 1975).

Family and childhood influences

Initially, when Lesang spoke about the ‘personal’ factors that had influenced her career choice, she was only referring to the problems in her adult life and how the breakup of her marriage had influenced her. Later in the interview, however, it became evident that when Lesang spoke about people choosing to become psychologists to try and heal themselves, she was no longer only talking about the healing she needed following her divorce. Childhood experiences had also influenced her choice of profession. At first she only mentioned the possibility of this influence amongst psychologists in general and did not specifically say that it was so in her case.

I mean there are always sorts of childhood issues and so on. I think part of the influence of what makes one choose psychology has to do with one’s own childhood experiences, and you know, what it was like growing up and so on.

In this way then, Lesang, like many of the other participants, was grouping her experiences and suggested that psychologists in general are influenced by childhood experiences. This might have made it easier to admit that she too has some pain in her past that might have led her to the healing professions.

Lesang was finally able to talk about her experience of growing up with a mother who she thought must have been ‘depressed’ because of an affair her father had had when Lesang was born. She felt that her mother was psychologically and emotionally ‘absent’ and this had an impact on her.

I never cried, if I woke up in the room alone I just played with myself and so on. But a whole lot of stuff as well. When they talk about my childhood, I pick up quite a lot of anxiety. An anxious child, a compliant child and so on.

As a child Lesang may have felt that her mother’s condition had something to do with her and became withdrawn to avoid upsetting her mother further. In retrospect, Lesang said, she was able to make clearer sense of what had happened and why her mother had behaved in this way. Although Lesang admitted that she had not consciously thought about her childhood when she chose to become a psychologist, she now thought it very possible that that may have been most influential in her choice. So, as we have seen with others, once she had had contact with psychology it felt as though it resonated with some internal need to resolve something from her childhood.

And I think in a sense that's the crucial thing. So maybe that's what psychology was about for me. Looking for my mother, because I mean, thinking about it theoretically, I could think of it as, I never had a mother because my mom probably was very depressed and so on. And that's been the pattern in our lives. I look after my mother; I'm very protective of her. Um in some ways I am also angry with her because I don't have a mother and I want a mother you know, and so on. So I suppose, I don't know - part of answering that - maybe that's what the cliché is about. You know, you go through this because essentially you are seeking answers to your own self.

Her narrative highlighted the common theme of replicating significant early experiences (Pines, 2000) and attempting to relive or 'fix' an imperfect childhood (Kottler & Blau, 1989). Like Emma, Lesang described herself as having had to take care of or 'look after' her mother, and this story also resonated with a common theme found in psychologists' stories of having been over-responsible and parentified children (Goldklank, 1986).

From this account it was evident that Lesang's family of origin played an essential part in her narrative. Her experiences as a child formed part of what she called the 'personal motivators' in her choice of profession, as much as her experiences as an adult influenced her. The centrality of her family in her life was also evident by the fact that Lesang 'struggled with telling them' that she was returning to university to study psychology. This however, she explained as did Thulani, was mostly because of financial concerns, since as a student she would not have been able to contribute financially to the family, something she had been doing when working. She did feel that there was some resentment from her sister who now had to carry her parents' financial burdens on her own. Nonetheless, she described her family as 'supportive', 'very understanding' and 'quite happy' not only because she was studying, but also because of the changes they were seeing in her emotional and psychological well-being. There seemed to be some ambiguity in the family's role. Her narrative did construct psychology as a separation from her family, given her need to rectify certain aspects of her past, but their reaction to her choice was very important to her and thus she did not completely separate from them.

Personal therapy

Once Lesang had returned to university, she 'had an intuition' that she needed to work through some of the problems she had. In the 'immediate sense' she felt this way because of the difficulties she had had in her marriage. However, at this point in the interview she also admitted that it was probably, unconsciously, related to the 'childhood stuff'. Whilst she was an undergraduate student she went to see a student counselor, but did not really like the

particular way in which that counselor worked. As an honours student she went into therapy with one of the master's students and later started seeing a qualified therapist. Lesang's choice of profession was not influenced by her personal experience of therapy, since she was already clear about wanting to become a psychologist before she entered therapy. However, she did mention that this experience had helped her understand the processes involved in the profession and by the time she started her first year of professional training, she had begun to understand and 'have a good sense of things that needed working out' in her personal life. Therefore, therapy not only gave her a sense of what being a therapist was about, and as Karp (1989) says, 'a taste of therapy', but also enabled her to identify her internal needs. So although it would be easy to mistake her narrative as simply being one which saw psychologists as having to be psychologically strong and having dealt with their personal distress in order to be effective in their professional capacity, it was also linked with an underlying narrative of psychology as an apprenticeship learnt through therapy. This was the case with Amanda and Marc as well, and as I have said, may explain why the literature suggests that all trainees should be in therapy (Thorne & Dryden, 1991).

Becoming a psychologist

Formal and informal training

Although Lesang described her formal training as being 'mostly psychodynamic', she went on to say:

The training at [the university] also gave a broad range of things. So we did person-centered therapy, we did cognitive behaviorism, and the psychodynamic stuff. Ja, Freud - we did Freud, we did Klein and Winnicott. But people kind of felt that we could choose which way to go. And the supervision as well, I mean was spread out amongst those - so we didn't really have an approach that says to students, this is it.

Although Lesang felt this way, she did admit that 'the course was heavily weighted in favor of psychodynamics'. This she thought was probably because most of the academic staff in the department were 'practicing dynamic therapies'. Lesang reported that she had identified with the approach at the university, since the therapist she had been seeing prior to entering training was 'a dynamic therapist' and this therapy had brought her enormous relief.

Although it related to the personal aspects of her narrative, it did depart from the political story. Regardless of the range of approaches she spoke of, Lesang felt that the training was lacking to a certain degree.

But the one problem that I found with it is essentially, it's nice for kind of functional people that you can see on the long term. What I would have liked to have done e- been done differently then, would have been more of an offer of kind of cognitive behaviorism, you know CBT. Because then we went out to our internship sites - to [name of hospital] and oye, there wasn't that much space. I mean for alternative ways, even if it is not CBT. But you know, like short term dynamic therapies and so on, which we actually didn't do a bit of. So there was quite - it felt like quite a lot of catching up.

Lesang was not very critical of the course and the focus at the university though. She mentioned that, because of the emphasis on psychodynamics, she has 'always had an interest in it since that time'. The training therefore played an important role and was central in the formation of her professional identity, since she pointed out that the training influenced the work she has chosen to be involved in and the way she practiced. There has thus been a shift to individual conventional ways of practicing despite her political interests. This could be because she did run two separate narratives, one dealing with her personal distress and another with politics, both of which she was consciously aware of. She did not really talk about anything other than her formal training that might have influenced her professionally. However, the emphasis she placed on her need to 'find herself' and 'rebuild her ego', through returning to university and studying psychology, suggested to me that having been able to do so, in and out of therapy, whilst she was a student, was important in the person she became personally and professionally.

Being a psychologist

Early perceptions

Lesang reported that before qualifying as a psychologist she didn't really have any thoughts about what it would mean for her to be a professional psychologist, nor did she even imagine what her role as a psychologist would be. She did say that one of the 'scenarios' she had in mind was that she would someday go back to the township where she had grown up and work at the health centre where she had worked before. So, like Thulani, there seemed to be a need to return to one's place of origin and 'give back'. This suggested perhaps that black professionals might have a need to silence guilt feelings about their professional identity. I have discussed this possibility in Thulani's case study and that it may be related to guilt feelings concerning the transition from a purely black identity to one, which may have to include a white identity by virtue of the white frame of reference within which professional psychologists work (Kleintjes, 1991). She had imagined herself offering 'individual' interventions as well as 'workshops' or 'psycho-education'. She has, however, not managed

to do this. She first thought of studying psychology when she was working at a family planning clinic and was motivated by the fact that she felt so helpless when confronted by young girls who had been raped and I wondered why she did not think of going back and helping children in similar situations. However, when she spoke about the work she has been involved in, Lesang said:

I suppose, the one thing, the one difficulty is that I haven't gone back to you know what pushed me towards psychology in the first place - being children in distress. But again I mean, it is the one thing that I don't want to do. I don't want to work with children. I just find it too painful and unbearable.

Working as a psychologist

During the interview, Lesang did not provide a chronological account of the work she has been involved in since qualifying. She only briefly mentioned that she was once involved in work at a trauma centre, worked with confined prisoners and ran a support group for a group of nurses in a black township who worked with HIV positive patients. She focused rather on talking about the different contexts in which she was working at the time of the interview. She was a lecturer at a university. She also worked for the state mental health services where she had been involved in various projects. In addition to this, she co-facilitates a support group on a part-time basis. She had over the years also maintained a small private practice and was working on a Ph.D.

Lesang has not been able to go back to the townships and work in the context, which drove her to psychology in the first place, specifically being available for black people whose language, and background she shared. She did feel, however, that she had been able to fulfil this need in other ways. For instance, in her private practice, most of her clients were 'young black women'. Although she saw them in a white middle-class setting, there were still 'common understandings' and 'shared meanings' between herself and these clients that were potentially useful. Furthermore, in her capacity as a black lecturer she believed she played an 'important' role in the lives of the black students who could identify with her.

But I think for whatever reason, it is important. It's important for African language speaking students to have somebody that they can talk to. That they can feel, you know, that you are on their side.

Lesang felt very strongly about her position in this capacity at the university.

That's where I want to be. I want to be involved, to see how it gets done. So I suppose you know, it's a contribution to the profession. That I need to be there, to nurture, to become - I don't like being a role model but, you know, to mentor African language speaking people. Because I think it's important, because it's going to take a long time before African language people stop being marginalized in various ways.

She reported that it is very important for her to work on an individual level in a private setting as well as in the broader context in socially relevant ways. Her narrative resonated with both parts of her story, individual and political.

So I position myself in places where I try and work in places where I can make a contribution, or that I can have maximum effect within my limitations, seeing that I am not such a political activist.

The different parts of her experience and identity were brought together and her narrative justified her current choices, seeming to account for the disparate parts of herself that might be experienced as difficult or disjunctive. Given her political motivations, she felt that there was a huge need for the further development of 'community psychology' approaches. She felt quite strongly that, because the community model was historically developed in opposition to the focus on the individual and from a political framework of working with larger disadvantaged communities, it had tended to 'homogenize' people. The emphasis she placed on not losing sight of the 'individual' regardless of the setting, as well as the flexibility she thought was required within this profession, was evident in the following statement:

I think generally roles change and I suppose that's the trick. It's just to know what you are doing and what the perception is. I mean for the private patients as well. I like the psychodynamic route because I think most problems in the world are on a personal level. There is the political but there is the personal and sometimes it gets subsumed. I mean with the profession, all the disciplines in general, social sciences, there has been the backlash towards the individual approaches you know. Psychology - the backlash in the development of community psychology and so on. It kind of lost the individual, but there is still the individual in community.

From this it was evident that a conventional narrative was present, but that it has had to accommodate, and has been adapted, by local demands and transformations in psychology.

Frustrations and sustenance

Lesang said that working as a psychologist was often a very emotionally difficult job. She specifically made reference to the work she did at the trauma centre and how she felt 'depressed' and even unable to talk after having spent an afternoon working with that group.

Whenever I come back from that group I feel very open and vulnerable. It is so difficult having to deal with people's pain and coming to terms with the fact that you are not all important. You can only do this. You sit there and think you have to deal with the limitations of what you can do.

Nonetheless, she felt very content in her profession. She drew a great deal of strength from working with students and particularly enjoyed helping first year students to cope with the transition from high school to the university environment. She also felt reinforced by the therapy she did with her private patients since, as she said, 'there is nothing that gets you out of academic thinking as much as working with patients' and 'it puts you back in touch with reality'. As a psychologist, Lesang believed you are 'never finished studying' and that it always afforded you the opportunity to learn something new. When asked if she believed the decision to become a psychologist had been the right one for her, Lesang responded:

Oh totally. I can't imagine myself being anything else. It's just who I am.

This last statement in particular highlighted a narrative in which psychology as a profession was not seen simply as a job or a logical career choice. It seemed it had become immersed in her identity. According to Spurling and Dryden (1989), it is common for this kind of work to become a symbol of who the person is.

Summary

Through her narrative, Lesang was able to interweave political as well as personal factors that played a role in her becoming a psychologist. There was thus evidence for two narratives running side-by-side, the conventional 'wounded healer' as well as a 'political' narrative. There was also an achiever/professional narrative that was linked to the more explicit wounded healer narrative, since she had felt that a professional identity might have helped her regain some confidence following her personal distress as an adult. As a black South African she was concerned by the lack of 'respect' and 'care' for black life in the townships and by the lack of resources for black people in need of care. Her exposure to young black rape victims and the fact that there were very limited resources to help these victims made her aware of the need for black professionals in this and other contexts within the townships. The psychological and emotional absence of her mother during her infancy and childhood, as well as the pain she felt following her divorce later in life, left Lesang with many wounds that needed healing and these, too, contributed consciously and unconsciously to her choice of

profession. Therefore, in this sense, psychology as a profession was constructed as a separation from family. Although she had not returned to work in the townships where the need for services gave rise to her interest in psychology, she felt that her private patients as well as the black students at the university were able to identify with her and she with them and their needs. Becoming a psychologist was not only the right choice for her, but allowed her to keep learning in a stimulating and continuously changing environment.

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CHAPTER FIVE

CONCLUSION

In this chapter I will attempt to summarize the main findings that emerged from the analyses of the eight case studies.

This study aimed to discern what kinds of meaning are created from various personal, social and political realities in becoming a psychologist and establishing a professional identity, particularly in the South African context. The analysis presented in chapter four explored the subjective experiences of professional psychologists, and in keeping with the aims set out in chapter one, identified the narratives that construct psychologists' accounts of themselves and influence their professional choices.

The analysis of the interview material attempted to highlight the ways in which the participants in this study brought together the different parts of their experiences and identity into narratives that explained their work as psychologists. Through the analysis I was interested in exploring both the form of the narrative and its construction. On the one hand, I was interested to explore whether the participants constructed a smooth single narrative or whether they allowed for ambiguity and even for conflicting narratives to run side by side. On the other hand, I was also keen to explore what kinds of ideas dominated their narratives. In the light of the overall aims of this study, I was particularly interested in whether the narratives they provided corresponded to those, which have been found in literature from other countries, or whether these were constructed in response to the specificity of local demands and transformations in South African psychology.

From the analysis it appeared that people did indeed use narrative constructions to express meaning in their lives. Common themes were found to run through these narratives, allowing them to be named and classified into particular categories that emerged. There were, however, also a substantial amount of individuality and even in those cases where common narratives were identified, the way in which the participants engaged with and expressed themselves through these narrative constructions varied. The stories, which emerged, highlighted the differences between the participants and the diversity of people and early life experiences. For instance, the differences in their racial backgrounds, family histories and

childhood experiences, exposed them to diverse circumstances, which influenced each persons' process of becoming a psychologist and establishing a professional identity, in unique and different ways. The analysis, however, also displayed some similarities across the participants' accounts in how they expressed and communicated their accounts of themselves and how they engaged with their professional choices and identities. In general, they all spoke about their childhood, training and experiences at work, which played a part in defining how they came to be who and what they are. Although partly, this was a result of my interview questions, it seemed that they found these topics relevant in its contribution to their professional journeys.

Why psychology – career determinants

The diversity of influences within each of the participants' accounts was evident, where most had multiple narratives, stemming from different perspectives. This is perhaps an encouraging sign, suggesting that the participants were able to engage with different ways of becoming and being psychologists. However, the psychologists I interviewed seemed to find it hard to make sense of the different parts of their narratives. Although they searched for meaning through their stories, the narratives were not unitary and were not presented in a single thread connecting various experiences and influences. There certainly seemed to be evidence of some struggle amongst the participants to reconcile different parts of themselves and experiences and the various underlying motivations, which often presented ambiguity and even contradiction in a narrative. The different influences spoken about included, painful childhood experiences, parents' occupations and/or general values and the absence of parents either physically or emotionally. The influence of personal therapy was also a contributing factor in some cases. There were various political influences, such as, exposure to political unrest or oppression. Some of the participants spoke about having had psychologically sensitive personalities and in some instances the role 'chance' played in shaping their careers was also addressed.

In general, two central themes seemed to run through the stories told, resulting in two dominant narratives being identified - 'wounded healer' and 'political'. These were both present in the accounts of Amanda, Vanessa, Thulani and Lesang, but only the 'political' in Linda and Lynn and the 'wounded healer' in Emma and Marc, formed part of the narrative construction.

According to Norcross and Guy (1989), the mythological image of the 'wounded healer' is widespread and health professionals are very often predisposed to their careers because of early personal vulnerabilities. The current study also highlighted how early experiences of pain and suffering predisposed some of the participants to a career in the helping professions. The specific circumstances surrounding these narratives varied. The narratives of traditional suffering identified in this research were congruent with many descriptions of the influences and motivations underlying psychologists' choices found in the literature. The emphasis placed, in the literature, on the fact that many health professionals are driven into different forms of care-giving because of the way in which it resonates with personal experiences of suffering and difficulty (Gibson et al., 2002), however, seems to suggest that psychologists are standing outside any particular context and that they develop in ways different from other professionals.

In the present study, some participants spoke about their accidental pathway to the profession either by explicitly stating that it happened by 'chance' or indirectly. Psychology was not the first or even only option for most of the participants, who described other career options such as medicine, veterinary science, sociology, teaching, law and nursing as having been possible choices. This seemed to divert from the idea that psychologists are driven by a desire to enter the profession out of an internal need, which can only be satisfied within professional psychology. There might be other priorities such as money, status and professionalism, among others, that are central but which seemed difficult for psychologists to claim. The way in which the profession is portrayed may suggest that it is a profession where individuals should be motivated by concern for others, where psychologists are expected to have deeply personal stories and narratives that describe them as altruistic and intrinsically good. This may explain why many of the participants made statements that indicated they were grouping and identifying their own experiences as commonly found amongst psychologists. Some even referred to their interests as 'clichés' since they recognize that there are certain characteristics or past experiences that are expected to predispose health professionals to the healing professions.

Those participants who did attribute chance or accidental circumstances as leading them to the profession, or whose narratives highlighted professionalism and even status, success or achievement, nevertheless, also identified more conventional motivators. Once they had had contact with psychology, it resonated with internal needs. If the profession presents

individuals with images, which suggest they are expected to have a troubled past and deep intrinsic motivations, it may result in a need to adjust or create a trajectory of a wounded healer in order to identify with the common discourses available to psychologists in the construction of their professional identity.

The political narratives identified in the analysis show that in most cases also, these stem from and are also linked to childhood experiences of pain and difficulty. So although the political narratives include broader socio-political issues, these issues affected the individuals and in a sense 'wounded' them as much as some of the individualized stories of personal pain. For example, the black participants' experiences of growing up during apartheid and witnessing oppression, marginalization and general apathy for black life. The outpour of these experiences, in terms of their careers, differed though: wanting to overcome obstacles and gain a professional identity, wanting to plough back to the black communities and, advocacy or political activism.

The participants all looked at their childhood and linked it to their current experiences, and often these childhood experiences were political. It seems that early experiences are redefined in the context of later experiences. The question is, are these links between childhood and adult experiences generally found amongst professionals in describing their career choices or is it something psychologists specifically do? This would again suggest that unlike other professions, psychology stands outside of reality and is a profession for which one is unconsciously predisposed because of one's past, that satisfies personal needs and is not only chosen based on simple logical career aspirations (Gibson et al., 2002).

Becoming and being a psychologist

The local South African context has meant that psychologists in this country have had to reassess their identities and roles. Much emphasis is placed on producing a 'new breed' of psychologists (Gibson et al., 2001) that can address broader socio-political needs and provide a more relevant service in the form of community-oriented work. It seems that people struggle to manage the split between community and individually-oriented models of the practice of psychology, and to establish their personal identities within the broader context. Those participants who were community-oriented struggled to reconcile that side of themselves and their identities, with the more conventional side. For example in some cases this resulted in a compromise or resistance political sub-narrative. Many started off by talking

about politics and an interest in broader community-oriented issues, but few actually worked in this area, or did so in addition to working in very individualized traditional settings that seemed ill-fitted to their earlier stories.

There seemed to have been certain pressures pulling people away from community work. This was evident in, for example, the discussions around their formal training. For all the participants, their training focussed on psychoanalytic, psychodynamic, individually-oriented models of practice. This may have reflected the sample, where most trained at dynamically-oriented institutions. Although some spoke about the training incorporating community work, the central focus was on individual work. Those participants who were specifically interested in community training and who initially felt disappointed with the focus on the individual approach, however, learnt the value of this approach. In some cases they said that the training actually showed them how difficult, and often unappreciated, community work could be and portrayed psychodynamics as being what is most valued in the profession. The lack of resources and availability of jobs in the public sector further reduces the likelihood that people would want to work in this area. All these issues may help to explain why many of the participants in this study had a socio-political trajectory but ended up doing conventional therapeutic work with individuals.

Although most of the participants, through their narratives, expressed a degree of frustration related to their training and/or work, they were able to find a way to overcome this. For example, all the participants expressed their joy in this profession and felt certain that it was the right choice for them. Those who described psychology chosen in a quest for self-understanding and to heal themselves, continued to appreciate it for the ongoing healing it provides.

It could be argued that this study is unable to present conclusive arguments given the small sample of participants. Furthermore, it relied heavily on my interpretation of many ambiguous representations of experiences, with meanings in them that even the participants themselves were unaware of. These underlying hidden meanings also formed part of the interpretations. However, firstly, the study was interested in the subjective experiences of a small group of people rather than generalizable data and the small sample enabled an in-depth exploration of the narrative constructions, which may not have been possible with a large sample. Secondly, according to Hollway and Jefferson (2000a), although it is far from

transparent, there is a relationship between people's ambiguous representations and their experiences. They further argue that the activities of researchers involve interpreting both the experiences as well as the ambiguous representations of such experiences.

Recommendations

The advantages of allowing a broader repertoire of narratives to be available for South African psychologists are evident. This could be done by establishing a local literature, which incorporates diverse images of a psychologist and generally allowing people to engage with different ways of becoming and being a psychologist in South Africa. It would, however, be a fruitless exercise if the profession continues to be westernized and mainstream regardless of the rhetoric about a relevant psychology (Stevens, 2001).

Establishing a local literature that allows different and diverse ways of being a professional psychologist in the South African context is central since, people are looking at, and creating their identity based on international literature and textbooks, which may have limited relevance in our country. Not only is it imperative to establish a local literature base relevant to the South African context, but the training and the way the profession portrays itself should also present diverse images, which recognize ways of practicing and being a psychologist in this country, beyond the conventional and traditional images. When people are encouraged to enter training, new visions of a psychologist should be presented that allows for diverse motivations underlying choices. This is not necessarily saying that in contrast to the traditional image of a psychologist who works in individual private settings, the new focus should only be on a community-oriented psychologist interested in working in broader socio-political contexts. This would only reverse the pattern and once again close off a certain way of being a professional where people would in turn have to struggle with that side of their identities.

The transformation of professional psychology as a whole, and not only the practice thereof, in South Africa, could open up diverse narratives informing ways of becoming and being a psychologist in the local context. Only then can the profession grow and change. It is hoped that this study will contribute to a new growth within the local literature.

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APPENDIX

INTERVIEW SCHEDULE

Thank you for agreeing to be a participant in my research project and meeting with me today for the interview. As we have previously discussed, my research aims to explore the narratives of psychologists and is specifically interested in the personal experiences and motivations that have led them to pursue their chosen profession. I'm hoping to discuss with you then, your account of being a psychologist, why you chose this career and anything that you feel was relevant to your choice of entering training, your subsequent choice of approach and how you put this approach into practice. The interview will be tape-recorded, but merely as a means for me to transcribe what will be said and will be used for no other reason. I can assure you that everything that will be said will be kept confidential and your name will not appear at any point in my dissertation. It is however necessary for me to tell you that although this is the case, what is said here will be discussed with my supervisor, but your identity will not be disclosed to her either. Is there anything you would like to ask before we begin?

- Could you tell me about how it is that you became a psychologist?
- How would you trace the origins of your desire to become a psychologist?
- How old were you when you decided on psychology as a career?
- Have you always wanted to be a psychologist?
- Were there any other careers you thought of pursuing?
- What eventually made you decide on psychology?
- What experiences influenced your decision to pursue psychology as a career?
 1. Early childhood experiences
 2. School experiences
 3. University experiences
- How did your family and friends respond to your desire/decision to become a psychologist?
- How important were these reactions both in forming and carrying through with your choice of profession?
- Were there particular examples of being helped – or not being helped – at times of crises which might have been significant in influencing your desire to become a psychologist?

- What did you imagine it would be like being a psychologist?
- How did your training influence your ideal of being a psychologist?
- What models of therapy were you taught at university? What was the approach/focus?
- How did your training influence the type of therapy you practice, if at all?
- Could you tell me more about the different contexts you have worked in since completing your training?
- How would you define the work that you do currently?
- How do you conceptualize 'the client' – particularly, what sort of person would be in need of the help you can offer?
- What does it mean for you to be a psychologist, particularly in South Africa?
- What do you think the role of the psychologist is in the South African context?
- What sustains you in your work as a psychologist?
- What are the areas of enjoyment?
- What are the areas of frustration?
- Do you feel you are still learning?
- Was the choice of becoming a psychologist right for you?
(And are you happy with what you are doing?)

Is there anything else you would like to say or to add?