Whisperers, Feasts and Florence Nightingales:

A Collection of Narrative Literary Journalism

Michelle Stein STNMIC015

A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of Master of Arts in Media Theory and Practice

Faculty of Humanities

University of Cape Town

2007

COMPULSORY 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.

Signature Signed by candidate Date 11 June 2007

Contents

Whisperers, Feasts and Florence Nightingales: A Collection of Narrative Literary Journalism comprises three pieces of narrative literary journalism and one essay of theoretical analysis.

The Bankrupting Barmitzvah examines the changing nature of the barmitzvah, a prominent lifecycle moment in a Jewish male's life. It considers this change particularly in the context of the Cape Town Jewish community and questions the key players involved in the barmitzvah industry – decorators, caterers, DJs, Rabbis and parents. It highlights those individuals who both criticise and fuel this vehicle for conspicuous consumption and questions whether attempts to curb this trend can be met with any success.

A Touch of Madness follows a number of medical students from the University of Cape Town while they volunteer for SHAWCO's mobile clinics – part of the University's outreach programme. It chronicles the highs and lows of the clinic experience by both the students who volunteer and the patients who visit the clinics. Through its examination, it questions the motivations of students and the effectiveness of their work in an environment which serves as a microcosm of South African healthcare.

My Dog, My Self, investigates the increasing popularity of animal behaviourists and animal training classes while taking both a tongue-in-cheek and contemplative look at our changing relationship with our pets. With a focus on local celebrity animal behaviourist Dr Platzhund, it tries to understand whether our current obsession with our pets and the industry it has spawned – dog clothes, canine spas, luxury pet accessories – is either exacerbated by behaviourists or an attempt at curing it.

The collection concludes with a theoretical analysis, *Issues of Access*. The essay aims to identify the problematic nature of gaining access. It looks at Tom Wolfe's insistence on immersion journalism as a defining technique of narrative literary journalism. It then goes on to consider, with the theoretical framework of Daniel Lehman and Robert Coles, the problems inherent in immersion journalism and the challenges it presents. It cements these concerns in the practical experiences I encountered while researching and writing my collection of narrative literary journalism.

Total Word Count: 31 478

THE BANKRUPTING BARMITZVAH

1. *RITES OF PASSAGE*

The moment had arrived.

'*Yitzchak Ben Dovid*,' Rabbi Steele called out in a melodic tone.

Those words, Kyle's name in Hebrew, were the cue for Kyle to make his move towards the *bimah*, the prayer station in the centre of Wynberg Synagogue. Kyle wriggled with discomfort, both from nerves and the unfamiliar constriction of his navy blue suit and purple tie spotted with light blue flecks. Draped around his shoulders was the first of many gifts he would receive that day, a *tallit* (prayer shawl). It was a present from his Israeli cousins, and the *tallit's* purple embroidery nicely matched the colour of his tie.

Kyle's mother Cheryl – as per law in an Orthodox Jewish Synagogue – sat in the upstairs terrace, with the other women, separated from the men. As Kyle made his way from his seat, Cheryl fidgeted with the tissue tucked behind her watchband. She had already used the tissue to dab her tears. She was proud of her little boy who was now all grown up.

The rectangular-shaped Wynberg Synagogue is over a hundred years old. The dark wood pews face towards the centre of the synagogue where the *bimah* stands. The *bimah* is a square raised platform and it too is made from intricately carved dark wood. The pews are not padded and are uncomfortable. Three elaborate, gold-plated chandeliers hang from the ceiling. They contrast strongly with the synagogue's royal red carpets, which are worn away. Everything in the synagogue looks dated except for the pillars. They were recently painted faux marble and now appear completely out of place.

On this Saturday morning, the pews of the synagogue were filled with 200 friends, family and synagogue regulars.

All eyes were on Kyle who stood on the *bimah* next to the Rabbi. The Torah was open and Rabbi Steele pointed to a section on the parchment. The nervousness of both Kyle and those seated was palpable. Nobody dared talk or fidget. Kyle took a deep lungful of air while the synagogue held a collective breath, cautious that he might make a mistake.

He began to sing.

'*Baruch Ata Adonai*.' (Blessed are you, God).

Kyle continued to sing the portion of Torah. In some sections, he voice warbled with apprehension but his training paid off. After all, under the guidance of Rabbi Steele it had taken him six months to master the complicated tune.

A clearly joyous smile broke out on his face as he came to the last line. He had completed the difficult task of singing his Torah portion and it had gone smoothly. With the singing over, he was officially a barmitzvah.

The Rabbi shook Kyle's hand. The women upstairs handed out baskets of sweets and threw them down into the pews below to celebrate Kyle's achievement. Children scampered to collect the sweets that were falling from the women above and the synagogue broke out in signing and clapping.

'*Sima tov ve mazeltov, sima tov ve mazel tov Ye ye lana*,' the congregants sang (Happiness and congratulations, happiness and congratulations, to you and to us).

At that moment, Kyle had become part of the greater Jewish community. He had participated in a life cycle event which his father had participated in, and his grandfather and all his male relatives before that. It was a ritual which connected him with Jews from around the world and hundreds of years before him. He had become a barmitzvah. The hardest part was over. It was time to party and the trouble was about to start.

2. *13 AND COUNTING*

According to religious scholars, a barmitzvah is a relatively modern convention not mentioned in the Bible. Its origins have been a point of contention. Some argue that the practice originated over 2000 years ago, others say the date is as recent as the fifteenth century. But whatever its source, few would disagree that the barmitzvah event has evolved into a spectacle for conspicuous consumption, far removed from its religious objectives.

The modern barmitzvah as it is today, as an event with a celebration afterwards, is only about a century old. Part of this trend came from an increasing secularisation among European, especially German Jews, as well as American Jews, coupled with the decline of religious Jewish education.

'It's become a rite of passage,' explains Rabbi Matthew Liebenberg of the Claremont Hebrew Congregation, 'which it is in a way, like getting your first motor car or getting your first job. There is a cultural connection to your nation. The

religious connection is often ignored entirely. It's very peripheral but there is that cultural connection which everybody wants even if a Jew is very far away from Judaism. This gives them a sense of belonging.'

The Hebrew word 'barmitzvah' literally translated means 'son of a commandment.' The term signifies that a Jewish male is now obligated to fulfil religious duties.

'A Jewish male comes of age when he is 13,' says Yitzchak Steele, Rabbi of the Wynberg Hebrew Congregation. 'This means that he is now obligated in all the commandments. On a deeper level, in the first 13 years of his life, a person's instincts are much stronger than his intellect. At 13, his good inclination sets in and he is now equipped to make real free-willed decisions; to make his mark as an individual.

'So, from that point of view,' he continues, 'a barmitzvah is something that just happens. You don't have to do anything. The boy does not have to go through any procedure but traditionally it was marked by giving the boy an *aliyah*, the honour of being called up to the Torah. This is the first public demonstration of his new role as a full member of the community.

'I have met a few old congregants and they said when they turned 13 they were studying in *Yeshiva* (religious school) in Lithuania. They would just be called up for an *aliyah* and that was it. So from 13 you were obligated but there was no ceremony to mark it.'

In South Africa, in the first half of the twentieth century, Jewish emigrant families celebrated barmitzvahs with small-scale, home-made affairs, specifically for friends and family. As second generation, South African Jewish families grew wealthier, the parties became more elaborate. With the formalisation of the events industry, barmitzvahs have become life cycle moments for conspicuous consumption involving slickly organised, glitzy dinner-dances. Rumours circulate that many barmitzvahs now cost in excess of R250 000, with some parents spending nearly four times that amount.

This has not been without its consequences. The metamorphosis has created competitive kids, industry professionals and numerous families struggling with enormous debt. It has brought to question the very nature of what a barmitzvah is and how that can compete with spectacularly over-the-top parties. It is a very obvious yet unspoken problem in the small Jewish community of Cape Town.

3. *MINSTRELS AND MAZEL TOVS*

Having successfully completed his Torah portion in synagogue on the Saturday, Kyle Epstein celebrates his barmitzvah with a brunch the next morning. The function involved considerable planning: both the caterer and hall were booked a year in advance.

The hall is decked out to reflect a Cape Minstrel's décor theme. The walls of the hall are draped in organza, creating frames around life-size photos of Kyle. In the photos, Kyle is dressed in a pink and yellow minstrel uniform. Colourful umbrellas hang from the ceiling. The tables for the guests are decorated with miniature models of guitars and banjos out of which springs a handful of pink and yellow helium balloons. On the buffet table, more guitars and banjos are displayed.

During his thank-you speech Kyle turns to his granny and grandpa.

'I also want to thank my *bobba* (granny) and *zeida* (grandpa) for being here and loving and spoiling me so much.

'I know that from me you *kleid nachas* (get joy),' he continues. The crowd breaks out in laughter. The guests, especially the older ones, love it that he is using a Yiddish phrase that no 13 year-old would know unless their parents wrote their speech for them.

The waiters, ready with the sushi platters, are waiting for the speeches to be over, after which the starters will be served. Between main meal and dessert, a Cape Minstrel group, in keeping with the theme, will entertain the crowd.

The décor is elaborate and the Cape Minstrel group is unique entertainment for a barmitzvah but Kyle's function is modest in comparison with many of today's barmitzvahs, where extravagant décor and exclusive entertainment, compete for guests' attention.

Themed barmitzvahs are the norm. At Saul Gerdis' magic-themed barmitzvah, the tables were decorated with gigantic statues of hands holding large playing cards. The buffet table was decorated with plastic rabbits coming out of oversized top hats. At David and Allen Sternberg's barmitzvah, the twins chose a Noah's Ark theme. Guests partied the night away surrounded by life-size animal sculptures, which stood two-by-two of course. Not to be outdone, barmitzvah boy Dylan Lazarus, a motorbike enthusiast, displayed a collection of real Harley

Davidsons in the venue for his barmitzvah party. The bikes were on special loan from the Harley Davidson store.

In terms of entertainment, DJs are no longer sufficient.

The Zip-Zap circus, skateboarders, break dancers, fire eaters, caricaturists and the Drum Café now entertain barmitzvah guests. A recent barmitzvah held at the Cape Town Convention Centre, with over 450 guests, featured an Israeli band and Israeli dancers. This company was flown in from Israel and put up by the barmitzvah family at the Sheraton Hotel for the duration of their stay.

But Jess Diamond's barmitzvah, held in 1996, still sets the standard for entertainment. The event required extensive and lengthy preparation, more so than the usual barmitzvah. The Diamond's house was specially renovated to accommodate the marquee. A quartet of violinists greeted people as they entered the function. Each guest received a champagne glass with their name engraved on it as a gift.

Over and above the DJ, a Michael Jackson impersonator entertained the guests. He was flown down from Sun City.

'But the most memorable [thing],' says Maya Aberman, a guest who attended the Diamond barmitzvah, 'was that they got the cast of *The Buddy Holly Show* which was the biggest show on at that time to come perform. I have never experienced anything else like that.'

Barmitzvahs typically involve over a year of planning and considerable financing. However, most people cannot remember the majority of the barmitzvahs they attended. Because the format of barmitzvahs is similar and there are only a handful of caterers and entertainers used by barmitzvah parents, the functions tend to be very much the same. So despite the enormous effort that goes into barmitzvahs, most guests recall extremely few functions even though they are the ones who are there to be impressed.

There are, however, some barmitzvahs, like Jess Diamond's, that become urban legends. They make their way round the Jewish grapevine with speedy haste. Every now and again the topic will pop into conversation and a lucky participant will reveal that, 'I went to that barmitzvah.' This admission forces the person to divulge all the excessive details of the event as if they were disclosing the secrets to their mother's famous cheesecake recipe. But the others, the dozens and dozens – in some case a hundred or so, depending on your popularity – warp into a shmoosh of long

speeches, mediocre DJs making unwilling people do the chicken dance and cheques and cards wishing the boy a hearty 'Mazel Tov' on the occasion of his barmitzvah.

4. *THE A-TEAM*

Undeterred by the collective amnesia experienced by guests when it comes to remembering past barmitzvahs, new barmitzvah parents go to great lengths to ensure that their barmitzvah will be the one that will not be forgotten. For this, parents use the A-Team: a group of industry professionals, who excel at barmitzvahs. The term used to describe this word of mouth list of the most sought after caterers, entertainers and decorators, is no accident. They are considered the best in their field, ready to conquer the task of creating a memorable barmitzvah with military efficiency. Their services also require the kinds of financial overheads necessary for the invasions of small countries.

'If you want the function to work in a clinical way, these are the people you want,' says Linda Abramson, a mother who celebrated her son's barmitzvah.

The team changes depending on who is the flavour of the month. It is decided by parents and their children. Some stay on the A-list for years, others slide off it or vanish altogether.

The most important member of the A-Team for a barmitzvah or any Jewish celebration is the caterer. As there are only a handful of kosher caterers in Cape Town, their services are highly sought for what many consider the most significant component of the celebration: the food.

With their limited numbers, these caterers wield enormous power, providing their expertise with dictatorial demands. Some will only work with certain photographers and DJs, others will not commit to menu decisions and one well-known caterer will often turn up drunk to her clients' barmitzvahs. These caterers know all too well that the success or failure of a function lies largely in their hands.

When Cheryl Epstein booked a big name caterer a year in advance for Kyle's barmitzvah, she had little idea of the chaos that was to ensue. The debacle only reminded Cheryl of the power caterers hold in the community.

'If I knew what would happen,' Cheryl says, 'I would never have said anything in the first place.'

The week before Kyle's barmitzvah, Cheryl attended a barmitzvah catered by the same caterer she was using, whose menu she knew was identical to the one she decided on for her function. But Cheryl noticed that the caterer had changed many of the dishes.

She phoned the caterer and requested that certain foods not be at her function.

'She told me,' Cheryl recalls, 'that if I was not happy with their food that I must get somebody else to do it.'

The caterer decided over the phone not to cater Cheryl's function.

With only a week till Kyle's barmitzvah, Cheryl was frantic. That she was let down at this last minute, after she had booked the caterer a year in advance, was the ultimate betrayal.

In desperation, Cheryl approached a rival caterer who agreed to do it at the last minute. But three days later, after Cheryl sent her original caterer a bunch of flowers and left numerous voice-mail apologies, she decided to do the function.

The despotic dramas that caterers generate means few caterers are considered part of the A-Team for long.

There is one exception.

The matriarch of the A-Team and its ultimate member is caterer Meryl Rubin. Now 63, Rubin's dyed blonde hair, with a blunt cut fringe, brushes her shoulders, and her tanned skin is remarkably unlined. She talks exceptionally fast, rarely pausing to take a breath, and is always straight to the point. As a result, she induces awe and intimidation.

Rubin's status is such that she is known only by her first name. Following any function the question will always be: Was it a Meryl function? She was the first kosher caterer to introduce sushi, tuna steaks and the chocolate fountain.

She also has a reputation for being difficult to work with.

'I have a big mouth,' Rubin says, 'and I am difficult to work with. I'm difficult to work with co-ordinators. That's it unfortunately. I know what Jewish people want and they get people who don't know.

'They'll say to me, "We're having hors d'oeuvres," and they'll give an area that's the size of a cent and I'll say, "No, it's just not good enough." Or they will give me one table to work with and I'll say, "No, it's not right for me." And then they'll turn round and say I'm so difficult, they can't work with me. I don't care, I know

what they need and that's it. I used to say, "Fine you do," but not anymore. I actually don't need somebody to tell me.'

Knowing what people want comes at a price. The most popular meal at the moment runs at R350 a head. For that fee Rubin serves buffet starters of sushi, skewers of fried fish, seared tuna cutlets, smoked salmon, asparagus spears and a host of salads depending on the client's choice. A plated main meal follows of Cape salmon on a potato *latka* (pancake) with an accompaniment of vegetables. Nougat, truffles, Florentines, fruit platters, caramel-covered nuts, baby cheesecakes, death-by-chocolate brownies and bite-size Swiss chocolates finish off the meal. With the average barmitzvah guest count starting at 150 people, Rubin's services will set one back a minimum of R52 000. Add in a few more friends of the barmitzvah boy to up the tally to 200 and the bill amounts to R70 000. Drinks and hiring are obviously separate.

Rubin denies that she encourages clients to overspend.

'Very few,' Rubin says, 'will actually say I can't afford it and very few will compromise.'

'It's not only for the kids,' she adds, ''cause although they all say to me it's for the child, you know it's as much for the parents. It's a matter of saying to the friends who come, "Wow, look at the function we've done," so it's a bit of snob value as well.

'When my kids had their barmitzvahs, they asked their friends, and that happened to be 20, maybe 25 friends. Barmitzvahs today are 80 kids. So how many can you go to? After a while it's so repetitive that they don't even come into the door.'

At one barmitzvah Rubin catered, a friend who was supposed to be giving a speech about the barmitzvah boy, did not come as he was sick. Rubin approached a guest and asked him to say a few words about his friend.

'He said to me, "You know something I don't even know him."

'He wasn't being funny, he hardly knew him. Mothers will come here and turn round and say, "My child is so popular they have to ask 80 [kids]." What child is friendly with 80 kids?' Rubin shouts in frustration.

'When there are so many [kids],' Rubin says, 'they get naughty. There was one barmitzvah where there was a black and white checked dance floor and one of the grannies slipped on the dance floor and broke her hip. So I phoned Vincent [Shantell]

and said to him that there was something wrong with his dance floor. He came over and we discovered that a child had actually poured one of those gel candles that were on the tables onto the dance floor, causing the granny to fall. It's ridiculous how naughty they can get.'

The pressure among parents to ensure that their child and his friends have an enjoyable and entertaining barmitzvah is now tremendous. It has driven some parents to endorse behaviour that others consider unacceptable.

'We did a barmitzvah two months ago,' Rubin recalls, 'and my barman comes to me and says the parents are upset because they want alcohol served to the kids and my barman is not allowed to serve alcohol to the kids. So to cut a very long story short, the parents come to me and say, "My child wants something to drink, you give him something to drink." And you know I said, "Give them something to drink; let them get drunk. If that's what you want."'

If there is alcohol available to kids at barmitzvahs, which increasingly there is, the first person to hear about it is Geoff Cohen. Cohen is principle of Herzlia Middle School. Herzlia is Cape Town's only Jewish day school. Each year 80 pupils in Grade 7 will celebrate their barmitzvah.

'If a barmitzvah takes place on a Saturday night,' Cohen says, 'and there is an issue with behaviour, I'm already getting phone calls from parents at eight on Sunday mornings.' Cohen is a tall and thin and points to his grey hair as evidence of the stress involved in being principal for the past 15 years.

'They will phone and say, "Do you know what your children were doing last night?"

'So I say, "Sure I know what my children were doing. My one son was at the movies, my other son was at home."

'So they will tell me, "No, no, your *other* children."

The Sunday morning phone calls are the norm for Cohen who has seen competitive parents try to outdo each other in what he terms 'the coolness stakes.'

'The kids have been to 50, 60, 70 barmitzvahs,' Cohen says. 'They are often allowed to go to the bar. People want me to discipline kids outside of school, as long as it's not their own child. I'm fighting against parents who have a laissez-faire attitude. A lot of parents try to outdo one another, but a barmitzvah should be a *hamish* (homely) affair with close family and friends, that promotes good values, because that's what a barmitzvah is all about.'

5. *THE RABBI*

It is no irony that the A-team excludes a rabbi, who is also essential to the success of the function. The rabbi's role is that of barmitzvah teacher. He tutors the portion from the torah that the barmitzvah boy has to learn and then sing in the synagogue.

In Rabbi Steele's dining room, Justin Goldstein sits waiting for his lesson to start. His barmitzvah is four months away but he is already anxious about the singing.

'I don't sing in public,' Justin says. 'I just don't have a good voice. So now I have to stand in front of all the people I know and sing something with a very difficult tune. It's so embarrassing.'

'What's the worst that's going to happen?' Rabbi Steele asks Justin as he walks into the room. Rabbi Steele is a youthful looking thirty year old with black hair, olive skin and a Hollywood smile. For female congregants at his synagogue, he is the perfect rabbi: a spiritual leader with movie-star good-looks.

'You'll say a word wrong,' Rabbi Steele says in answer to his own question, 'and it'll be in the wrong tune. So it's not the end of the world.'

Justin looks at him doubtfully.

The lesson starts with Rabbi Steele singing a section of the portion. Justin then slowly repeats it. This continues, word by word, with dedicated patience by Rabbi Steele.

'The torah itself has no vowels,' Rabbi Steele explains. 'The *trop* (tune) is a 3000 year old tune which is handed down and is difficult to learn. So it's impossible for somebody who has not studied it before, to suddenly start reading from the torah.' This makes a rabbi essential to the entire barmitzvah process.

'I don't like the lessons,' Justin says, 'because it's difficult but I like Rabbi Steele, he's cool. I mean he doesn't get cross if you get it wrong. My friend Jonathan, his barmitzvah teacher used to shout at him and he said he wanted to cry but he couldn't in front of the teacher.'

Other barmitzvah boys echo Justin's experiences.

'I enjoyed the party,' says Aaron Benatar who celebrated his barmitzvah last year. 'But I was worried about the singing. I feel sorry for my friends who are shy. Lots of boys' voices are breaking, so they really don't sound good.'

With nostalgic hindsight, many men discuss their barmitzvahs as important and wonderful moments in their lives, glossing over any unpleasantness.

Hilton Bloch celebrated his barmitzvah 13 years ago. Like many barmitzvahs stories, he recalls lots of fighting, but also a very special day.

'I'm sure at the time, I hated the singing,' Hilton says. 'I probably hated my party too, 'cause you are so worried what your friends think about it, you don't really enjoy it. But looking back, you don't remember that. Those things are unimportant when I think that my family came from overseas and my grandparents were there. I don't know if or when I'll get married, so I have that day, as a day when my family celebrated a special event in my life.'

The details of Rabbi Steele's own barmitzvah are a bit cloudy.

'I really don't remember anything in particular,' he says. 'But, and now I know this sounds strange, when I was on the *bimah*, I remember feeling this connection with something.

'That's why I tell them not to worry on the day. Yes, sometimes I'm a bit apprehensive that they will do okay. We had a barmitzvah recently where the guy wasn't sure if he was going to do it. He had all types of anxiety problems. He was unsure if he was going to cope and he needed a glass of water by the *bimah* so I was apprehensive about him. But you don't remember if you sang well or not, you remember the feeling of the day.'

Religious leaders like Rabbi Steele are also concerned that the amount of money thrown at the celebration undermines the actual religious value of the barmitzvah. It's all about the bar and not about the mitzvah, they joke.

'A lot of parents have such a distorted view about what's important,' Rabbi Steele says. 'To go to the lessons and prepare your singing is such a mission but to spend a R150 000 or whatever on a celebration and to have the perfect photographer, the perfect food, the perfect flowers, that's so important.

'My feeling is what are you teaching over to the child when the life stuff is done with such a schlep and a mission but to go organise the party and the invitations and the flowers and the different themes which people spend weeks and weeks thinking about, is seen as important.'

'The barmitzvah is not a graduation,' Rabbi Liebenberg explains. 'It's not an initiation. It's that old joke, a church minister and a rabbi get together. And the church minister says, "I have a big problem with rats in the church. What should I do? I just can't get rid of them."

'So the rabbi says, "It's simple, give them a barmitzvah and you'll never see them again."

'So that's also a problem. It's self defeating. We put so much into the ceremony, rather than what the ceremony represents, that we don't see them again. That's part of the tragedy.'

An hour later, Justin Goldstein's barmitzvah lesson is finished. He has 24 lessons left until his barmitzvah.

6. *THE DECORATER*

Meryl Rubin's longest serving A-Team barmitzvah ally is Vincent Shantell. Shantell is a big, tall guy with a round face and a three-day stubble who has, for past 16 years, created a decorating empire. His Design-A-Balloon has kitted out over 100 barmitzvahs.

Shantell works from an unassuming face brick building in Woodstock. But Aladdin's cave or treasure trove does not do justice to the magnitude and multitude of décor paraphernalia invading every glitter covered space of his industrial warehouse office. There are glass vases, motorised cars, Brazilian headdresses, top hats, neon hula-hoops, elaborate masks, paper butterflies, worn photo frames, oversized sunglasses, imitation crystal chandeliers, Cricket-dressed mannequins, faded maps and sparkly ballet shoes. An African corner has wire baskets, trees and aeroplanes, beaded dolls and wooden carvings, enough to compete with any serious curios stall at Green Market Square. The table cloth room is organised colour wise with hundreds of piles of folded magenta, teal, mustard, turquoise and ruby tablecloths squashed next to overlays in crushed velvet, silk, and chiffon with gold thread detailing. An overflowing vegetable tray acts as an inbox and there is a smell of over heated glue guns.

'I believe décor is essential for a successful barmitzvah,' Shantell says while unpacking film clapboards for a movie-themed barmitzvah.

'Try going to a barmitzvah that doesn't have décor. It's not like the old days. I had my barmitzvah in the garden of my parent's home. It was an afternoon tea. It was so memorable I don't even remember it. It went by and there was no atmosphere.

'Very often you will find that when they do have functions and they don't have money and it's a real pity. They have a barmitzvah which doesn't have

anything, its falls flat. By 10:30pm people are going home already. I'm not saying that it's the be all or end all but when people walk in and that atmosphere is created, it lends itself to a good function. People are so concerned with having a good function they will spend money to create the vibe.'

The money Shantell refers to is the R15 000 to R20 000 he charges for décor.

'It's all about themes these days,' Shantell says. 'Previously you could get away with some balloons, flowers and a little centrepiece on each table. But the kids today want themes: cricket, soccer, graffiti, movies and these cost more money.'

This décor trend, from simple centrepiece to theme, Shantell suggests has happened over the past ten years.

'A lot of it is passé in balloons,' he says. 'Where you get a function that they don't have money you will get balloons with something else. But the trend is to go more for a theme.

'Look, I know everyone will be saying that these things have become more over the top because of money but also remember it has to do with the industry. I mean thirty years ago everyone's mothers decorated the hall for their wedding, now you have florists and wedding planners, so why shouldn't it be the same with barmitzvahs. The whole events industry has become very commercialised and sophisticated.'

That being said, Shantell reiterates that the kids have a huge role to play in the running of the barmitzvah and they, not their parents are the ones who often set the trends.

'The kids orchestrate it,' Shantell says. 'Trust me, you have no idea. You know I used to think that kids don't know, they don't see the décor. Believe me, they notice it. You know when I go and see the parents at home and the kids are there, and of course they go through the pictures. They say, "Oh, you did this one's function, you did that one's function."

'So I said, "Yes, how do you know, from just the pictures?"

'"Yeah, we remember that décor."

'And they do and the parents are also astounded 'cause they don't believe that their children give a continental about the décor.' Meryl Rubin agrees.

'Look,' she says, 'it's got a lot to do not only with status among the parents but there is enormous peer pressure among kids. These kids are 12, 13 and it's a party for them and they are so self-conscious so they think that the other kids will judge

them as a person on the barmitzvah party. I'll sit with the parents and the kids and the kids will say that the last barmi had three chocolate fountains so he doesn't only want two chocolate fountains.'

7. *CONSPICUOUS CONSUMPTION*

Barmitzvahs like any event during the beginnings of adolescence provokes its fair share of peer pressure. Kyle Epstein's barmitzvah was no exception.

'Kyle was very concerned,' says his mother Cheryl, 'that he wasn't having a dinner dance like everyone else. He wasn't having Gabriel Shai, the DJ that everyone else had. But we just kept telling him, we are not those kinds of people. I'm not paying what everyone else is paying for this DJ that they are all having, and it's going to be great and we are going to do our best with whoever we've got and there is nothing wrong with a morning function. It didn't really get through to him. It was always in the back of his mind that he was being hard done by.'

'There is pressure on the kids, to either keep up with the last person or to be better,' says mother Bonnie Shifrin, whose son celebrated her son's barmitzvah four years ago.

'We didn't feel that pressure,' she says. 'I don't care what anyone else does. There is pressure on the parents with regards to presents, because when it's your child's barmitzvah season you go through every weekend in a month at least one barmitzvah. And it is expensive, because R100 is the least you can give. It wears you out for like a year after, you out, the bank balance out, everything.'

Whether it is the societal pressure from other parents or peer pressure from the kids, there is no doubt that barmitzvahs have evolved into shows of consumption.

'It's not only happening around barmitzvahs and it's not only happening to Jews,' says Sally Frankental, a Professor of Social Anthropology at the University of Cape Town. 'It's a general dissertation around materialism and affluence. We are fixated on celebrities and ostentation. There is this attitude that whatever is trendy I must have and I must have it now and mine is bigger and trendier. Consumerism is rife and spreading everywhere, not only amongst the wealthy.

'In anthropological terms, we have many case studies from all over the world, not only from Western Industrialized society, about conspicuous consumption. Conspicuous consumption usually denotes, or is symbolic of, those who throw the

parties wanting to make statements about who they are. The material wealth that is on display suggests that they are wealthy and that connotes power.'

For South African Jews, this is particularly relevant. Most Jews in South Africa originate from Eastern Europe. They arrived in South Africa at the turn of the 20th century, eager to make their fortune in a country that they referred to as the Golden *Medina* (community). The majority were poor, uneducated and could only speak Yiddish and Polish. A hundred years later, their grandchildren and great-grandchildren's ability to financially celebrate the barmitzvahs in the way they do, is a reminder of how much the community and its individuals have achieved.

'The South African Jewish community,' Frankental says, 'is a privileged community. It's different from all other diaspora communities in one sense, because it is not only empirically privileged, it was also structurally privileged. And South African Jews have on the whole, materially done very well, thanks to their whiteness. So consumerism may run wider across the South African Jewish population than other diaspora populations.'

Frankental adds that there are studies which relate life cycle, ritual moments to conspicuous consumption and ethnicity, shown in movies such as *Monsoon Wedding* and *My Big Fat Greek Wedding*.

These life cycle moments, like barmitzvahs are therefore sites of duality. On the one hand they celebrate cultural differences and traditional rituals. On the other hand, they are opportunities for ethnic minorities to indulge in the global, collective religion of consumerism.

8. *DJ IS A SWEAR WORD*

Despite the prestige and workload guaranteed by being a member of the A-Team, it has its disadvantages, as the very industry in which these leaders work also threatens their downfall. Because the same people will attend the same barmitzvahs in a short period of time, over a year or so, and individuals within the barmitzvah industry get work by word of mouth, their flavour-of-the-month appeal quickly wears out.

'Fortunately I've weathered that storm,' Vincent Shantell says, 'because I offer something different. Every function décor wise has different elements to it. But I can tell you this much, I've seen with various musicians, when the kids are tired of

those people, they are dead. They won't get used. They won't get touched by a barge pole because the kids don't want them.'

Such is the case with Gabriel Shai, a musical entertainer – and don't call him a DJ. 'To me, DJ is a swear word; it's an insult to my musical ability,' he says. Once known as the barmitzvah king and considered a key member of the A-Team, he has now distanced himself from the barmitzvah scene both through his own doing and that of the community.

'I'm no longer the leader 'cause at one stage I was doing all the barmitzvahs,' he says. 'You're the flavour of month. But it's a very real worry.'

And it is a worry. Two of Shai's flavour of the month predecessors are now working in insurance and real estate respectively.

'You get to the stage where you start doubting your abilities,' Shai says. ''Cause now you're getting told off by some child who, okay, doesn't have the life experiences you have. So little Johnny is saying I don't want you to sing at my barmitzvah. Meanwhile the night before you've been playing at some major event where people were literally falling at your feet because of your musical ability and now you have a child telling you, you can't sing.

'Obviously as an artist you are sensitive. It does take a toll on you and at some stage it does affect you 'cause as an entertainer you are like a clown, you want to make everyone happy, it's your purpose, you want to make people smile.'

Despite Shai's slow move out of the A-Team, his musical abilities are on top form at Gavin Cohen's barmitzvah. Here he displays the difficulties in working with others on the barmitzvah and the kids themselves.

The barmitzvah is a classically-themed affair held under a marquee on his family's tennis court. The white chiffon drapery on the inside of the marquee and hundreds of glass votive candles scattered on the 14 round tables exude elegance and sophistication. It is quite obvious that no 13 year old boy played a role in the decor decision making process.

Meryl Rubin is in a smaller marquee on the side with a mobile kitchen. She is supervising the preparation of the main course buffet. Well aware that the food is about to come out and that Rubin insists that the adults eat first, Shai leaps into action. His plan is to distract the children while the adults dish up their kebabs of seared tuna steaks, baked Norwegian salmon, roasted baby vegetables and couscous.

'Okay, everyone on the dance floor for the limbo,' Shai shouts over the microphone while standing behind his keyboard. Shai is a muscular thirty-two-year-old with thick black hair and a massive smile permanently attached to his face. Wearing a black tuxedo, he exudes barmitzvah singer cheesiness.

Shai brings out a limbo pole and two boys automatically take charge as limbo adjudicators.

'Okay, come on everyone, out on the floor, show us what you've got,' Shai shouts again. The girls are the most interested, quick to get on the floor. But the other seasoned barmitzvah-goers continue to sit at their tables, with a look on their faces that says, 'We have done one limbo too many.'

But Shai persists, holding a hand-held mike and walking around the tables to pry the less than enthusiastic from their seats.

Already the limbo is underway. The shyer kids stand around clapping while a few boys and girls compete seriously. They've taken off their shoes, so they must mean business. Shai starts singing a Hebrew folk song with a fast beat. Everyone knows the words and joins in, edging on the competitors. The competition is narrowed down to two girls who are ready to tackle the limbo which now stands at the boys' knees. The first girl overarches her back and lands on the floor. The second competitor waits until the last moment to drop her back and she slowly shuffles her feet forward to claim the limbo title.

It is essential that Rubin does not see any kids at the buffet table while the adults are helping themselves. Shai is all too aware that his longevity not only rests in the hands of the children but also of Rubin.

'If I've got Meryl's recommendation,' he says, 'then obviously I'm doing something right. I respect her position in Cape Town 'cause she is the A-Team. I don't want to anger her 'cause when the caterer is stressed out you risk the whole function. It can be a disaster, because they play such a pivotal role in the experience.'

Shai hauls out the same bag of tricks come dessert. Dessert is platters of colourful chopsticks, skewered with strawberries, marshmallows and pieces of nougat which are used to dip into the one of three chocolate fountains: milk, dark and white. On a separate buffet table there are hundreds of small square plates with a mini dessert on each: chocolate éclairs, brownies, fruit tarts and meringue pavlovas. Alongside there are espresso cups filled with malva pudding, crème caramel, fruit salad, and chocolate mousse. Meryl wants the adults served first.

So Shai puts on *Time Warp* and once again pries the unexcited kids out of their chairs and away from the pull of the chocolate.

'I have found that the trend is moving away from the limbo,' he explains, ''cause every Tom Dick and Harry is using the limbo sticks, so they are bored of it. To this day I'm still trying to work out what the activity is going to be and I'm always thinking of new ways as to what that activity might be. In the children's world you have to not make it too babyish because they then get insulted.

'The reality of the situation is that the kids want the music louder, the adults want the music softer so now you have to try make one section happy and another section happy and keeping in mind that it is a children's party and the parents are saying make sure the children are entertained. So now you have to play their hip-hop or whatever and you have to make sure their aunty over there is not blown away. That's why I've tried to get out of the barmitzvahs 'cause I didn't want the pressure of trying to make a million people happy.'

Shai has seen changes of his own both as a DJ and at barmitzvahs generally. Over the past ten years, there has been a move towards recorded music.

'The kids nowadays want hip-hop,' he says, 'and I can't do that so in order to stay in the game, to adapt, I have to play recorded music.' He admits that this change in music tastes has really got to him.

'A lot of people said to me, you know, adapt so you don't have to sing. Still take in R6500 playing music, putting on a face, entertaining people, play recorded music, laugh all the way to the bank. By the same token it doesn't mean I'm just going to sit there. When I play the recorded music, I walk around with a mike getting people involved. You have to adapt; like with any business you have to adapt to the times, which are always changing.'

9. *MONEY, MONEY, MONEY*

Once the glamour and excitement of the barmitzvah are over, mounting unpaid accounts and overdrafts are left. But it is a topic which obviously does not get spoken about in a community where there is a lot of showing but not a lot of telling. Most people jokingly brush off the financial concerns of the barmitzvah. Cheryl Epstein's minstrel-themed barmitzvah, she says, will take her four years to pay off.

'We did what we can afford,' she says. 'I don't even know if we can afford it.'

Increasingly, rumours about the extravagance of certain functions are being replaced with rumours of families struggling with second mortgages and bankruptcies as a result of functions they simply couldn't afford.

Frank, an electrician, knows the consequences of such lavishness all too well. Five years ago his son had a barmitzvah, a dinner dance and disco at Dockside night club at Century City, costing R89 000. Unable to meet the costs, he approached his mother who contributed R50 000 towards the event. However, the cost of the barmitzvah has since become a point of contention between Frank and his ex-wife, who are currently involved in a very public court case over child maintenance payments.

'My ex-wife claims that if I could afford the barmitzvah,' Frank says, 'then I can afford to send my kids overseas and buy them expensive clothes.'

Frank's ex-wife denies that Frank borrowed money from his mother.

'If her maintenance requests are granted,' Frank says, 'then I literally will be paying for this barmitzvah for the rest of my life. I can't afford what she is expecting. I wish I never started with this crazy barmitzvah in the first place.'

For Mark and Paula, their financial problems have not been as public but are no less severe.

Their son's barmitzvah was two years ago and cost R150 000 so they decided to take out a second mortgage on their house. Thinking that the debt could easily be repaid, they did not think of the consequences.

'We just thought,' Mark says, 'that at our current income it wouldn't take to too long to pay off, so we didn't really worry.'

But their situation has since changed. A year following the barmitzvah, Paula was retrenched and has been unable to find a job.

'We have had to totally change our lifestyle,' Mark says. 'Thank god the school subsidises the kids school fees 'cause then I really don't know where we would be. The debt is all we think about.'

'I'm cross with myself,' Paula says, 'for allowing us to get into this situation and then sometimes I resent the kids which I know is completely unfair. And you really don't want to tell anybody 'cause you don't want people to think that you can't manage your money.'

Despite their financial troubles, Paula concedes that if they had the money they would do it again.

'My younger son,' she says, 'is having a barmitzvah next year and it will be just a Friday night supper for our family. He is devastated and so am I. So of course if we had the money I would do a big thing.'

'When we've sorted things out we'll probably take the boys to Disney World or something,' Mark adds as an afterthought, 'as a present for not being able to have a fancy barmitzvah.'

10. *THE MILLION-RAND BARMITZVAH*

On a Friday morning in February 2006, Michael Bagraim, National Chairman of the South Jewish Board of Deputies, a board which oversees the running of Jewish community projects, woke up in pain. He attended a barmitzvah the night before, and ate too much. It was an evening of opulence. There was an abundance of delicious food, a Bedouin tent for after-dinner drinks and lounging, three waiters for each ten-person table and a *chazzan* (singer) flown out from America who charged $15 000.

This was not the first time this had happened. As the National Chairman, Bagraim was often invited to barmitzvahs, even to people he did not know that well, and he enjoyed indulging. But this time it was different. They had taken it too far. The barmitzvah cost R1-million and the thought intensified his pain.

Later that morning, while working at his labour law office, Bagraim received a phone call from a social worker at the Jewish Board of Deputies. Increasingly Bagraim was receiving reports from Jewish community welfare institutions both in Cape Town and Johannesburg of families that were struggling financially due to job losses or unfortunate circumstances. So this Friday like so many before, the Board handed out R100 gift vouchers for Pick 'n Pay, to families who could not afford food for a Friday night dinner. But one family asked for a bit more to buy some electricity and the social worker did not know what to do.

'It's a terrible feeling,' Bagraim says. 'I have difficulty internalising that as a community we can't make them a meaningful *Shabbat* (Sabbath).'

Frustrated with the disparities within the community, Bagraim decided that his weekly column, *Above Board*, in the *Jewish Report*, would caution readers about the extravagance of occasions. He had no inkling of the reaction he would receive.

The article stated: 'The time has unfortunately come for me to raise a thorny and controversial issue, one that may give offence in certain quarters but one that for the well-being of our greater community we cannot afford to sweep under the carpet. It concerns the exorbitant amounts of money that are now routinely being spent on *simchas* (Jewish celebrations), particularly weddings and barmitzvahs.

'Apart from the fact that the needs of our welfare institutions are being neglected, there is also the problem of certain families being compelled by a combination of social pressure and emotional blackmail to pay far more than they can afford on a wedding or barmitzvah simply because that has become the "done thing". This creates a great deal of unnecessary happiness and added financial pressures for those who are already hard pressed to meet their children's basic needs. At the end of the day weddings and barmitzvahs are religious occasions and should surely be used to impart such proper Jewish values as modesty and charity.'

On publication, the Jewish grapevine worked overtime. The article was cut out, passed around, commented on and discussed over Friday night *Shabbat* suppers. Then the phone calls and emails, from across South Africa, most of them negative, came in.

'I received about 40 emails,' Bagraim says. 'Now I normally receive about five or six about my columns. And then I get a few phone calls but after that one I must have received, dozens and dozens. I couldn't keep count. Most of them were terse, to the point, and rude.'

Bagraim was surprised how personally many people took it. Bagraim's own step-son, who was married the month before, thought the article had something to do with his wedding.

'A woman from Durban phoned me,' Bagraim recalls, 'and said, "Are you talking about my barmitzvah?"

'I said, "I don't even know you, I wasn't talking about your barmitzvah but if the cap fits, wear it."

'She got really angry with me. Their argument is it's theirs [barmitzvah]. It's their hard earned money, they had lots of fun and how dare I say that?'

'Another woman phoned me and said, "I know Mrs So and So actually phoned you to write this article."

'So I said, "No, she didn't phone me."

'"Don't lie, it's about our wedding and I don't take this very kindly at all and I'm thinking of suing the newspaper."

'I said, "It isn't about that but you must do whatever you want." I didn't tell her, "If the cap fits wear it" 'cause the first woman I told that to put the phone down on me.'

The concerns of religious leaders and those expressed by Bagraim in his article have prompted Bagraim to create the Simcha Fund. In October 2006 it became a formalised branch of the Jewish Communal Services.

The fund aims to provide barmitzvahs to those who can't afford one. It asks those celebrating a barmitzvah or wedding to donate 10 percent of the total cost to its charity.

'I'm not saying you can't celebrate,' Bagraim explains. 'You've worked hard for your money. You're entitled to spend as much as you want, but at the same time think of others. By donating to the fund, people can put some meaning back into *simchas*.'

On the strength of some of the money they have received, the fund has helped three boys have barmitzvahs. Financially they would not have had a barmitzvah.

'I must admit,' Bagraim says, 'that out of all the articles I've written, and I write every week, that one is still being spoken about. So it's probably performing its function in itself. At the end of the day that's really what you are writing about, to get discussion going, to get some honest thought going.'

There is a joke in the Jewish community that does the rounds when any Jewish festival comes along.

What's a quick definition for any Jewish festival? The answer: We were persecuted, we survived, let's eat.

Behind the self-deprecating humour lies the essence of the Jewish people: they have survived. Whether they won or lost, they are now eating, celebrating. It means they have survived. It is this spirit which permeates the barmitzvah celebration. It is another milestone indicating the community's survival. It is for this very reason that every barmitzvah boy, whether they hate or love the occasion, acknowledges that on their day, they feel part of something bigger, something much greater themselves.

'Looking back at my barmitzvah I can't remember the details,' says Adrian Kagan, who celebrated his barmitzvah four years ago. 'I don't remember the fights, the songs they played, the food they served. But I think that it's so special that you have this day which is just yours, although others will argue it's for the parents. But you are the centre of attention and for me that was great. Now I feel honoured that I had this manhood rite that Jews have participated in for centuries.'

It is early days for Bagraim's Simcha Fund. Time will tell if people are willing to support it. But for the most part, the barmitzvah industry still continues to churn out production after production of celebratory excess. Parents and their children continue to compete for social status on the backs of their smoked salmon starters, half-time entertainment and chocolate fountains to the cries of 'Mazel Tov'.

Word Count: 8900

A TOUCH OF MADNESS

1. *RESOURCE CONTROL*

Of all the things I had prepared myself for, I could not prepare for the smell: a stench that stuck to my body and sat under my fingernails. It seeped into my mouth and mushroomed over my tongue so that all I could taste was disinfectant and urine. It was more intense than a traditional hospital smell. The medical student volunteers had somehow bottled it up in an *eau de parfum* and doused the mobile clinics in it. It was everywhere. And it was nauseating.

I smelt it on my first night at the mobile clinic in the informal settlement of New Rest which sits against the N2 highway and later in the week at the clinic in the developing community of Brown's Farm and on my last night at the Joe Slovo clinic, another informal settlement that hugs the border of the white middle-class suburb of Milnerton.

It was an aroma that was often mixed with whiffs of dirt and blood, mould and sweat and that curious smell of babies: a combination of familiar powder and dried mothers' milk. It blended together and sat on the white coats worn by the students of the University of Cape Town who run the clinics as part of an outreach programme for the student-run SHAWCO organisation.

But for those volunteers running tonight's Joe Slovo clinic, odours are the least of their problems.

There are 70 patients waiting outside the clinic. Patients with flu symptoms, ear infections, bruised ankles and stomach bugs. All will have a consultation with one of the students who will prescribe the appropriate medication. For many of the students the clinics provide their only experience of grassroots-level primary health care. Following graduation, the majority will enter private practice.

Tonight the clinic is straining under the heavy patient load. Students spill out of the cubicles – four, small, curtained-off examination beds – in the mobile trailer which functions as the clinic and into the narrow passage. Noise levels rise, seeming to compete with the disinfectant-soaked air of the clinic for every last piece of available space.

Clinical student Grant Thomas is hurriedly walking the passage of the clinic, looking for a urine cup, his slim frame stealthily manoeuvring between the other students like a predator on the hunt. With so many patients, there is little time for

meandering. After much searching, he finds a bucket, the kind used by children to build sandcastles at the beach.

'She must just use this bucket,' Grant says. 'I can't find a cup. I know it's primitive.'

After Grant obtains a urine sample, the patient is treated for a STI (Sexually Transmitted Infection) and like so many patients before her, and many more after, she is given an antibiotic and a handful of condoms, in the hopes of breaking the cycle of unprotected sex.

She becomes merely another number; one of the dozens who visit the Joe Slovo clinic to be diagnosed with a STI. Because it is the norm, the students do not even question why their patients are indifferent to using protection or why so many refuse to take the prescribed medication.

It's routine for the students here, an acquired occupational numbness where patients become statistics, ticks on a sheet, just another STI case. Despite many positive outcomes as a result of the clinic visits, it's a situation which can challenge even the most cheery eyed optimist. After spending time on the clinics it's difficult to understand why the students even do it. Who would really sign up for this daily torment of disillusionment?

Rob Phelan, an Australian medical student, best sums up the role of the mobile clinics: 'It's a great service' he says. 'But it is crude in a way, because you are just doing what you can, it's resource control.'

Joe Slovo mobile clinic is one six mobile clinics which cover the Peninsula, running from Noordhoek to Milnerton, Khayelitsha to Hout Bay. The clinics are run by SHAWCO, the Students' Health and Welfare Centres Organisation, a project of the University of Cape Town (UCT). SHAWCO has, over the past sixty years, aimed to improve the lives of those in the surrounding areas of Cape Town. Its community projects today include tutoring students, offering legal aid and providing medical services. The clinics are one of SHAWCO's success stories. They are places where students have achieved remarkable accomplishments, providing them with opportunities for learning. They have also become symbols of success for the communities in which they serve.

Each site is visited one day a week, in the evenings, from six till ten, although the clinics invariably run longer. They are run from two custom-outfitted trailers

whose mobility ensures students serve the areas most in need. The clinics are desperately needed supplementary healthcare for areas that rely on overcrowded and understaffed day clinics and government hospitals. In these communities, where poverty and unemployment are the language of everyday life, basic healthcare – antibiotics for the flu, relief for a sore ankle – is not high on the priority list, an unnecessary luxury.

The clinics depend on volunteers: medical students from UCT. Many work so tirelessly, you'd think their own lives were on the line. They are dedicated to bringing medicine and healthcare to those who can't afford or have access to it. For others, the clinic visits are merely curriculum vitae Brownie points. The time they volunteer serves purely as a means to an end for the bursaries they need to win or jobs they wish to get. But whatever their motives, their efforts and the health of their patients are undermined by a healthcare system which is under resourced and at times, unsupportive.

For the student volunteers, spending a significant amount of time at the clinics is part *ER*-set come to life and part traditional GP's waiting room. Moments of intensity – STI cases, dehydrated babies, screaming children and unruly patients – are punctuated with stretches of mind-numbing boredom – diagnosing common colds and sore backs.

Like any healthcare centre, the clinics are beset with problems. Here the clinics taunt students, hinting at the myriad of difficulties embedded in the practicing of public healthcare in South Africa. The emotional obstacles, volunteer shortages and language and racial differences, shout 'I dare you' to future doctors. So it is no surprise that many of the students speak about the clinics and the future of medicine in South Africa with steadfast optimism. They are comfortable knowing they will ultimately enter private practice where these problems will no longer be a reality.

My experiences, like those of the students, ran a whole gamut of emotions. I too approached the clinics optimistically, but over time, you get angry and frustrated. There is a sense of futility and then acceptance of the numbing routine of the clinic. The extremes of the clinic environment soon become the norm. Situations which initially shocked me became comfortable and familiar. For the students, it's a situation where ambivalence is rife. One day you're excited, the next day devastated: about the clinics, the surroundings, the patients, the decision to study medicine and the future of healthcare in South Africa.

2. *PROBLEMATIC MONDAYS AND ROSE TINTED GLASSES*

'Okay, guys,' says clinical student Gareth Mannheimer to the dozen other students around him. 'We've got lots of patients tonight, so let's get going.'

Tonight's clinic is situated in New Rest, Nyanga in front of an informal shop selling vegetables. The landscapes are all the same: part tarred, part dirt roads, a colourful patchwork of makeshift houses constructed from corrugated iron and other scrap metal and wandering children dressed in threadbare clothes.

The mobile clinics operate from two trucks, each measuring ten meters by three meters which are parked side by side. A door on the length of the truck opens and a small metal ladder with four steps and a rail is attached to the door opening.

There are four cubicles inside the truck. Each consists of an examination table with a white padded mattress and a flimsy curtain separating your most private medical moments from the rest of the world.

The outdated fixtures are reminiscent of scenes from a stylised Cold War era spy movie. There are beds running both widths of the truck and two more run lengthways, against one wall, forming a c-shape. Against the other wall, on either side of the door opening, stand two, glass fronted, large metal cabinets filled with medicines. Dirt and rust are caked around the bottoms of the cabinets. Inside are dozens of small cardboard boxes each filled with medicine. The boxes are marked in thick black pen: Dinexol Tabs, Benzyl Benzote, Vitamin B Co, Choricol 3.5g ointment, Paramol Tabs, Metrazole, Eruthromgicien syrup. The narrow blue linoleum floor which provides a walkway for students and patients ensures that within moments of stepping into the clinic, you are overly familiar with complete strangers. The atmosphere is similar to a crowded market, where people jostle for space, shout to make themselves heard, wipe their sweaty brows from the humidity and peddle their wares of painkillers and antibiotics.

I join Gareth in one of the cubicles and place myself to the side, unsure where I should stand and how I should act. Gareth is a confident, brown haired, well-built guy who is instantly likeable. His athletic attire – a black fleeced tracksuit top, khakis and running shoes – suggests his active, on the go approach. He constantly runs from cubicle to cubicle, checking on patients and quizzing students.

One of Gareth's patients that evening is a young man who comes in for a physical. Already Gareth is suspicious. Throughout his six years on the clinic, he has never encountered a patient who has come in for a physical. Gareth starts examining him but is soon called off to help another student.

'Do you know how to take blood pressure?' he asks me as he walks out.

'No,' I reply, shocked that I am being allowed to participate in something that I see as clearly off limits to non-medical students. As an outsider, I feel out of place, but I was to learn that the medical students encourage outside participation in the clinics. It is unclear however how I can be of assistance, unless I learn how to take a blood pressure reading.

When Gareth returns to take the patient's blood pressure and finish off his examination, he discovers that the patient wants a sick note for the day as he has not attended school.

'Sorry, we're just talking out loud,' Gareth says to the patient while talking to me. 'One of the big problems we deal with is the concept – and it's also quite unique – of malingering.' I am taken aback by how frankly Gareth discusses the issue in front of the patient. I want to interject with, 'Surely we should talk about this later?' but Gareth continues.

He admits that many of the problems with the Monday clinic is that it is after the weekend and the patients know that for R5 – the fee charged for a clinic visit – they can get a medical certificate and as a result, take off work on a Monday.

'So we've cottoned onto it, and we normally give it to them anyway but then they want more days off. They get upset with you but we can't legally do that. We can't just book people off, unless there is a medical reason.

Gareth decides to write a note explaining that the patient has come in for a physical, but that he is not sick.

'It's a difficult position to be in, actually,' he says.

'It's what we call the "Cremora syndrome,"' Darren Joseph, a clinical student, explains from the cubicle next door. Darren is thin, with light brown hair and a face dominated by a narrow chin. This, coupled with his black- rimmed glasses, suggests that he is more serious and older than his 24 years.

'The problem is not inside it's on top. These guys that come in they've been hit in the eye a week ago and he didn't go to work today.

'So I ask him, "Why you didn't go to work today?"

'"No I was sleeping."

''Cause his eye was too sore he couldn't go to work but if the problem is really that bad, surely you would go to the day hospital and not wait the whole day to hopefully be seen at a SHAWCO clinic, which might not even come out.

'So you ask them, "Did you drink yesterday?"

'He's like, "Yeah I drank yesterday,"

'Oh, is that the reason why you had to sleep in?

'And he's like "Yes, doctor."

'I'm sorry but we really can't help you. These guys take liberties and they expect you to just fall in line. I mean I'd love to, I'd love to just book people off but if that happened people would lose all faith.'

But before I can hear more of the Monday night clinic gripes, I am cornered by two students whose enthusiasm rivals any infomercial host selling non-stick cookware.

Katy Harrison and Erica Corbett are two Canadian students volunteering at the clinic. They found out in the bus, on the way to the clinic, that I was writing an article and they had a story they had to tell me.

Erica is in South Africa working for an organisation that does Prevention of Mother to Child Transmission (PMTCT) work and was toying with the idea of becoming a doctor. Her friend, Katy, who is a medical student spending a term at UCT's Medical School, persuaded her to come on a clinic.

'I came last week,' Erica says, 'and in the car ride home to her [Katy] I said, "I'm going to be a doctor, and apply to med school."'

'Not even in the car ride,' Katy interjects.

'Oh yeah,' Erica continues. 'Ten minutes after we got here she was in that cubicle and I was here and I saw her behind the curtain and I mouthed to her, "I want to be a doctor." Erica does this in a whisper with exaggerated mouth movements.

'In public health you really land up feeling disconnected from the actual people, but here it's not the case.'

Both students are clearly enamoured by the clinics and their excitement does not stop in revealing every highlight of their visit.

'I called my parents last week after the clinic,' Katy says without stopping to take a breath, 'and I told them that I got to see like a punctured ear drum infected with pus. I was so excited. In North America, doctors are a bit jaded and there's a lot of

paperwork and bureaucracy and I just think that to see it working here, where there is a need, it's refreshing.'

3. *NEW HOPE*

In 1999 Morrison Mvumvu, head of the New Rest Community, visited GF Jooste Hospital. Located in crime-ridden Manenberg, Jooste is considered Cape Town's busiest hospital, with over 120 000 admissions a year. It is also one of the most under resourced.

'Look, it's not a bad hospital,' a student tells me. 'The staff are excellent. They are really dedicated. But it's got its problems, they don't have the resources. If you are admitted you have to take your own toilet paper.'

Mvumvu was outraged at what he saw.

His frail cousin, diagnosed with cancer, lay in the hospital bed. He was sharing the bed with an army of ants who crawled over his body and sheets.

'I was so shocked at the experience,' he says. 'We looked at the whole situation and I said there is SHAWCO at UCT, is there nothing that we can do to influence them and make SHAWCO see our plight.'

Mvumvu approached SHAWCO, with the assistance of UCT Professor John Abbott who was working with Mvumvu on the New Rest housing project. He convinced SHAWCO to set up a mobile clinic in the community.

At first, Mvumvu was concerned about the safety of the doctors and the students. He was also worried that the community wouldn't support the clinic. But those fears dissipated on the first clinic, when a queue stood waiting for the arrival of the students.

When I meet Mvumvu on the first night of clinic visits, he talks about the clinic like a proud parent and stops to chat to students and the patients. Mvumvu is a respected and admired member of the neighbourhood and is well-known for his fondness of the traditional beer, home brewed by members of New Rest community. His hair is starting to grey and he has the kind of large forehead that signals authority.

'That's the difference here,' Mvumvu tells me. 'The students have the time to care about the patients. The attitude of SHAWCO students is superb. Darren and Gareth can communicate with people here. They can handle people who come here drunk.'

Gareth Manneheimer and Darren Joseph are the student heads of New Rest clinic. They have been running the project for five years. They too, talk with pride when discussing the success of New Rest clinic.

'We've made a dent in the community,' Darren says, 'and the clinic itself is running better than when we started, that's very satisfying.' Both Gareth and Darren are valued in the community and their opinions on the running of the area are welcomed. Following a dispute on who was to be employed to build houses in the neighbourhood, a community meeting was held. Gareth and Darren were invited.

'We had nothing to say or add about houses,' Darren explains, 'but because they viewed us as stakeholders in the community, it was really nice. It meant that we had an input into what happens here, 'cause they view us as so important.'

In New Rest, with security measures in place, the clinic has become symbolic of the transformation the community is currently undergoing. On the strength of SHAWCO's involvement, a Japanese company has sponsored 30 matriculants from New Rest for studies at the Cape Technikon and a brick making project has yielded a formal preschool. Basic amenities have also been upgraded. Dirt roads are making way for tarred ones and newly erected power lines suggest the possibilities that await the area.

'The clinic has helped to uplift the community,' Mvumvu says. 'So there is so much that came out of the process.'

4. *ROCK STAR DOCTORS*

Surveying the scene, it is easy to understand why students refer to New Rest as the 'model clinic.' There are patients waiting in queues, large numbers of students are learning and excellent primary health care is provided.

The clinics work according to a natural hierarchy. Each pre-clinical student, a student in their first, second and third year of study, is paired with a clinical student in their fourth, fifth and sixth year of study. A supervising doctor oversees the students and signs off on prescriptions and referral letters.

When Gareth's patient is diagnosed with an ear infection, he calls the preclinical students to examine her. Each student is given an opportunity to peer inside the woman's ear, using the ostoscope.

'Now tell me what you see?' Gareth asks the crowd of students. The students stand round him, like groupies, dressed in their uniform: white coats, their pockets stuffed with pens and medical handbooks and stethoscopes slung round their necks. They answer questions and give suggestions. They stand transfixed by the volume of information Gareth gives them. He is clearly the rock star medical student, comfortable in his role as teacher.

But I am amazed at the lack of privacy. The woman just sits there as student after student examines her ears.

It is strange for anyone who has experienced private health care. The silent waiting rooms where names are whispered, the closed doctor's door, a hushed silence, nobody must know. Here there are no such privileges. Students discuss cases between one another freely and are called in to examine certain cases for learning purposes.

But this wasn't always the case. Five years ago the clinics were ill-equipped and poorly supported by both the doctors and students. The change is largely as a result of the efforts of Gareth and Darren.

'The resources and money SHAWCO had were being spent on projects that were just unrealistic,' Darren tells me. Gareth and Darren took it upon themselves to transform the clinics. In the process they have become Student Head of SHAWCO Health and Head of the Clinics Portfolio respectively.

They decided to divert all of SHAWCO's money back into the clinics. A mobile clinic that had been standing, rusting for over 30 years at the SHAWCO Health headquarters in Kensington, was taken out and all the clinic facilities improved. Their next concern was enticing students.

'That was really our big target,' Darren says.

Initially they recruited volunteers from their group of friends, but their efforts were further helped by two nurses at Groote Schuur Hospital. They started to promote SHAWCO after seeing a marked improvement in how students, who visited clinics, examined their patients.

The preclinical numbers are up and Darren and Gareth hope this will carry through. With the improvement of the facilities and the enthusiasm of students, they are pleased with the progress that is being made.

But most importantly, the two have made a concerted effort to transform the clinics into places of learning.

'We teach a lot,' Gareth says, after he is finished examining his ear infection patient. 'Darren and I have been pushing for very long and very hard to get teaching going.

'We let the young students do it and then we teach them from their mistakes. A lot of clinical students rush and the preclinical students every now and then will be given an explanation, whereas over here we encourage to ask questions. In my clinic no preclinical student can tell me that they are a bystander.'

'The function of these mobiles,' Darren adds, 'must benefit the students as much as it benefits the patients and not only that, it must benefit the preclinical students as much as it benefits the clinical students.'

Gareth and Darren represent everything doctors should be: patient, intelligent, enthusiastic and dedicated. They are poster doctors for the medical profession. So it should not have come as a surprise when they even include me in their teaching sessions.

When a patient, a middle-aged man, comes in complaining of shortness of breath and a persistent two-month cough, Darren calls me to come take a look.

'Night sweats?' Darren asks.

'No,' he answers.

'Not sweating at night? Not *kushushu* (Hot)?' Darren repeats. This is one of a handful of Xhosa phrases learnt by the students and inserted into their questioning. UCT Medical School provides no formal Xhosa training for its students.

'No.'

'Are you losing weight?'

'No, I am gaining weight. I was 42 [kg] when I went to the clinic. Now I'm 45. I did lose the weight before but now…'

'When did you lose weight?'

'In June.'

'What happened in June? Why did you start getting better? Did you go on medicine?'

'Yes.'

'For what?'

'For TB.'

'Okay, so you have TB.'

'Yes. I'm taking the medication.'

I am astounded that the patient has only waited until ten minutes into the consultation to reveal that he has TB. One would assume this would be the first piece of information you would volunteer if you were seeing a doctor for a persistent cough. Similarly, later in the week, a woman comes into a clinic complaining of stomach cramps and only after numerous questioning does she reveal that she is five months pregnant.

'I'm just going to show this doctor something,' Darren tells the patient while turning to me. I get a huge thrill when Darren refers to me as 'doctor' even though I know he knows a full explanation will mystify the patient. I enjoy it that I am accepted as a doctor by patients despite my absence of medical paraphernalia or indeed of any medical knowledge other than knowing how to take someone's temperature.

'See that puffiness over here,' Darren says, pointing to the swollen bumps that sit next to the cuticles of the patient's fingernails. The bumps are whitish in colour, seemingly straining under his dark skin. 'That's called clubbing.'

Darren explains, in detail, the causes of clubbing as though I were writing the medical board exam the following day.

'In people who've been coughing for two months,' Darren continues, 'in our setting there are two things you are worried about: a chest malignancy or TB. He's told me he has TB and he is so thin, he's wasted away, it's awful.' This Darren says in a much softer tone.

'You taking your TB Medicine? Everyday?'

'Yes. Everyday.'

'Have you had an HIV-test?'

'Yes I did.'

'Do you know the result? You don't have to tell me, but if you want to tell me you can.'

'I'm negative.'

'Okay, good.' Darren turns to me. 'It's a very sensitive issue for people. I've debated heavily that it should be common knowledge. If they are positive you should know.'

TB is notifiable disease. If a patient is diagnosed, students are required to inform the government.

'To me it should be the same with HIV,' Darren says, 'so they can keep regular stats. But somehow because of the stigma, they don't. So the approach really is if it is going to affect management, if it impacts on your thinking at all, then it's relevant to ask.'

Darren asks him to remove his shirt to listen to his breathing, and Kelly Blair, a much-too-young-looking preclinical student, joins him. She gets the opportunity to listen to the patient's breathing and is quizzed on TB by both Darren and Gareth.

When the patient removes his shirt I am shocked at his frailty; protruding collarbones, a prominent diaphragm, covered only by a thin veil of skin and gangly arms. I try to think if I have ever encountered a grown man so thin, but I only remember images connected with war and genocide. Throughout the week, I am astounded by the frailty of many of the patients suffering from TB. When I question the students about this, they seem to have to think about it.

'You really don't even notice after a while,' Kelly says, 'its weird that you think that's strange.'

Darren concludes that there are three possible causes of the patient's persistent coughing. The most obvious is an old lung disease which has whittled away his lungs.

'He should get better,' Darren says. 'It depends what is underlying the whole problem. If his problem is just degeneration, if you treat the disease, then it's possible that the damage to his lungs is permanent and he will be short of breath like this for the rest of his life. But he could be experiencing these symptoms for other reasons which you can treat.'

All three students agree that the patient needs a chest x-ray to determine the cause of the problem. They refer him to a day clinic in the area. I feel like I've learnt a lot about TB and so has Kelly.

'I've learnt so much,' she says, 'I can't even begin to tell you. The volume of information compared to the classroom is massive.'

But next week it is Gareth and Darren's last clinic. Next year both students are taking up their internships. They will go having solved some problems but leaving many others. Their fellow students consider it an end of an era. They are concerned that without Gareth and Darren's participation and manning, the clinics face a difficult and uncertain future.

5. *DEPRESSION*

Dalene Pick, a fourth year medical student stood out from the rest of the crowd. It wasn't merely her attractive appearance – an athletic build and big chocolate brown eyes – she was confident, self-assured and friendly. She made many of her fellow students look amateurish and unsure. If you didn't love her, then you were certainly jealous of her, or perhaps it was a combination of the two. But it was the way she dealt with Tuesday's most difficult patients that confirmed her status for anyone who doubted her.

We were at Brown's Farm clinic, a suburb near Philippi, and like all Apartheid euphemisms, contrary to its name, there was not a piece of green in sight. The only animals were the dozens of dogs, a regular sight at all the mobile clinics, which scavenged and roamed the streets.

Many of the volunteers that night were foreign students, and as we stood outside waiting for the clinic, Joe Romondo, who heads the clinic and whom Darren describes 'as a real man of the people,' walked into the street and started playing soccer with the children. Immediately the foreign students took out their digital cameras. I felt uneasy. Perhaps it was the size of the cameras, not inconspicuous pocket size pieces, but monstrously large silver gadgets with zoom lenses that only sought to draw attention to them as being completely out of place; emphasizing the disparity between rich and poor.

For Dalene, it started off as another routine visit, a patient with a headache. I stood in the cubicle with Dalene and happy-as-ever Canadian Erica. But as the young woman presenting chronic headaches, added insomnia and weight loss to her list of ailments as well as her troubling home life, I carefully retreated, standing on the other side of the curtain. I felt uncomfortable and sensed that this would be an intense session.

'We asked her is everything fine and she says, "Yeah, everything is fine,"' Dalene tells me after the consultation.

'But when we started asking, her dad's an alcoholic who abuses her mother, her sister is HIV positive and is also an alcoholic, the child is HIV positive and she has to look after it, she's having problems at work, she's lost a lot of weight, she's got these pounding headaches and she takes Grandpa four times a day because her headaches are so bad.

'I certainly didn't feel confident when I started. I didn't know how to approach it especially since you don't know where they are going to go. A lot of these patients have so many social problems.'

'I thought you handled it really well,' Erica says, jumping in with reassurance.

'Thank you,' Dalene answers, ''cause I never used to know how to. You start with peripheral things. How are you feeling? Are you unhappy? Are you sleeping? Have you lost weight? And you move closer and closer and the last question I always ask is, do you think about death a lot? And have you ever thought about committing suicide? And you kind of ask it like it's a normal everyday thing. But I always find it difficult. I feel better about it now.'

After a lengthy consultation, Dalene prescribed anti-depressants and advised that the woman see a counsellor.

'The follow-up for depression at the clinics is very good,' Dalene says. 'I'm so glad she got to talk to someone.'

Dalene and Erica's patient typifies the emotional component of clinic visits. Working in the clinics is a heavy responsibility. Many of the patients are HIV positive, infected with TB or both and come from some of the poorest areas of Cape Town.

'You just realise how other people live,' says clinical student Janine Vally, 'what kind of circumstances they live in.'

Earlier in the evening I spent some time with Janine. As there were enough clinical students for each patient, she walked from cubicle to cubicle, checking on the other patients, moving supplies from one clinic to another. Janine is petite with a mouse-like face and fine brown hair that skims the top of her shoulders. There is a dusting of tea-coloured freckles on the bridge of her nose and tops of her cheeks.

While Janine enjoys being involved in the clinics, she admitted that the emotional strain is taxing.

'Asking somebody,' she said, 'whether or not they have had an HIV test is emotionally draining. When young girls come in and they say they have a headache and there's nothing really wrong with them, and you say, "Are you pregnant?" and the answer is, "Yes" and it happens quite a lot.

'I think you quickly learn what your own abilities are, what your limitations are. Part of it is growing up and maturity. If I was 18 and seeing this, I don't think I would be dealing with this like I am now.'

As the clinic winds down, the two healthcare workers start tallying up the money in the nearby healthcare centre and those students finished with patients congregate inside one of the clinics to discuss the evening's cases and anecdotes. It's part educational, part catharsis. There is no formal structure in place for students to discuss the difficulties involved with the clinic. The conversations after the clinic while packing up or on the way back to UCT's Medical Campus, act as debriefing sessions.

For Rob Phelan, an Australian student, the evening has been particularly worrying. A patient came in with symptoms of viral meningitis. Rob informed the patient that he had to go to hospital immediately. But the patient refused.

'So he asks me, "What's the worst that could happen?"' Rob tells the captive audience of students while recounting the story.

'So I say, "Well you could die."'

The students start laughing.

'So he answers, "Well I'll just see how it goes. I don't want to go to hospital."'

Everyone continues to laugh, including Rob, but he shakes his head at the same time, suggesting that he can't believe it even happened.

'I think he'll be dead in a week,' he says bluntly. 'I think the hardest thing for me is that in a different place, like at home that would happen no way. But I can't feel bad in a way.'

'You've got to be there,' says another student here on her elective, 'with the emotions to think about it. But you've got to detach as well. You can't get like this with every patient.'

'Who knows what will happen with him,' Rob adds as an after-thought.

'The first few times,' Janine tells Rob, 'you are shocked. But then after that you are "whatever." You have to turn yourself off. You get used to seeing people that are so ill. It becomes the norm you know.'

Janine starts to tell the others about her night working in casualty at GF Jooste Hospital, almost wanting to outdo Rob with her traumatic experience.

'I was getting ready,' she says, 'to put a drip in this lady and she just died while I was standing there. Yes, she was very sick, she was HIV positive with disseminated TB but no one thought she was going to die.'

There are nods and smirks from the students listening.

'It was just me and this other girl,' Janine continues, 'and I was just getting my things ready and she said to me, "Janine this woman isn't breathing anymore, she isn't responding," so we called the doctor. They tried to resuscitate her but she died.

'That was the first time that's ever happened to me. It just leaves you with a horrible feeling but I see it as part of my job.'

For Rob, who is smartly dressed in navy pants and a collared shirt, his submergence into South African medicine has been overwhelming. He just started last week and although he is here to gain experience he simply cannot believe all that has happened in a week.

'I'm interested in going into emergency medicine and South Africa is a mecca for trauma. I got to experience my first lumber puncture today. The students don't get to do lumber punctures at home; you've got to be consultants. They'd be worried about law suits. Same with chest drains, because there are not a lot of stabbings.'

The visits to the clinics are one of the high points of Rob's elective. He thinks it's a great service and particularly admires the competency of Joe, Darren and Gareth. He is the only student who attends every clinic in the two weeks I visit.

'A lot of problems are Third World,' Rob says, 'and we don't get to see this sort of thing at home. It's really surreal, this mix of First World and Third World. First World training and resources in some ways but then it's a lot of Third World problems, you know HIV, TB. I hadn't seen a TB case before I came here. We don't have TB in Australia and we don't see HIV at all really.'

A week later, Dalene is back at the Brown's Farm clinic. She's had a busy week with hospital rounds and exam studying. There has been no time to think of her suicidal patient.

'That's the unfortunate thing,' she says. 'At the time, it's very difficult and involved and then you leave and you just can't think about your patients here. You have other stuff to worry about.'

6. *THE HONEYMOON IS OVER*

By Wednesday, only three days in, the honeymoon phase of my clinic visits is over. My feet hurt, I am already tired by 8:30pm and the cramped cubicles are suffocating. There are 70 patients on the waiting list for this Joe Slovo clinic, three students per cubicle, two community health workers, and one mobile clinic truck.

Because there are no facilities to house the waiting patients, the health workers stand inside the truck at the entrance, overlooking a crowd of people who gather at the ladder, each waiting for their name to be called. Most are wrapped in duvets or colourful woolly blankets, to protect from the biting cold. The Milnerton wind shows no discrimination towards the formal-housed suburb or this informal settlement.

I join three other students in one cubicle. Due to the large number of patients at the clinic, Darren and Gareth's teaching method is of little relevance. Here the objective is simply to get through the patients; teaching is secondary. The preclinical students in my cubicle seem uninterested and preoccupied. One of them, Lalani Hendricks, is attached to her cellphone during the night, even smsing throughout the consultations.

'I mainly come,' she says, ''cause it looks good. I mean it's really late and I'm tired. It's not fun. But it's easier to get bursaries and things when you show that you do community work.'

But even Lalani's indifference does not bother me. It's our next patient that pushes me over the edge. She is an 18 year old woman, who is complaining of a burning sensation when she urinates.

Jeremy Steer, the clinical student supervising the cubicle asks me if I want to take the patient's medical history. I am taken aback. I simply assume that because I am not wearing the uniform of white coat and stethoscope, I am separate from the group, clearly not a medical student. It appears this is not the case. Up until now I had merely been observing, standing on the sidelines of the cubicle. He had obviously mistaken my note scribbling for an observant, workaholic, medical student.

'I'm not a doctor,' I reply.

'Oh,' Jeremy says, confusingly. Despite his puzzlement, my cryptic answer seems an adequate explanation for him and he continues with the consultation.

The patient is diagnosed with a urinary tract infection as a result of a STI.

'Do you use condoms?' Jeremy asks.

'No,' she answers.

When Jeremy explains that he is giving her medicine that both her and her boyfriend must take, she refuses.

I want to shake her and scream, 'Why don't you use condoms? How could you not know? What are you thinking?' Why don't you just take the medicine?'

I have had enough. I stride out of the clinic and start walking through the parking lot down the road.

A similar incident had occurred earlier in the week leaving me frustrated and angry. I was working in a cubicle with Johannes Kastner, a medical student from Germany. I was still trying to disguise the look of shock on my face after Johannes explained to me why he became a doctor.

'I was wanting to become a vet,' Johannes told me. 'But veterinary medicine only started in autumn and I wanted to start in spring. So I decided to become a medical doctor.'

But our conversation was interrupted by the arrival of the next patient, an elderly woman, diagnosed with diabetes a year ago and suffering from poor eyesight and pains in her legs. She was not taking any diabetes medication.

'Please tell her she must go and get medicine otherwise she will get worse,' Johannes said.

'If you want to see the doctor to get medicine at the clinic you must be there at half past four in the morning,' Cynthia Lekgothoane, the translator, explained to me while Johannes found a referral note. 'She is old, she can't get there.'

'Doesn't she have children to help her?' I asked.

'Her one daughter died of HIV,' Cynthia said after conferring with Elizabeth, 'and she must look after her grandchildren. But you know the children of today they don't want to listen if you talk. If you are old like this old mama, they don't want to listen.'

The frustrating cases of the week were building up and I feel discouraged that the clinics, at times, seem pointless. That many of the patients don't even reveal the full extent of their symptoms until ten minutes into the consultation, that I have seen dozens of young women diagnosed with STIs in a mere few days, that those patients the students are trying to help can't get medicine or in some crazy circumstances, refuse to go to hospital.

Few students discuss the ineffectuality of the clinic's work and its futility in the face of patients' ignorance, scarcity of resources or lack of education. I wonder if students are safe in the knowledge that they are going into private practice because when I question them on this subject – whether they feel they and the clinics are making any impact –, most have a well-rehearsed, politically-correct version of how they see things.

'You can't be depressed by it,' says student Andira Govender, ''cause there is just such positive energy. It's because they are a young bunch and you can see that they don't have any baggage about it as opposed to a lot of older people who might come here with a lifetime of baggage and people in South Africa have a lifetime of baggage.'

Gareth echoes Andira's sentiments. 'I feel quite strongly about providing healthcare for people who can't afford it and I'm a fierce proponent of cascade learning. Invariably I will end up in the private sector, I don't know, it's more than likely.'

Only Janine shows signs of the difficulties. 'I am still enjoying it,' she says, 'but sometimes you think, *ag*. You know the other night I was doing a night call at Jooste, doing acute care, where you are just working in casualty and we were there from seven that night till six the next morning. I looked at the doctors and I thought, why, why, why did I choose this, I'm going to have to do this one day. But it happens. I think everybody has a bit of that when you think what have I gotten myself into.'

I came to the clinics thinking that we were really helping but the more I got involved, the more I realised that I had the naivety of an American exchange student coming to save Africa on their semester abroad. I was conned; sucked into Erica and Katy's infectious vacuum of positivity. But when faced with the dedication of the students and the eternally optimistic way they talk about healthcare in South Africa, it's easy to step into the clinic with rose tinted glasses.

7. *THE XHOSA-SPEAKING DOCTOR*

After my walk I return to the clinic. I wiggle my way through the crowd, whose numbers don't seem to be diminishing, and rejoin my group. Jeremy is still very much in charge, Lalani is still playing on her cellphone. Nobody asks where I've been.

The patient in our cubicle is a young man in his early twenties, who does not speak English. The community health worker whom everyone refers to as 'Mama' and who also works as a translator, is called.

She pulls open the curtain. The man immediately shakes his head and a heated exchange between the two takes place, each attempting to out scream one another.

'He does not want to tell me what's wrong,' Mama says as she walks away. 'He wants a Xhosa speaking doctor.' With these words Mama knows that the patient is asking for Mfanelo Sobekwa, a medical student who is the head of the Joe Slovo mobile clinic.

Mfanelo is called to the cubicle. After much discussion the man reveals that he has blisters on his penis.

'Do you use condoms?' Mfanelo asks him. He shakes his head. He is given medicine to treat a STI and two packs of condoms.

The interaction highlights the problematic nature of language and race which subtly occurs throughout the clinics. All the patients are black and mostly Xhosa-speaking; most of the student doctors are white and English-speaking. While the translators are excellent and dedicated, they pose a problem when patients present symptoms of STIs.

'Not speaking Xhosa is a very big barrier,' says Phataua Booi, a Venda-speaking, preclinical student on the Joe Slovo clinic. 'You sometimes have to include a third party. A third party might be that patient's neighbour. If the patient is presenting a STI, they won't say they have a discharge, they will say its back pain or something else.'

Coupled with this is the problem that all the translators and community healthcare workers are women. So a lot of men are not comfortable discussing medical problems, especially if it is something to do with an STI. In New Rest, the problem is compounded as one of the translators is Morrsion Mvumvu's daughter. Consequently, patients do not want to divulge details of their illnesses because of her father's position.

Despite the language barrier, Phataua does have an advantage over her fellow students: she is a black medical student.

'I do think that they [patients] are more comfortable being treated by me than a white student,' Phataua says. 'Most of the time if it's me and some white students then they will focus on me, look at me. Even though they know I don't speak Xhosa.'

Later that evening, Phataua, partnered with two white students, sees a patient suffering from abdominal pain. He turns his back to face directly towards Phataua, ignoring the white students and directs all his answers to her.

'I think people feel comfortable talking to me because I'm black,' Phataua explains. 'Sometimes when they are looking for a sick note, they talk to the doctor or whoever is treating them and they refuse because they are not sick. Afterwards they are like, "*Hayi sisi*, what about you," like they want me to do them a favour. They actually think okay, I'm a black person, so I'll understand, it's my black fellow and when I tell them, "No", it's actually sad, 'cause they kind of give me this look that she's black but she's one of them.'

Other students confirm Phataua's feelings.

'I just feel more comfortable,' Dalene says, 'if I'm partnered up with a black student. I think the patients are more open. They think I can't understand, or don't want to understand, even though most of the black students are also so far removed from their patients' circumstances.'

Although the SHAWCO Health Committee does not consider the language and racial divide a problem, they do agree that at present it is not optimal. Gareth hopes that as black students become involved, they will attract other black students as volunteers. This appears to be working at the Joe Slovo clinic. With Mfanelo as head of the clinic, the majority of student volunteers are black.

'SHAWCO has always been predominately white,' Gareth says, 'particularly SHAWCO Health, there's no doubt about it. We have tried very hard to try change that. It's working slowly.'

8. *DRUNKEN GOODBYES*

By the following Monday, my second week of clinic visits, I've settled into the clinic routine. I'm starting to feel more familiar and comfortable with the environment. It takes me quicker to acclimatise to the smell of the disinfectant.

While I wait for the next patient, a pre-clinical student and first timer on the clinic visits asks me where the thermometers are kept. He is clearly oblivious to the

fact that I am not a medical student. I get a secret joy when I point out the kidney dish resting on the side of the sink in which four thermometers are floating in the urine coloured disinfectant. He looks around confused.

'How do we get it [the thermometer] out?' he asks.

I stare blankly at him.

'Let me just get a piece of roller-towel,' he says in answer to his own question. Still shocked at his inability to pull out a thermometer, I stick my hand in and take one out, offering it to him.

'I'm just not comfortable taking something, from something so communal,' he says.

I am tempted to tell him he's going into the wrong profession, but hold back and I quickly scribble down his words.

'You're not going to put that in your article?' he asks, catching me with my pen in hand.

'No, no,' I lie.

It is only natural that these students provide the material for post-clinic conversation between Gareth and Darren.

'We obviously *skinder* about people who come on the clinic,' Darren says. 'But I've never experienced someone who was like I'm not working with him again. I've never thought that.'

'One thing,' Gareth adds, 'that irritates clinical students is preclinical students who think they are too big for their boots. However, we are out in the townships until midnight on a weekday, so by virtue of the fact that they are there, it speaks volumes. But this year, I've seen a sixth year, who will qualify, without a shadow of a doubt, put in a thermometer back to front on top of a tongue.' Gareth, Darren and I start laughing.

Tonight is Gareth and Darren's last clinic. There is no doubt that they have transformed the clinics, in particular the clinic at the New Rest community, but despite the changes they've made, some things remain the same. Drunken weekends still trickle into Monday evening's clinic. While all the students are busy with patients, a man approaches the entrance of the clinic.

'I'm very sick, I'm very sick, I'm very sick' he screams inside the clinic. Patients queuing outside the clinic start shouting and a baby, in the cubicle next door, startled by the screaming, starts crying. Students peer out from behind their curtains

to see the man. Grant Thomas, who is taking over the running of New Rest clinic next year, takes an authoritative stance. Grant is weedy and very tall; he hunches over to enter the clinic. His dark black hair is cut in a box-like shape on his head and he wears big, tortoise-shell rimmed glasses which keep sliding down his nose.

'If you are very sick then you can wait,' he says in a calm, firm voice. 'If you want to wait, if there's time, we'll see you at the end.'

'You let the man dying,' he shouts again in an increasingly forceful tone.

'Please don't ever shout at me again,' Grant replies. 'Please also don't come back to the clinic. If you are going to shout at me, you must never come back here. I will never see to you. Okay.'

'You let the man dying.'

'Yeah, I will see you dying.'

'That is on your conscience,' the man shouts again. There is a long pause.

'Doctor, doctor, please you are doing good work,' the man continues. 'You will come back next year doctor. Doctor, doctor tell me something, I've got piles, piles in my aaahnus, what can I do with them? What do I have to do with them? That's what I wanted to know about.'

There is a collective giggle from the students who are still transfixed by the antics of the man. The women in the queue are still shouting at him and the baby in one of the cubicles is still crying. Realising that it would be best for this man to leave quickly, Dr Sonderup, the doctor on duty, starts searching for some cream in one of the cabinets.

'Do I have to go to Groote Schuur?' the man asks. 'I want to be saved.' Dr Sonderup walks midway down the ladder and hands him the cream.

'Thank you doctor, thank you doctor,' the man says hurriedly.

'Put that on your aaahnus,' Dr Sonderup replies, mimicking the man's accent. 'It will take them away.'

'Thank you doctor, thank you doctor,' he says again as he quickly disappears from the clinic.

'Whether it works or not, he'll think it'll work,' Dr Sonderup says aloud to anyone who will hear him. 'It's called the placebo effect. If I wanted to be nasty I would have given him Wintergreen (Deep Heat) and rub that on his rear end, we would have heard an almighty scream.' Those who are listening start laughing. It's a

welcome comedic interlude but there are 40 patients on the waiting list and the students still want to go out celebrating.

As it is the final clinic of the year and Gareth and Darren's last clinic, a little party is held inside the community healthcare centre to thank them and the healthcare workers for their involvement.

The centre is a subdivided container, with broken windows, a desk and a kerosene lamp. It's too small for all of us to go in, so I stand outside and wander down the street to keep warm from the bitingly cold wind. The sky is black grey and there is silence except for the hum of conversation coming from the centre. The clinic trucks, all locked up, look like circus trucks or movie trucks because the whole place feels like a set, constructed, nothing seems real. But then occasionally somebody will come out of one of the houses to remind you that people live here, that the place isn't deserted. A rat runs across my path so I quickly return to the centre where Janine offers me dry sponge cake.

'SHAWCO won't be the same without them,' she says.

In the bus on the way back to medical school, the students discuss where they will go to celebrate the final clinic while Gareth and Darren reflect on the past six years.

'SHAWCO to me has always been a lot of work,' Darren says. 'But for me to see where we started with SHAWCO and where we've taken it is very satisfying. That for me is most rewarding. What we have done here, at New Rest that I know we are leaving the community better than when we came here originally.

'It's a little bit surreal but it's exciting as well,' Gareth adds. 'We are happy to move on because the clinic is working and because the people taking over are very, very, competent. I have no doubt that the clinic will be fine. I'll miss it for sure. But the community health workers are always here. The patients are always ready.'

The patients may be ready, but they will have to wait until February 2007, a four month and a half wait, until the University year and a new clinic starts. If any New Rest resident is sick, they will have to take a day off work and head to the nearest day hospital, sitting in queues which begin at four in the morning. Supposing the day hospital does not have the medicine needed on hand, they will have to take another day off work and sit in another queue to get it. Should the patient be

exceptionally sick they will be admitted to Jooste Hospital where they must bring their own toilet paper. So it is only appropriate that after the clinic, the students head off to a nearby restaurant for celebratory drinks. The place is called A Touch of Madness. Perhaps there is no other way to describe the situation.

Word Count: 9403

MY DOG, MY SELF

1. *THE VIRGIN FELINE PREGNANCY*

He stands on the stage with the familiarity of a seasoned comedian. His captive audience hangs onto his every word. For Dr Platzhund – his stage name of course – this is no ordinary day in the office. He is here in his capacity as a renowned animal behaviourist and veterinarian and he enthrals the group with the ridiculous anecdotes he's experienced.

'One day a woman calls me and says her cat has a swollen stomach,' Dr Platzhund, tells the audience.

'So I say, "Is she pregnant?"

'"No," the woman replies. She lives in a flat so the cat doesn't go out. So I go over to her flat, thinking that this cat may have a cancerous lump growing in its stomach. When I arrive it's obvious that this cat is pregnant.

'But the woman is convinced it's impossible because the cat doesn't go out. So I take a look around the flat and behind the couch is a tom cat.

'"Well, here is your answer," I say.

'So you know what she says to me? "That can't be right - that's her brother!"'

Laughter breaks out among the crowd of 100 or so people who have gathered on a Friday morning for Dr Platzhund's Cape Town seminar in aid of the Animal Rescue Organisation. The atmosphere is cosy and friendly, but laughter of a far more nervous kind is to appear later in the morning when closely-guarded secrets will be revealed. I join in the laughter. What a ridiculous woman I think, she obviously doesn't know a thing about animals.

I'm there to write a story about animal behaviourists and eager to meet South Africa's celebrity behaviourist Dr Platzhund. As a dog lover and owner I am excited to see this famed behaviourist in action and eager to understand why his services are now so desperately needed by middle-class dog-owners throughout the country.

But it's difficult not to fall for Dr Platzhund's charm while surrounded by his fan club of sorts. The audience, who have each forked out a hefty R250 for a ticket, comprise fellow animal behaviourists, animal rescue workers, veterinarians, animal philanthropists, lots of grandparents and loyal Dr Platzhund followers.

'I go to all his talks when he is Cape Town,' says a woman sitting next to me, 'and I try to listen to his radio show every Saturday, except sometimes I have bridge.'

She brings out her wallet and shows me pictures of her Maltese dogs Simba and Rocco alongside photos of her grandchildren who now live in Australia.

The laughter subsides, but jokes aside, as the starting point for Dr Platzhund's seminar on dogs and their behavioural problems, it conveys an important educational message. These behaviour problems, Dr Platzhund argues, are a result of the incorrect and mismanaged disciplining and socialisation of dogs by their owners.

As a behaviourist and veterinarian, Dr Platzhund has dedicated his life to the education of pet owners. He works tirelessly to rectify the misconceptions of pet ownership through his talks, book and radio show.

But by the looks of things, no one at the seminar really needs Dr Platzhund's help. Everyone seated seems relatively normal, nobody as ridiculous as the woman of Dr Platzhund's joke; all of us perfectly capable of dog ownership. We are merely here as dog lovers, celebrating our wonderful pets and the exceptional relationships we have with them.

Dogs inhabit our space in ways unlike any other pet. The worst-off scavenge around our rubbish bins or are assigned to desingated areas of the yard. The most beloved are the backgrounds for our computer screens, inscribed as family members on birthday cards and receive their own presents under the Christmas tree.

Dogs are generally thought to have evolved from grey wolves through a process of domestification which occurred between 17 000 and 14 000 years ago. Initially used in hunting and guarding, developments in technology have minimised the role of the dog, transforming them into literally companion animals. The change has spurred an industry of dog related products aimed at treating those hounds that play such an important role in our lives.

There are boutiques dedicated to dog clothes, shoes and accessories. Luxury brands now offer monogrammed dog carriers and the newest addition is doga, a hybrid of yoga and dog massage. Celebrities, no longer content with stylish oversized handbags and sunglasses, are turning to what are termed 'armpit' dogs to spruce up their designer labelled rags. Armpit dogs are miniature dogs that are held under the arm while celebrities perform simple tasks like shopping and walking down the red carpet. These dogs, like Paris Hilton's Chihuahua Tinkerbell, often get as much publicity as their famed owners. This current preoccupation with our pets, from the diamond studded collars they wear, to the mind-body exercises they perform, has

transformed our dogs into spoilt pooches. The consequences of such pampering, Dr Platzhund and his colleagues argue, are both terrifying and disheartening.

'You just need to look in the newspaper,' Dr Platzhund says, 'to see another child attacked and even killed by an aggressive dog. The number of cases I see today of dog attacks on children is quite alarming.

'If you get a car,' he adds, 'you will spend weeks finding out about the car, researching, collecting information, speaking to people. But people will just get a dog.'

2. *A HISTORY OF WHISPERING*

Dr Platzhund's drive to change people's attitudes towards their dogs is nothing new. He is part of a history of individuals who have strived to educate the public on animal rearing.

In America, during the 1850s, an Ohio local emerged as an important figure in the rehabilitation of abused and vicious horses. John Solomon Rarey, The Horse Whisperer, became world famous for using kindness, firmness and patience in training horses. This 'whispering' challenged the prevailing training methods of whips, fists and anger. The book club best seller *The Horse Whisperer* relates the following story of Rarey's fame:

> Word of his gift spread and in 1858 he was summoned to Windsor Castle in England to calm a horse of Queen Victoria. The Queen and her entourage watched astonished as Rarey put his hands on the animal and laid it down on the ground before them. Then he lay down beside it and rested his head on its hooves. The Queen chuckled with delight and gave Rarey a hundred dollars. He was a modest, quiet man, but now he was famous and the press wanted more.

Rarey's horse whispering skill was that he instinctively knew how to train horses and as a result, he quickly became a worldwide phenomenon. He travelled the globe – France, Russia, Turkey, Egypt, Sweden and Germany – instructing audiences in the Rarey method.

He was adored by the media, being featured in numerous articles in newspapers and magazines. The English magazine *Punch* recommended that the Rarey method be practiced on obnoxious politicians, and *Harper's Weekly* suggested it as a cure for wayward husbands. Ralph Waldo Emerson said of Rarey that he 'turned a new leaf in civilization' and in dictionaries of the time, the verb 'rarefy' appeared indicating 'to win by love, mollify with oil of kindness, to reclaim a badly broken horse, to tame a horse with kindess.'

In 1998, Rarey's techniques were brought to life in the Robert Redford film *The Horse Whsiperer* which popularised the term 'horse whispering' for audiences who knew little if anything about horse rearing.

For today's dog owners, big business is eager to exploit Rarey's legacy by jumping on the whispering bandwagon. National Geographic's most popular show is *The Dog Whisperer,* featuring the behaviourist Cesar Millan. Although Millan uses traditional behavioural techniques practised by animal behaviourists the world over, he is publicized as being blessed with an intuitive ability to train dogs. His website states that 'there is no one in the current market place that possesses Cesar's innate skills.' A television show, best-selling book, DVD and numerous high-profile celebrity clients are evidence of his popularity. His latest project is the Cesar Millan Dog Psychology Centre which plans, 'to make the world a better place, one dog at a time.'

Millan's show is not unique. The BBC screened the canine-themed shows *It's me or the Dog* and *Furry Tales,* while a recent slew of publications on pet psychology with titles such as *Birds on a Couch* and *Memoirs of a Pet Therapist* suggest the business world's growing love affair with our dogs and the profits they bring in. At the heart of these shows are the charismatic animal behaviourists whose television appeal and ability to transform even the most disobedient dogs has turned them into celebrity figures.

An animal behaviourist is defined as a person qualified in the study of the scientific principles of instinctive animal behaviour. Their work is largely confined to research departments and animal centres. However, a number of behaviourists have focused on pet issues, in particular dogs and as a result, the work of animal behaviourists and how it can help the general public has come to the fore.

Today numerous veterinarians and veterinary nurses are qualified behaviourists and the veterinary association is active in promoting animal

behaviourists to dog owners, in particular puppy socialisation classes. Through these classes, animal behaviourists hope to re-educate owners on disciplining their dogs.

According to behaviourists, they are often grouped together with animal psychics and animal communicators as a result of public misinformation. Compounding the problem is behaviourists who, drawing on Rarey's legacy, call themselves 'dog whisperers.'

But behaviourists do not claim to talk to animals, read their minds or suggest that their skill is an intuitive, divinely-given, sixth-sense. Rather they look at pet owners for answers. By concentrating on the connection and relationship between owner and dog, they attempt to solve the problem of a misbehaving dog. Through this process they confirm our worst fears: that our dogs are a mirror of ourselves, publicly revealing what we otherwise wish would be privately hidden.

In South Africa, the profession, specialising in cats and dogs, gained momentum in 1990, following the visits of several highly-regarded international behaviourists from the US and UK.

Subsequently, in 1994, Dr Platzhund helped establish The Animal Behaviour Consultants of South Africa (ABC). This professional governing body aims at regulating and promoting the profession of animal behaviourists. The organisation say there is at least one behaviourist in each province with over twelve in the Western Cape alone.

At the same time, behaviourists have also received criticism of their work. Many clients claim that despite undergoing animal behaviour therapy, their pets have not been sufficiently cured. Unaccredited behaviourists have also criticised the work of behaviourists belonging to the ABC. The most outspoken of which is Pam Whyte, an unaccredited behaviourist who has labelled the veterinary association 'the department of misinformation.' These accusations raise the question: is an animal behaviourist simply another accessory to be added to the modern-day middle class 'must-have' list or a bona fide and necessary guru for successful human-canine interaction?

3. *ANTHROPOMORPHISING CUDDLES*

Dr Platzhund's Friday morning seminar in aid of the Animal Rescue Organisation is taking place at the Nassau Centre at Groote Schuur High School. Although the centre

is separate from the school, the uncomfortable chairs and the soft sound of the ringing school bell are reminders of the location. The school bears the hallmarks of its position in the suburb of Newlands with green leafy trees and a prominent view of the cricket stadium.

The seats of the Nassau centre start to fill up; evidence of Dr Platzhund's popularity. In South Africa, where celebrities are either *Egoli* actors or reality television stars, Dr Platzhund has managed to carve out a niche celebrity following. Since graduating in 1973 and subsequently opening a private practice, Dr Platzhund has catapulted from family vet to the South African authority on all things veterinary and animal behaviour related. His list of achievements is astonishing: a 17-year stint as Radio 702's and now also Cape Talk's resident veterinarian and animal behaviourist, a regular column for newspapers and magazines, a popular seminar, a television show and a successful veterinary practice. Despite these impressive accomplishments, Dr Platzhund, at times, still appears uneasy with his fame.

Standing on the raised stage in the auditorium, Dr Platzhund is dressed in safari gear: khaki cargo pants, hiking boots and a bush jacket with pockets. He stands like a veterinarian, with a wide legged stance and his light blue shirt rolled to the elbows, as if he were about to perform an operation. His balding head has left just a row of greyish white hair covering the sides and back of his head and revealing a scalp dotted with sunspots and freckles: souvenirs of numerous bush holidays. Age has softened any hard edges of his face and expressive black eyebrows frame his dark brown eyes, giving him an approachable and friendly appearance. He is your lovable grandfather and family veterinarian all rolled into one.

His seminar, an Ivy-League class for dog owners, covers everything from behaviour therapy to flea treatments and anecdotes from his practice. Numerous props are used to demonstrate his points: a fluffy toy dog, leashes, slides and video clips. A standard question and answer session follows, which turns into a communal confessional, exposing ashamed owners and their misbehaving dogs. The seminar begins with the maxim that he lives by: If you treat your dog like a person then your dog will treat you like a dog.

'Let me give you a story to explain,' he says.

'Let's say there is a couple who cohabit and they decide to get a dog. Because the dog is like their child, they allow the dog to sleep on the bed. When they come

home from work they say, "Darling how are you?"' Here Dr Platzhund affects a squeaky sing-song voice. '"What did you do today? Did you miss mommy?"

'Now the couple decide they want a child.'

He pauses for dramatic effect and there is a collective *mmmm* from the audience.

'That dog will dig up the garden,' he continues, 'and urinate in the house because all this time he has been treated like a person, like a child and when a proper child comes along and he is no longer the alpha child, he will become destructive.'

'Its called anthropomorphism,' Dr Platzhund explains to me later. 'We are turning our dogs into humans, giving them human feelings and desires.'

He places the blame at the door of Disney, whose movies and television shows attribute human mannerisms to animals, leading people to mishandle their dogs. He also has a particular beef with the television show *Frasier* and their use of the dog Eddie. In reality a Jack Russell is not suitable for small-space living even if it's Frasier's spacious apartment.

'It's not animal behaviour problems that are on the increase,' Dr Platzhund says, 'it is people who are more problematic than ever before.' Loving your pets too much, he argues, is the number one mistake owners make.

Following the sudden death of her father, Mirah Langer, a self-proclaimed dog lover, comforted with her two Corgis Joey and Suzy. Their royal treatment surpassed that of the Queen's canine companions. The dogs were fed like humans. Mirah ensured that each meal was an entirely satisfying culinary experience.

'There is no buffet for dogs in the wild,' Dr Platzhund warns. 'Dog food provides all the nutrients and calories a dog needs. Providing unnecessary treats, chocolate, cheese, and other human food as a way to spoil your dog, to show your dog that you love him, is actually animal abuse.'

For Joey and Suzy breakfast was homemade oats, lunch and supper, tender pieces of meat. Their birthdays were celebrated with trips to the McDonald's drive-through for Junior Hamburgers and R1.99 ice-creams. It was to be no Happy Meal.

As their weight continued to climb, so did their aggressiveness and irritability. Unable to move, they would lie at the entrance to the house and yelp to be turned over. They died within two months of each other from heart attacks.

Psychologist Ilana Edelstein says these stories are not uncommon for people living in highly individualistic and disconnected societies where pets are continually

being elevated to a more privileged place in the household. As a result their owners also elevate their pets' needs.

'Pets fill voids in life,' she explains, 'especially for adults who are delaying marriage and child-rearing. You can be in a miserable relationships or an awful job but you come home and there is your dog waiting there with a wagging tail and you know that despite whatever is going on, there is a dog that will always love you.'

Dr Platzhund is frustrated by the promotion of products which only seek to anthropomorphise animals.

'It's just all so unnecessary,' he says. 'We all love our dogs, but dogs need exercise, discipline, and love – in that order. But we've been brought up in a society where love equals spoiling, indulging.

'When you have children,' Dr Platzhund continues, 'and you spoil your children, you have spoiled brats,' he says, 'and that's exactly the same with a dog.'

4. *THE RELUCTANT CELEBRITY*

At the end of the seminar Dr Platzhund signs autographs for his book *Doctor Platzhund's Pet Pointers*. Sixty books have been sold this morning. Even though he has a lunch appointment and there has been over two hours of questions, he still listens to those people who come up to him to consult privately.

The book is one of the milestones of a media career which started in 1990 after a spate of dog attacks in South Africa. Dr Platzhund was invited to radio station 702 to discuss the topic. The show was supposed to last 15 minutes.

'But,' he recalls, 'the moment we hit the topic of aggression in dogs, all the lines were full, all 10 – full with people wanting to ask questions.'

They eventually extended that programme to two hours. After deciding on a stage name, a host at the station asked him whether he would like to be called Dr Beagle, or Dr Bassett.

'I said I would never side with a breed, especially one that has no intelligence.'

After much debate, they chose 'Dr Platzhund' and the weekly Dr Platzhund show on 702 was started. It is now one of the station's most popular weekend shows.

'I still can't believe that I am who I am,' he says, 'but there is pressure in that you have to set an example, you're expected to know everything and you're supposed to be the first to know.'

Dr Platzhund never intended becoming a celebrity veterinarian.

'All I wanted,' he says, 'was to be a family veterinarian.'

It was a close relationship with his family's Border collie, Billy Boy, that sent him down the veterinary path.

'I loved that dog so much,' he recalls. 'Billy Boy was so well-behaved and loving; he was a member of our family.'

This prompted Dr Platzhund to consider the veterinary profession. After winning a hobbies exhibition at school – for a collection of lizards and insects – his decision was cemented.

'It was then,' he says, 'that I knew I didn't only love animals, but I was also good at working with them.'

He qualified at the Faculty of Veterinary Science at Onderstepoort Veterinary Institute in 1973, with the Pfizer Prize for best final year student. A year later he opened a private practice.

Fame brings a heavy workload. He works at his private practice 12 to 14 hour days and answers between 300-400 behaviour questions a month, including the 60 monthly emails he receives from the radio station. Over and above his day job as a veterinarian, his celebrity duties include numerous public speaking engagements and attendance at many charity functions. He is often the judge of Pet Slimmer of the Year competitions, dog shows and Miss SPCA SA.

During the early 1990s he had a manager who dealt with the public aspect of his work.

'But I was just doing too much,' he says. 'I was at insurance conferences talking on dogs bites and not spending enough time at my practice.'

He no longer consults a manager, choosing instead to do work for charities and organizations that approach him.

'It does affect your life because you are living two different roles,' Dr Platzhund says. 'You're playing Dr Platzhund behaviourist and you're playing my own personal life as a veterinarian. And the result of that, you get into almost a schizophrenic mentality. I've been recognised at a market in Italy and in a shopping

mall in Boston. A lot of people stop me and say I know you from somewhere and it's usually not *Police File*.'

Dr Platzhund's success is not without its pressures. While there is no doubt that he is grateful for and surprised by his achievements, it almost seems at times a bit much for a guy who just wanted to be a veterinarian.

'You also are expected to be there at all times,' he says, 'so we do get a lot of abuse. You get people phoning the practice who want to speak to me for free which I turn down because I'm not sponsored at the practice. If I had to answer everyone for free I'd be insolvent a long time ago.'

He acknowledges that the public have a great respect for the role that he plays.

'I do get a lot of prank calls at the practice by certain people who are either jealous or don't agree with what I say,' he says.

He recalls one incident when he gave advice on his radio show about calming down a dog.

'Well the next day I got a telephone call from this woman,' he says, 'who claimed she had followed my advice. But the dog had bit her son who was now in hospital fighting for his life. She threatened to sue me.'

Numerous faxes poured in from the aggrieved woman threatening legal action until lawyers at the 702 offices discovered that it was all a hoax. He doesn't let that bother him, but rather chooses to focus on the positive things that come with being labelled a celebrity behaviourist.

'Those people [prank callers],' Dr Platzhund says, 'don't have the courage to confront me about their ideas and whether they are better or not.'

The irritation in his voice suggests that the negatives aspects of his work as a celebrity behaviourist and veterinarian are a part of the job he simply did not sign up for.

5. *GRADUATION NIGHT*

Compared to Dr Platzhund's seminar, Karen Forsdick's puppy socialisation lessons are kindergarten classes for the uninformed. Held at Tygerberg Animal Hospital, they are *the* ones to attend, with a three-month waiting list and rave reviews from participants as testaments to its popularity. Despite their beginner status however, they still remain a learning curve for both dog and owner.

The night I visit is graduation night for the earlier class and Karen, a veterinary nurse and animal behaviourist, is dressed combat-style in a green golf shirt and khaki cargo pants with numerous Mary-Poppins-style pockets which reveal whistles, water pistols, dog food and treats hidden in them. The fifteen dog owners and their puppies sit scattered around the parking lot waiting for Karen's instructions. The class starts with a run through of all the commands taught over the past month.

'Rigthey-ho. Ok now let's start with sit,' she bellows to the owners.
A chorus of 'sit, sit, sit' echoes round the parking lot. Each owner stands with their bag of treats, ready to reward their puppy once they have successfully completed the instruction. Karen walks round, checks on the progress and assists the stubborn few who refuse to sit.

Some dogs are more enthusiastic than others but after enough coaxing and doggy treats, everyone seems to be sitting, staying, leaving, fetching, lying and waiting to bring proud-parent smiles to their owners. After the practical session we move inside where Karen spends a lot of time talking. She covers all anxious concerns from digging to hip displacement. Some people take notes; others are just trying to keep their kids quiet. This is also the socialization portion of the classes as puppies are allowed off their leads and encouraged to interact with the other puppies.

Thelma and Paul with their Yorkshire terrier Madame look a bit bewildered by the sheer volume of information covered in one lesson.

'It was a lot simpler years ago,' Paul comments. 'You just got a dog and you fed it and walked it. Now there are so many rules, we felt it best to find out from a professional.'

Paul's sentiments are echoed by those who attend classes. While some are first timers, other seasoned dog owners admit that something has happened between those good ol' days when a dog was a dog and now. It has left them completely helpless in bringing up a puppy without the need for professional help in the form of puppy socialization classes.

Soon enough the dogs start chasing each other. A Cocker Spaniel races a Staffie. Two Bulldogs run after a Greyhound who in turn jumps on a snappy Poodle. From another corner a Jack Russell is barking at an Alsatian. Meanwhile two Labradors Chocolate and Vanilla are darting underneath the chairs, either knocking them over, or scraping the metal chairs legs along the melanin floor.

One Greyhound becomes increasingly aggressive, barking, snarling and growling.

'Your dog is cheeky,' Karen shouts above the noise to the owners.

A chorus of three boys dressed in their pyjamas and navy blue stokies chime in sing-song 'your dog is cheeky'. A hyperactive Labrador races after some of the other dogs and causes a pyramid of carefully displayed dog food to come tumbling down. The stokie boys break out in laughter. This proves to be the final straw. With fifteen puppies, their owners and a two-meter fish tank cramped in the hospital's waiting room, where the stench of dog food sits in the air, it all becomes a bit too much.

'A state of emergency, a state of emergency,' Karen calls out. 'All the big dogs are to be kept on leads, immediately.'

The state of emergency soon gives way for the graduation ceremony. Standing in the front of the class Karen calls up each participant, one by one, with dog in tow. Most of the kids take their puppy to receive a certificate and a bag of Hills puppy food.

'Now your dogs are teenagers', Karen reminds the participants, 'and like any teenager they will misbehave. So they can start more formal training. Rightey-ho.' Sign up sheets for the advanced sessions are at the front desk, where people can also buy Karen's book *New Puppy, Now What?*

6. *MIRROR, MIRROR ON THE WALL*

In Dr Hamish Currie's veterinary waiting room owners furiously stroke their dogs and obsessively peer into their cat carriers. Whispers of, 'it will be okay, sweetie' are muttered hurriedly. As all the animals appear calm, the constant affection and reassuring words are primarily comforting for the owners, not their pets.

Dr Currie, a practicing veterinarian for over 20 years, sees hundreds of patients who each have a story to tell about their animals.

'Immediately, the owner often volunteers a story,' he says. 'They will tell me that their dog is unhappy being here today. That the dog hasn't forgotten about her spay surgery last year, so she's not going to trust me during the exam.'

The private moments between owner and pet in a veterinary practice, such as Dr Curries, reveal just how much we project ourselves onto our pets.

'In the same way,' Edelstein says, 'that a parent will project their fears and neurosis onto their children, the same thing will happen with a dog.'

Animal behaviourists acknowledge that animals actually absorb some of our personality traits. So despite trying to describe our animals in an objective way we still end up describing ourselves. But dogs in particular have evolved into master communicators and display a unique emotional complexity within the animal world. Recent studies reveal they are even more developed than chimpanzees at interpreting human emotional cues.

Uncovering how our behaviour and character traits affect our pets in negative ways, ways that cause pets to behave badly, forms the basis of animal behaviourists', such as Dr Platzhund's, consultation process. It is a procedure that both solves problems and creates new concerns.

For Dr Platzhund, his technique in getting from point A, the aggression, to point B, the successful diagnosis, has been honed from years of experience. A session with a behaviourist will either take place in the house of the dog owner or at the behaviourist's place of work. Dr Platzhund prefers seeing the dog in its home environment. He will begin by asking a list of questions, about the dog's environment, behaviour, daily routine and most importantly the dog's interaction with the family. At the same time, Dr Platzhund will concentrate on how the owner interacts with the dog. His aim in this endless bombardment of questions is to link how the behaviour of the owner influences the behaviour of the dog.

'After years of experience,' he says, 'it's easier to pinpoint certain things. You start to understand off the bat what kind of behaviour humans are involved in that is provoking a certain behaviour in the dog.'

Dr Platzhund recounts a story of a client whose house-trained dog was suddenly messing in the house again, in only one spot, outside the door to their guest room.

'So I start asking questions, about the house and how the house operates, because in a case like this something has happened to upset the dog.'

Eventually Dr Platzhund worked out that the client's parents had moved in with him and were closing the door to the guest room, which had previously been open.

'Once the door was opened,' Dr Platzhund says, 'and the dog was allowed access into the guest room, he stopped messing in the house.'

Although behaviourists use different approaches for specific cases, each will ask very similar questions concerning the behaviour of the owner. The key crucial element of the diagnostic process is the understanding of human behaviour and how it relates to and impacts on animal behaviour.

Karen Forsdick says, 'People think that behaviourists do this airy-fairy magic work, that they are reading dogs' feelings and are analysing dogs' emotions. On the contrary, they are actually looking at human behaviour and how it affects their pets' behaviour.'

As a result, going to an animal behaviourist is quite an invasive process requiring careful examination of one's own behaviour. It's an unexpected and at times uncomfortable consequence of curing a dog's behaviour problems; a sobering reminder that our pets are a reflection of our behaviour. Want to know why there are anxiety riddled, highly strung, depressed pets? Well, you, the dog owner just needs to take a very good look in the mirror.

Animal behaviourist Candice de Villiers proves this point when I accompany her on a visit to a client in Cape Town. Candice is a thin, soft-spoken woman whose passive demeanour belies her assertive attitude. The patient is Louis, a Great Dane who constantly licks its paw to such an extent that there is no more fur. Arlene, Louis's owner is desperate. Louis has been on both Rescue Remedy and Clomicalm (a canine version of Prozac) but with little success.

Sitting across from Arlene in the lounge, Candice fires off a list of questions which at times seem at times entirely at odds with what we are actually here for.

'Who lives at your house? Who leaves first in the morning? Who feeds Louis? Who walks Louis? Who dislikes Louis? Where does Louis sleep?'

During this question and answer session, Louis continues to lick his right paw.

'Stop it, stop it,' Arlene snaps and yells at Louis.

Candice furiously scribbles notes. In her frustration, Arlene is oblivious to Candice's careful observance of her interaction with Louis. At the end of the session, Candice delivers her verdict.

'Arlene, you must leave Louis and ignore his behaviour,' she says. 'He associates his paw licking with you because you give him attention. Your shouting at him only fuels his anxiety. You have to change that association. When you go shopping, guess what he sits and does.'

Arlene nods. Louis licks.

Candice gives Arlene a behaviour programme which includes ignoring Louis's licking and rewarding him for good settles when he doesn't lick his paw. A few days later Candice calls Arlene who reports that the licking has decreased. Two weeks later Arlene informs Candice that Louis is licking again.

'But I know it's something I've done wrong,' she says, 'because I left him alone at home with nothing to keep him occupied.'

Despite the successful progress report, the session itself was incredibly uncomfortable.

'I didn't know what to expect,' Arlene says following the consultation. 'Yes, of course I'm upset, it's my fault. I felt that all the attention was on me, not the dog.'

Animal behaviourists usually need only one session to recognise behaviour problems. It is nothing like human therapy which happens over a lengthy time period and where patients are subjected to their failures as human beings in tiny little bitty increments, enough not to make you hate your therapist. In contrast, because behaviourists have only one session, they lay it on thick, with a steady stream of criticisms on your failings as a dog owner.

'The diagnosis process is brutal,' says Vanessa Patterson, whose Alsatian was treated with an anxiety disorder after it started digging up the garden. 'I mean these people [animal behaviourists] are nice but nobody wants to hear why it's your entire fault in one session. I mean I'm a good person and I love my dog.'

Dog owner Larry Adams agrees.

'I would caution anyone going to a behaviourist that you are going to get blamed,' he says.

Larry visited a behaviourist after his Scottish Terrier Timon barked at guests who entered the house and once they were inside. He never stopped barking.

'It turned out,' Larry says, 'that he [Timon] needed more exercise and we gave him too much attention when he barked. But the whole thing is so uncomfortable. I don't want a stranger telling me how to bring up my child and it's the same with my dog.'

'I know these people love their dogs,' says Candice, 'otherwise they wouldn't come see me. But when people start crying when I tell them what's wrong and how they can change it, it's difficult. It's basically a shock. You're asking them to change nearly everything they know about training a dog and in most cases it means they have to change their behaviour.'

Karin Landsberg, a behaviourist at Little Lumley Behaviour Centre, has seen all kinds of reactions following a diagnosis. A young woman, with long, box-blonde hair, she is acutely aware of the sensitivity level of clients following a diagnosis.

'Most people will start tearing up' she says, 'or sometimes they will have this blank look on their face, like they can't believe its happening.'

On one occasion Karin presented her diagnosis to a client whose Maltese, Snoopy, would never let her get close to her husband. Each attempt at affection was interrupted by a sharp shriek by the dog or a nip at the husband. Snoopy was running the house, not her owners. The course of action suggested: Snoopy had to sleep in a separate room to the owners and had to be left at home while the client conducted her errands.

'As I was talking this woman started crying, the tears were just rolling down her cheeks. In a case like this it's very difficult because the dog is like a baby to the owner. Her kids had left home, this was her surrogate baby. She had invested so much of herself in the happiness of the dog.'

Although the woman returned for a second visit, the results were unsuccessful.

'She simply could not put Snoopy in the kitchen during the night. She had to have him in the bed with her.'

She was willing to sacrifice her relationship with her husband for the love of Snoopy.

7. *THE CRITICS*

Despite Dr Platzhund's popular show and loyal following, there remains scepticism and criticism about animal behaviour therapy and more importantly its success rate. While all the participants of the puppy classes agree that the classes are a hit, people who have used animal behaviourists are not entirely convinced of the success of the process.

One such critic is Marion Stein, whose Cocker Spaniel Jasper was diagnosed with complex space possessive disorder. This anxiety related behaviour resulted in Jasper growling over anything from his food to a chew toy to a handbag. His behaviourist, Irene Jacobs drew up a behaviour modification programme, which the family enthusiastically adopted. A year on, Jasper still has days when he becomes possessive over the most inane items.

'Some days I think his therapy has helped,' Marion says. 'Other days it's more frustrating when he regresses and becomes possessive over a tennis ball. Look, I'm sure this stuff works but it hasn't always helped us.' Marion's concerns are echoed by other dog owners who claim the therapy does not produce consistent results.

Jacobs insists that like all therapy, animal therapy takes time and patience.

'In some cases the results are immediate,' she says, 'but in other cases, something like an anxiety related disorder, it can take months, even years.'

The profession's most vocal opponent is Pam Whyte, an unaccredited behaviourist with over 30 years of experience. Now in her 60s, her face wears the signs of her impassioned struggle: deep lines sit around her eyes and mouth and her brow wears a permanent frown. She charges accredited, traditional animal behaviourists with exacerbating aggression problems. The foreword to Whyte's book *Living with an Alien* notes:

> The reason I have written this book, is because of my concern about the rapidly increasing demands that are being made on trainers, veterinarians, pet behaviourists, and animal welfare societies for assistance with problem dogs over the last decade or so. Naughty dogs are confused dogs. It is not the dog's fault nor is it the owner's fault. It is the fault of our ancestors who invited these aliens into their caves in the first place, without bothering to learn their 'language'. A fault we are rectifying in this book.

Whyte's method involves understanding the dog rather than ordering it around. It means 'seeing it [the dog's behaviour] from his point of view,' she says, 'instead of from ours.'

Her ability to understand a dog's behaviour from a dog's point of view was a discovery Whyte made as a child. She was given a cross-bred Terrier by her parents, as a result of, 'an emptiness in my life which could only be filled by a dog,' and realised that she saw everything through the eyes of her dog.

She challenges the prevailing notions that puppy need socialisation and behavioural lessons.

'Training,' she says, 'develops predatory instincts which can make a dog attack you or your children. Behaviourists presume that dogs reason like we do. They are not looking at the way dogs perceive things.'

Whyte's behaviour techniques developed after she studied the hunting behaviour of dogs in the wild and interviewed hundreds of people following dog attacks. She discovered that disobedient dogs are actually displaying behaviour indicative of wild dogs during the early stages of a hunt. Her method aims to stop this behaviour in the initial phase before it can escalate. Other behaviour problems she asserts can be solved by restoring the rhythm of the wild within the home through proper nutrition and discipline.

Whyte's methods are certainly popular. Her website lists testimonials of her success stories and her office is strewn with letters from satisfied clients.

Behaviourists dismiss those critics and sceptics. The Animal Behaviour Consultants of South Africa (ABC) claim that animal behaviour therapy is 85% effective. This figure though, was not conducted in an official survey, but rather through the personal opinions of behaviourists belonging to the ABC.

Again, the success rate goes to the heart of animal behaviour therapy, changing human behaviour.

'It's actually all about owner behaviour modification,' Dr Platzhund says. 'If your dog has only changed 50% it's because you've only changed 50%. Dogs can be trained in 20 minutes, but people take two years. People don't do the work and then they say the trainer is not effective.'

Whyte disagrees.

'Behaviourists tell you it's your fault,' she says, 'so that they don't have to take responsibility if their programme doesn't work.'

Finding behaviourists who, like Whyte, disagree with the ABC is difficult if not impossible. Veterinarians only recommend behaviourists accredited by the ABC so Whyte's profile is maintained through word of mouth recommendation and her website. But Dr Platzhund is adamant that rather than silence oppositional voices, the intention of the ABC and the veterinary profession is to regulate the industry, an industry in which there are too many myths, half-stories and a lot of scepticism.

Dr Platzhund insists that people use accredited behaviourists because there are charlatans out there.

'The profession isn't financially rewarding,' he says, 'so there are some people looking to make a quick buck.'

8. *PLATZY ON AIR*

The Cape Talk offices are located on the top floor of a building on the Foreshore. Inside the studio itself, floor to ceiling glass windows look out onto the harbour and a television sits atop a wooden cupboard, which is either tuned into the news or sports. Today it is showing the cricket match between South Africa and Pakistan.

Dr Platzhund chats to Prim Reddy, the host of Cape Talk's afternoon slot, 'A Word on the Home'. He has just finished his second successful seminar talk. Eating his way through a packet of Liquorice Allsorts and swivelling on a bar stool which faces the television, Dr Platzhund waits for the questions while Reddy welcomes listeners to the show and this hour with Dr Platzhund.

Solomon Mukasa, the producer of the Saturday afternoon show is excited about watching Platzy (as he is affectionately called by the staff at the station) in action as he is usually in the Johannesburg office.

'His show is very popular,' says Mukasa, 'we always have too many callers. After him it's this gardening guy and then it's all downhill from there.'

The first caller is a woman who has just returned from Dr Platzhund's seminar. She mentions that she particularly loves the motto Dr Platzhund gave them.

'Remind listeners about your quote,' Prim urges Dr Platzhund.

'Well Prim, it's not a new quote and it's not my own,' Dr Platzhund answers. 'But it is if you treat your dog like a person, then your dog will treat you like a dog. People must treat their dogs like dogs, but we've all forgotten that. People are completely disconnected with their animals. They will come up to me and say they have a Borderline Collie or a Bullmascot. Or clients of mine will phone their domestic worker from my practice to find out the name of their dog.' Prim giggles.

'And I think no wonder you have behaviour problems, you don't even know the breed or name of your dog.'

The hour continues with questions on dog deworming, socialising dogs and a Bulldog that attacks people with hats on. When a woman calls in and comments that after listening to the show she is not going to get a dog because dogs have so many problems, Dr Platzhund replies, 'It's not about the dogs, it's about the owners.'

Dr Platzhund's radio show provides a safe haven for dog owners to confess less than perfect dog behaviour. Despite the vast listenership, the medium of the radio

and the opportunity to use a pseudonym means listeners can confide canine problems with a veil of anonymity as the stain of having a dog with problems is insidious.

The embarrassing trauma of having a dog with problems revealed itself at Dr Platzhund's Friday and Saturday seminars.

Although Dr Platzhund encouraged questions throughout the talk, nobody was prepared to be the first to reveal any improper canine behaviour. The atmosphere remained slightly uncomfortable until after the tea break. Yes, everyone there was interested in dogs and enjoyed Dr Platzhund, but nobody would want to listen to an animal behaviourist speak about animal behaviour problems if it was not something you were interested in or had encountered previously.

Part of the talk included the screening of a video which showcased some individual problems. In one clip, a woman and her dog sit on a bed. In walks her husband, who is greeted with barking and growling.

'A classic case of possessiveness and protectiveness,' Dr Platzhund says. 'Her husband can't even get into the bed with his wife because of his dog. Maybe his wife wanted it that way.' The audience laughs, but it is a nervous laugh, a, I have been there and I know exactly what that feels like, laugh. It was tangible evidence of the nervousness of the audience.

It took one woman to break the ice.

'Dr P, I've done everything wrong,' she said while playing anxiously with the rings on her fingers. She stood at the far right end of the back row causing everyone to collectively turn their heads in her direction, at her admission of failure.

'Our Husky was not socialized as a puppy and is now fearful of people…'

Once the words were spoken, everyone instinctively and quickly turned their heads like a well-rehearsed *corps de ballet*, to focus on Dr Platzhund's answer. The movement exposed the audience's desperate need for an answer. An answer for a question we had all been ashamedly hiding. Her bravery had revealed what most of us already knew but were afraid to verbalise: we all had a dog with problems.

This courageous woman unleashed a torrent of questions in the seminar no longer starting with, 'Well, you see my friend has this dog and…,' but, 'I have a problem with my dog.'

In the cocoon of the seminar room there were owners concerned with dog biting and licking, poor socialisation, excessive eaters, biters and child nippers. The questions continued for over two hours.

What is the best flea remedy? Which is the best dog for a flat? Why is my dog eating so much? Why is my dog afraid of cars? Is it normal for my dog to hate children? Why is my house-trained dog suddenly urinating in the house? Why is my dog scared of other dogs?

A good animal behaviourist is both a charmer and truth deliverer. This is Dr Platzhund's approach. Although he does not beat around the bush, he gets the message across, avoiding accusations and awkward confrontations. Even questions any interested dog owner would know, Dr Platzhund answers with such enthusiasm and concern, it's as if he is answering them for the first time.

'Your Husky, especially a Husky should have been socialised from eight weeks,' Dr Platzhund responds. 'But it's not too late. You must begin socialisation classes immediately. You can teach an old dog new tricks. But remember that it is going to take a long time. Be patient. But please start classes, otherwise things will just get worse as he gets older.'

The woman nodded and a smile appeared on her face. She was happy for the answer and relieved that the truth was out, there was no longer a burden to carry.

On the way out of the Cape Talk offices, Dr Platzhund sneaks another look at the cricket score.

'Dog Whisperer, that is such nonsense,' he mutters, reflecting on my mention of the American celebrity dog whisperer Cesar Millan.

'John Rarey, the original horse whisperer was the real deal – now with dog whisperers it's too much.'

It seems Dr Platzhund also takes the media's obsession with canine problems and its creation of celebrity behaviourists who can treat them, with a generous pinch of salt. Through the consultations, what behaviourists are able to do, is look at human behaviour and how it can be changed. Our pets are only a symptom of that behaviour. It's not reading a dog's aura or assessing how they are feeling. No whispering is involved.

'At the end of the day,' Dr Platzhund says, 'you need to have a behaviourist who knows the basic principles and is not doing it for the sake of ego or political gain.'

For Dr Platzhund, it is not the fame, public speaking invitations or magazine columns that are the highlights of his career, but the success stories of his clients. The most memorable involved a dog who became aggressive towards the client's husband.

'I went through the history with the wife,' Dr Platzhund says, 'and I said, "According to your dog your husband has smacked you a few times." And she said, "How do you know?"

'So I said, "Your dog's aggression towards your husband has told me that. He doesn't trust your husband, he got a fright when it all happened and this dog suffers from the trauma. So now the dog has become aggressive." And I was 100% right.'

The woman divorced her husband.

The pride with which Dr Platzhund relates the story is much the same as those excited puppy owners at Karen Forsdick's socialisation classes, when their bundles of fluff perform their first 'sit' or 'leave' command. It is further proof that Dr Platzhund is the real deal and fully entitled to his status as South Africa's most popular and celebrated animal behaviourist.

'It [the success] hasn't gone to my head,' he says, 'and no,' he assures me, 'there are no plans to build a Dr Platzhund Dog Psychology Centre.'

Word Count: 8318

ISSUES OF ACCESS

Every writer of narrative literary journalism requires access to obtain a story. Access implies that a writer has the right or privilege to enter or approach, it suggests a certain freedom that is available to a producer of a text. Access can take any number of forms and can display itself in anything from mundane logistical issues – not being able to get to a place – to the complex legal obstacles and complicated ethical issues that arise from many kinds of documentary work.

This essay examines issues of access in terms of both the practical concerns raised by non-fiction reporting and the resulting consequences for the implied relationship between reader, author and subject. I will look at definitions of narrative literary journalism, the theoretical work on the reportage that narrative literary journalism requires and the challenges such reporting issues. By incorporating my experiences in writing my portfolio of articles, I will argue that although issues of access are often regarded as mere practicalities for the writer, obtaining access is a series of negotiations and the results of those negotiations play a determining role in the construction of that text.

In his book *Matters of Fact: Reading Nonfiction over the Edge*, Daniel Lehman argues for a focus on how access is obtained in both the reading and writing of narrative literary journalism (Lehman, 1997: 5). For Lehman, access has been neglected because the work of fiction and non-fiction is continually seen as identical. Though he acknowledges that both fiction and non-fiction texts are regarded as constructions, he criticizes those theorists who collapse the boundaries between the two forms (Lehman, 1997: 4).

Throughout his book, Lehman's sustained argument is that reading a fictional narrative is not identical to reading a non-fictional one (Lehman, 1997: 4). He argues that the non-fiction form works in fundamentally different ways because like Zavarzadeh asserts, the events, actions and subjects of narrative literary journalism 'are actual phenomena in the world accessible to ordinary human senses and unlike the contents of fictive novels, exist outside the cover of books' (Zavarzadeh in Hartsock, 2000: 54). Non-fiction writers use of 'actual phenomena' means that readers of non-fiction are engaged in a multi-referential plane – they are reading the events within the narrative while simultaneously being aware of the existence of those events outside of the text (Lehman, 1997: 4).

Lehman therefore calls for a term 'implicated' which he uses to describe the way reader, writer and subject is '"deeply involved, even incriminated" in both

history and text' (Lehman, 1997: 4). By highlighting the differences in approaching fiction and non-fiction texts, Lehman draws attention to the specific modes of production by which narrative literary journalists work – the process of gaining access.

Lehman's argument is essential in establishing the importance of obtaining access. His method refuses to collapse boundaries between fiction and non-fiction and in doing so he provides an alternative method for approaching and understanding non-fictional texts. His technique of being implicated, which will be developed further on, requires that readers are aware of the writer's role in obtaining information and of the process in getting the story. Therefore Lehman's argument is underscored by the importance of the method of obtaining access and in acknowledging that 'issues of access to knowledge, to events, and to the minds of characters are granted as given when in fact such questions lie at the very heart of what is most challenging about reportage and non-fictional representation' (Lehman, 1997: 25).

But the importance of gaining access is not merely essential in understanding how one approaches a piece of non-fiction, it also forms the basis for many theorists in attempting to define narrative literary journalism. In Hartsock's basic definition of the term, he identifies narrative literary journalism as a form which both 'works in a narrative mode' (Hartsock, 2000:1) and is journalistic, meaning that the writers are professional journalists writing non-fiction (Hartsock, 2000: 11-12).

Yagoda's definition clarifies this further, stating that the genre requires that the text be factual (Yagoda, 1997: 13). Coupled with this is the stipulation that the writer is not simply working from memory but as a process of active information seeking (Yagoda, 1997: 13). Yagoda's third definition is that the writer gets the story soon after it happened, with Yagoda using the term 'currency' (Yagoda, 1997: 14). These criteria advocate that the role of the writer of narrative literary journalism does not begin at the start at the first word of the first paragraph of the first page but rather long before. The very nature of the definition requires journalists and writers to go out, be involved and collect information.

But perhaps the theorist which best exemplifies the importance of obtaining access as the requirement in categorizing work as narrative literary journalism, is writer Tom Wolfe. Through his own texts of narrative literary journalism, and theoretical essays on the movement, Wolfe's work reads as a manifesto for the narrative literary journalist in the kinds of reporting required.

In his introduction to *The New Journalism*, Wolfe discusses the types of in-depth reporting expected of practitioners of narrative literary journalism. In defending the form against critics who claim the there is nothing new to New Journalism, Wolfe uses the example of William Hazlitt's essay 'The Fight,' then written 150 years ago (Wolfe, 1973: 43). Wolfe dismisses Hazlitt's work as New Journalism, arguing that while Hazlitt does describe some detail – facial expressions, punches thrown – , the information described could easily be 'observed (if perhaps not as well described) by any other Gentleman in the Grandstand, or in the crowd at ringside' (Wolfe, 1973: 43). Instead, Wolfe continues, if it were to be considered New Journalism, Hazlitt would have conducted the kind of reporting that 'would have enabled him to bring the reader not merely inside the ring but inside the point of view of the fighters themselves, which is to say inside their lives,' (Wolfe, 1973: 43) through talking to the boxer's friends and family and following his training schedule and home life (Wolfe, 1973: 43).

Wolfe's example goes to the heart of the sorts of reporting New Journalism requires. The reportage of narrative literary journalism is not an observation of something everyone is privy to; it requires something more that Wolfe finds absent in Hazlitt's article. Furthermore it is not a democratic process; it favours those with patience, those who manage to hang about with a subject for enough time for the necessary scenes to occur in their presence (Wolfe, 1973: 50). Wolfe is at pains to highlight the hard work involved in this kind of reporting, the drudgery it entails, the personas one has to play, equating the reporter to a beggar in a 'continual posture of humiliation' while waiting for 'the story' (Wolfe, 1973: 50).

Wolfe's description of the reporter was made most apparent to me during interviews and in particular, with Vincent Shantell, a decorator I interviewed for *The Bankrupting Barmitzvah.* Each time I called he was too busy, always needing to be somewhere else. He refused me access to join him while he set up a function. After many phone calls, he eventually agreed. When he asked me how long the interview would take, I lied and said, '15 minutes.'

At the start of the interview, when I asked him how he started his business, he was quick to reply with, 'I don't have time to discuss that. What is this interview actually about?'

I realised as Wolfe so aptly describes it that I had to go into servile mode and would need to coax out every answer. So I carefully restarted and with each answer I

suggested to Vincent that I agreed with everything he said. When he gave me advice about life, I acted as if I had never heard such words of wisdom. I had to validate Vincent's answers, ensuring him that everything he was saying was exceptionally valuable. After half an hour of talking, he started to show me round his warehouse and he discussed different projects he was working on. As he opened up, we discussed kids' behaviour and parental values – topics I felt were crucial for the barmitzvah piece. But Vincent's interview cemented the transaction that takes place during an interview, the roles that need to be taken on in order for the interview to continue. With Vincent, my initial fear that he would end the interview prevented me from criticising the barmitzvah industry from which he profits. My article reflects this as I fail in condemning Vincent's actions.

In contrast, when I interviewed Meryl Rubin, my confidence in interviewing had grown and even though she is very intimidating, I knew that I had to be forthright in getting any answers. I was confident enough to ask her whether she was fuelling the fire of barmitzvah excessiveness and she retorted back with a response. My direct questions and her sharp answers translated well in the piece and as a reader one gets a sense of her personality from the section. I was not afraid of questioning her practices. As a result, I felt more comfortable when writing the piece in criticizing the role the catering industry plays in promoting massive barmitzvah costs. At the same time, Meryl was very open about her personal life, something I had not expected. But the material, while very interesting, was of little use to the article itself. So during the interview I had a difficult task of reining her in, focusing her answers on the questions I asked.

These examples illustrate the multiple roles the reporter plays during the interviewing game, a careful interplay between two people and how that ultimately affects the writing that it contributes to. These examples also exemplify the complexities of interviewing, of gaining material and access. My experiences reiterate what Wolfe argues regarding the slog that is involved in reporting.

But as fervently as Wolfe discusses the techniques of reporting, he is equally passionate in arguing the necessity, the very imperative of this kind of reporting in narrative literary journalism. This reporting provides scene by scene construction; dialogue, point of view, and the detailing of status life – four devices Wolfe cites as essential for absorbing the reader (Wolfe, 1973: 48) and providing a realism that

pulls the readers' 'into the minds and central nervous systems of the character' (Wolfe, 2001: 159).

In his essay 'Stalking the Billion Footed Beast,' Wolfe continues discussing the requirements of reportage, in particular the necessity of observed status detail, which he argues will be essential for the future of writing (Wolfe, 2001: 165).

The techniques of reportage Wolfe examines in both articles are referred to collectively as immersion journalism: the process of acquiring highly realistic detail whereby writers become reporters, immersing themselves in the material at hand, mimicking the role of journalists (Wolfe, 2001: 159).

Immersion journalism dictates the nature of the articles writers wish to produce and its necessity both links and overlaps with access. Immersion journalism requires access and obtaining access facilitates immersion journalism.

My inability to gain basic access dictated the topics I wished to cover in my portfolio. A story I intended to write concerned the popularity of self-improvement courses. Although these courses have been in operation for a number of years, their success and failures had been repeatedly reappearing in conversations, prompting me to wonder what the buzz was all about. In particular a friend's mother had been on a More to Life course which had driven numerous changes in her life, most importantly, a trip to France to confront her father whom she had not spoken to in 20 years. Ecstatic that I had access to her life story and that she was willing to share her experiences, I knew that the story was well on its way. Unfortunately I stupidly and naively conducted background research, interviewed participants on the programme and attended Saturday meetings. These Saturday meetings are opportunities for past participants to bring friends and family to an afternoon session which previews the content of the course. I went to Saturday sessions for two months. However when my supervisor suggested that the story needed my participation in the seminar to be successful, the story came to a halt. Every week I phoned their offices, asking to attend the seminar in my capacity as a student writing an article on these types of courses. Each week my request was postponed. After months of phoning, with no answer from More to Life, I discarded the article idea. I had acquired only three of Wolfe's stipulations of absorbing material: dialogue, point of view, and the detailing of status life. The last aspect, scene by scene construction, which would have been available to me if I had been allowed access to the programme, was denied. I needed

to experience the course first hand in order to write a compelling article. Gaining access to scene selection therefore prevented me from writing the story I wanted.

The importance of scene by scene construction cannot be stressed enough. It suggests that the writer experience things first hand, that it is not lived through others but rather by the writer himself. Being present at the scene of the story dictates whether or not there is a story. It means that experiencing something, getting access to something, is essential to the writing of narrative literary journalism and therefore forms part of the very definition of the term itself.

But Wolfe's call for reportage and immersion journalism which he describes as characteristic of narrative literary journalism is also inherently problematic. Even when access is granted by the subject, this does not suggest that there can automatically be an immersion in the subject matter. When writing *The Bankrupting Barmitzvah*, I encountered what I term conditional access in that the subjects agreed to an interview on condition that they see the completed work pre-publication. The couple I interviewed who were having financial difficulties agreed to the interview on the basis that their surname not be used and that they approve of the piece prior to publication. Similarly, Geoff Cohen principal of Herzlia Middle School agreed to the interview on condition that he also approve of his section. While ultimately both parties had no objections to their depictions, while writing their sections I was acutely aware that they would be reading the finished piece and therefore I self-censored the piece, cautious of how I portrayed the individuals. Their stipulation of a pre-publication reading therefore influenced how I approached their sections, and I was aware of being particularly diplomatic in the rendering of their situations. This experience illustrates that even though I had access to interviewing these individuals, that access was negotiated.

When Wolfe calls for an immersion in the subject, he suggests something that is emerged, something without boundaries and gatekeepers. But the very nature of gaining access is riddled with problems before one can even begin that immersion. Access is fraught with difficulties because it is, in varying degrees, hemmed in, protected; an antithesis to immersion's freedom. My examples above highlight some of the practical problems confronting the research process of immersion journalism. While Wolfe touches on some of the difficulties in obtaining access and fulfilling immersion journalism, – he notes that reporters tend to miscalculate the

complicatedness of becoming close to their subjects – this is discussed with no real depth.

Robert Coles, on the other hand, in his book *Doing Documentary Work*, picks up where Wolfe stops off. Coles examines the problematic nature of immersion journalism and documentary work. As a documentarian and writer, Coles acknowledges the difficulties in gaining access to people, both geographically and psychologically.

In a passage from *Doing Documentary Work*, Coles writes:

> I am afraid that not enough is made of the term entry, the terms of departure of so-called "fieldwork" – what has been arranged, for instance for the observer, at the start, by various scouts, informants or intermediaries and what has happened, toward the end of a particular stay, in the way of pledges, avowals, or worries expressed and even threats made (Coles, 1997: 10).

Coles situates this statement in the context of the seminars he teaches and which are attended by journalists, social scientists, filmmakers, photographers and writers. He notes that in these seminars the problematic nature of access arises and that the students are all too aware of the problems that are inherent in their work (Coles, 1997: 8). But for his students he situates this discussion of access within the context of class: how does one who is an outsider of relative privilege enter the lives and communities of others from a lower class and extract information without there arising moral or ethical dilemmas? (Coles, 1997: 9) Coles goes on further to argue that ethical dilemmas can arise when crossing lines of race, culture or region (Coles, 1997: 10). In each case, Coles highlights the binaries inherent in documentary work, of the outsider (the journalist) vs. the insider (the subjects) and the problematic nature of that encounter, the moral and ethical dilemmas that arise from that interaction.

Coles contextualise this with an example from Agee's chapter 'Late Sunday Morning' in *Let Us Now Praise Famous Men*. When Agee and Evans arrive at their location, their car overloaded with equipment, Agee notes that their subjects felt 'they had been taken advantage of, but said nothing of it' (Coles, 1997: 10). Here Agee highlights the difficulties of the interaction, the complications of an us vs. them.

The themes Coles raises rung true during my research for *A Touch of Madness*. My interactions with the subjects for the piece highlighted the ethical issues of access that Coles discusses.

As a result of time constraints and language barriers, during my visits to the SHAWCO clinics, it was difficult for me to introduce myself to the patients as a student writing about the clinics. Many patients assumed I was a medical student and my involvement in the consultation was never questioned. However I was privy to many private moments, moments which I used as material for my piece but which the patients were unaware of. In particular, I felt uncomfortable in consultations when patients had to disclose their HIV status or were showing symptoms of mental health illnesses. I felt that I did not have a right to this privileged information as these patients were not aware that I was using it as material. In writing the piece, I therefore did not include patients' names but I also did not fully problematize my role in gaining the information.

Only on one occasion did I leave a cubicle because I did not feel comfortable. This episode is chronicled with students Dalene and Erica and their suicidal patient. As the questions the students asked became more personal I moved outside the cubicle, standing on the other side of the curtain, but still within earshot of the consultation. When I questioned them following the consultation, both Dalene and Erica were responsive in discussing how they felt. Leaving the cubicle did not jeopardize the rendering of that scene because Dalene and Erica's responses were quite detailed and emotionally driven. But again the ethical dilemma of access arose. Would the woman have been comfortable discussing her problems if she knew I was writing about her?

This was also made apparent to me in my interactions with the students on the clinics. Here too, ethical issues of access arose. Many students did not know I was media student and that I was writing an article. In many cases, when this was discovered, the interaction provided a comedic moment to be included in the article. On other occasions, when students found out what I was doing, they questioned whether their actions and words were going to be included. Others avoided me or in many cases presented a heightened awareness of their actions. In one instance which I incorporated into my piece, – when I took a thermometer out of a dish – the student's name was removed from the text because he did not want me to include the episode. But I incorporated it nonetheless because I thought it was an interesting

interaction. Despite not using the names of students and patients, the ethical issues of access still remained highly problematic. It was an issue of access I never truly resolved.

I did however prove successful in overcoming geographical issues of access. For *My Dog, My Self*, the piece required an extensive section on Dr Platzhund. As he lives in Johannesburg, the two days that he was in Cape Town, were crucial for me to obtain the kinds of information I wanted. Dr Platzhund was most accommodating in granting me access to his time in Cape Town. But throughout our time, I remained worried that I was not going to get the scenes I wanted and therefore the kinds of information that would bring the piece to life. Luckily, the time I did spend with Dr Platzhund proved very fruitful but I didn't get to see him during a consultation. I therefore had to use reported speech and Dr Platzhund's recollection of events in describing how he facilitates a consultation. I also decided to supplement his absence in a consultation with another behaviourist. I chose Candice and her client Arlene as Candice uses the same methods as Dr Platzhund. Through this technique I reinforced Dr Platzhund's claims and provided a consultation scene within the piece which works successfully even though Dr Platzhund is not leading that consultation himself.

Legal issues of access also pervaded *My Dog, My Self*. In interviews with Dr Platzhund and Pam Whyte, both levelled accusations against each other, including theft, malpractice, forgery and lying. These accusations provided excellent material. But as I could never substantiate any of the claims they made, their tussle fell flat and I had to abandon their clash of ideas in the text, merely indicating that they had a difference of opinion but never including how they truly felt about each other.

Some of the obstacles discussed above in gaining access are notable because in ways – some greater than others – they impacted on how I approached and ultimately wrote my pieces of text. A discussion therefore of issues of access, cannot be discussed in isolation; it must be incorporated into a discussion of how those obstacles of access affect the end narrative. It is for this very reason that Lehman argues that the ability of the writer to access information is a series of negotiations that are ultimately bound in the construction of the text. Understanding the implications of gaining access is therefore fundamental for the reader of narrative literary journalism' (Lehman, 1997: 25).

This process of uncovering access, Lehman states, requires a two-prong and intertwined approach. On the one hand texts should be read 'over the edge' and with an 'implicated author' in mind (Lehman, 1997: 3).

Firstly, 'reading over the edge' acknowledges that the narrative of non-fiction also exists outside of the text. As discussed previously, the use of 'actual phenomena' by non-fiction writers means that readers of non-fiction are engaged in a multi-referential plane – they are reading the events within the narrative while simultaneously being aware of the existence of those events outside of the text (Lehman, 1997: 4). They are reading in an altogether different way to fiction because they are 'engaged over the edge, by which I mean both inside and outside the story' (Lehman, 1997: 3). Lehman argues that readers of non-fiction approach texts as constructions, or in the very least, are aware of the constructedness of the text. This is wholly different to fiction narratives where readers encounter characters that exist purely within the narrative of the text (Lehman, 1997: 3). Consequently 'reading over the edge,' redefines the boundaries between fiction and non-fiction as the reader is required in non-fiction to acknowledge the subject of the text and the real subject that lives outside of that text (Lehman, 1997: 42).

Secondly, Lehman calls for an 'implicated author.' The term 'implicated' he states, refers to one being 'deeply involved, even incriminated in both history and text' (Lehman, 1997: 4). In the same way that a non-fiction text has characters that live inside and outside of the text, so too does the author of that text exist within the narrative and outside of it (Lehman, 1997: 42). A text of narrative literary journalism has two authors: a real author who researches and investigates and one in the text itself, an imaginary author whose presence is either foregrounded or concealed.

Understanding how the author is implicated within the narrative of the text, requires the reader to answer a number of questions. How did the author obtain that information? Where was the author when the event occurred? How does the author position himself against his subjects? To what extent is the author a participant in prompting events or responses? (Lehman, 1997: 74) These questions seek to understand how the author gained access, the nature of the writer's authorial presence and the ways in which the subject matter of the text was approached (Lehman, 1997: 74).

Applying Lehman's questions to my own texts provided me with a theoretical framework for examining my role as implicated author. It was specifically the issue

of how I as author situated myself with respect to the subject matter that remained foremost in my mind during research for *The Bankrupting Barmitzvah*. Throughout the research process I encountered psychological issues of access.

On the one hand, my participation as a member of the Jewish community, granted me an ease of access to subject matter. I knew many people who went to barmitzvahs and interviewing them was not problematic.

At the same time, being a member of the Jewish community hindered my research gathering. Because many people knew me or knew that I was member of the community, questions around finance proved difficult. Most people were hesitant to divulge financial matters and at the same time, because I stood before them as both journalist, but more importantly somebody in the community, I felt uncomfortable asking those questions. In many cases, I felt that their answers were tailored because they knew of my position on the matter. At other times I sensed that they did not feel free to talk candidly about the topic in my presence. I felt that they would have been more comfortable talking to someone from outside the community.

I therefore had to interview many more people than I previously thought I would have to in order to get the kinds of material I wanted. I also had to incorporate a lot of scene material in order to prove a point and progress the themes of the piece. I could not rely on the sound bites of my interviewees. For example, very few parents were eager to admit that barmitzvahs are completely over-the-top and a waste of money because they too had organised barmitzvahs that could be categorised in this manner. I had to find people who therefore had attended barmitzvahs and who could describe their excessiveness. I used this scene description to further the themes of the article, not the quotations of barmitzvah parents. For people who were keen to express their opinions, like Gabriel Shai, the musical entertainer, I gave his section greater prominence in the final text.

Furthermore, in writing the piece I had to make a conscious effort to include details of the barmitzvah process, ensuring that readers who have never attended a barmitzvah would understand the event. These are actions or details that I, as someone who has attended many barmitzvahs, would have taken for granted or completely ignored.

My role as implicated author demonstrates Lehman's argument that where the writer has access to and how that is presented, implicates the writer, reader and subject. My role as implicated author ultimately affected the way I wrote *The*

Bankrupting Barmitzvah and the psychological issues of access I encountered dictated how I approached the people I interviewed and who I included in the text.

Gaining access to people and places remains at the very heart of narrative literary journalism; without it there is no story. It remains at the root of the movement's definition and qualifies the kinds of writing that the term describes. But the obtaining of access – and the wide range of forms the term implies – is also complicated; the process is embedded in the narrative and defines how readers and writers approach texts.

My examples demonstrate the challenges faced in obtaining access from the careful interaction of an interview to the ethical dilemmas of using private information. But more importantly, they indicate how the nature of my writing was impacted as a result of these transactions. Lehman's approach therefore to reading non-fiction is essential in understanding 'the manner by which non fictional narrative draws in its writers and readers as both historical agents and producers and consumers of texts' (Lehman, 1997: 7). It is a perspective which calls readers to see texts of narrative literary journalism as patchwork quilts: seamless at first, which upon further examination reveals furious stitching, picking and undoing but all of which contribute to understanding the workings of its creator and the history of the item itself.

Word Count: 4857

Bibliography

Coles, R. (1997), *Doing Documentary Work,* Oxford: Oxford University Press

Hartsock, J. (2000) 'Introduction' and 'Narrative Literary Journalism's Resistance to Objectified News' in *A History of American Literary Journalism: The Emergence of a Modern Narrative Form*, Amherst: University of Massachusetts Press

Lehman, D. (1997) *Matters of Fact: Reading Nonfiction Narrative over the Edge*, Columbus: Ohio State University Press

Wolfe, T. (1973) 'The New Journalism' (Part One: Chs. 1-3, plus Appendix) in *The New Journalism*, eds Wolfe, T., and Johnson, E.W., London: Picador

Wolfe, T. (2001) 'Stalking the Billion-Footed Beast' in *Modern Critical Views: Tom Wolfe*, ed Bloom, H., Philadelphia: Chelsea House

Yagoda, B. (1997) 'Preface' in *The Art of Fact: A Historical Anthology of Literary Journalism*, eds Kerrane, K. and Yagoda, B., New York: Touchstone

BIBLIOGRAPHY

THE BANKRUPTING BARMITZVAH

Alderson, A and Nikkah, R (2005) 'Philip Green gives £4 million party for his son's barmitzvah...but no present' [Online] 15 May 2005 Available: http://www.telegraph.co.uk/news/main.jhtml?xml=news/2005/05/15/ngreen15.xml [8 May 2006]

Bagraim, M. (2006) 'Above Board' in *Jewish Report*, 11-18 March

Goldfarb, E. (2006) *Pianos I have Known* [Online] Available: http://www.barmitzvahdisco.com [3 October 2006]

Miller, D. (2005) *Materiality* Durham: Duke University Press

Miller, D. (1987) *Material Culture and Mass Communication*, New York: B. Blackwell

Sampson, L. (2006) 'Let them not eat Norwegian salmon!' in *Noseweek*, Issue 77

A TOUCH OF MADNESS

Adams, S. [no date] *SHAWCO 1975-1993: An Analysis of the Progression of the Student Health and Welfares Organization, University of Cape Town* [Online] Available: http://www.shawco.org [23 October 2006]

Roberts, O. (2006) 'Sharing the Bleep' in *Style*, November

SHAWCO Organisation, (2005) *Welcome to SHAWCO* [Online] Available: http://www.shawco.org [23 October 2006]

South African Medical Research Council, (2001) *Students Health and Welfare Centres Organisation (SHAWCO)* [Online] Available: http://www.mrc.ac.za [23 October 2006]

MY DOG, MY SELF

567 Cape Talk, [no date] *Dr Platzhund* [Online] Available: http://www.capetalk.co.za/profiles.asp/?id=84 [5 April 2006]

Animal Behaviour Consultants of South Africa, (2005) *Ethics* [Online] Available: http://www.animal-behaviour.org.za [24 February 2006]

Animal Behaviour Consultants of South Africa, (2005) *Consultants* [Online] Available: http://www.animal-behaviour.org.za [24 February 2006]

Animal Behaviour Consultants of South Africa, (2005) *Candice De Villiers* [Online] Available: http://www.animal-behaviour.org.za [24 February 2006]

Animal Behaviour Consultants of South Africa, (2005) *About the ABC* [Online] Available: http://www.animal-behaviour.org.za [24 February 2006]

Animal Behavior Society, [no date] *Careers in Animal Behavior* [Online] Available: http://www.animalbehavior.org [3 October 2006]

Animal Freedom, [no date] *Modern Day Dogs* [Online] Available: http://www.animalfreedom.org [3 October 2006]

Animal Talk, (2002) *A Day in the Life of a Dog Trainer and Animal Behaviourist* [Online] Available: http://www.epets.co.za [24 February 2006]

Cape Animal Behaviour Centre, [no date] *Structure Programme for Dogs*, Hout Bay: Cape Animal Behaviour Centre

Carmichael, M. (2003) 'Animal Emotions' in *Newsweek*, Vol. 142, Issue 3

Cesar Millan Centre, (2005) *Cesar Millan Inc* [Online] Available: http://www.dogpsychologycenter.com [5 April 2006]

Cesar Millan Centre, (2005) *National Geographic Channel's 'Dog Whisperer With Cesar Millan' Renewed for Season 2, Expanded to One Hour and Promoted to Prime Time* [Online] Available: http://www.dogpsychologycenter.com [24 February 2006]

Chatterjee, C. (1999) 'Talk to the Animals' in *Psychology Today*, Vol. 32, Issue 2

Coetzee, JM. (1999) *The Lives of Animals*, Princeton: Princeton University Press

Hecht, J. (2002) 'When did dogs become our best friends?' in *New Scientist*, Vol.176 Issue 2371

Jones, W. (2004) 'Who's Your Doggy?' in *Advocate*, Issue 923

Lachman, L. (2000) 'Out of the Doghouse...And Onto the Couch' in *Psychology Today*, Vol. 33 Issue 3

McCarthy, T., (1969) 'The Man Who Could Talk to Horse' in *American Heritage Magazine*, Vol. 20 Issue 3

Meiring, B. (2006) 'Pollsmoor felines' Hollywood visitor' in *Echo*, March 23

Mlot, C. (1997) 'Stalking the Ancient Dog' in *Science News*, Vol. 151 Issue 26

Mott, C (2005) *Dog Training Works!* [Online] Available: http://www.dogplay.com/behavior/trainer4.html [4 April 2006]

Mueller, L. (2003) 'Dog Whisperer' in *Outdoor Life*, Vol. 210 Issue 5

National Geographic [no date] *Cesar Millan* [Online] Available: http://www9.nationalgeographic.com/channel/dogwhisperer/cesar.html [24 February 2006]

Oprah Winfrey Show, [2005] *The Dog Whisperer Helps Oprah and Stedman* [Online] Available: http://www.oprah.com [4 April 2006]

Palsgrove, R [no date] *John S. Rarey and Cruiser* [Online] Available: http://www.groveport.org/sections/about/rarey.asp [26 September 2006]

Platzhund. (1998) *Doctor Platzhund's Pet Pointers*, Pinegowrie: Creative Edge

Whyte, P. (1994) *Living with an Alien: 1001 answers to 1001 questions asked by millions of people on dog behaviour*, Pretoria: Hans Kirsten Publishers

Whyte, P. (2005) About Pam [Online] Available: http://www.naturaldogtraining.info.html [24 February 2006]

GENERAL WORK ON NARRATIVE LITERARY JOURNALISM

Adams, S. (2001) *Interviewing for Journalists*, London: Routledge

Bal, M. (1985) 'Story: Aspects' in *Narratology: Introduction to the Theory of Narrative*, Toronto: University of Toronto Press

Best, J. (2002) '"Status! Yes!": Tom Wolfe as a Sociological Thinker' in *American Sociologist*, Vol. 32 Issue 4

Bowden, M. (2004) *Road Work*, London: Atlantic Books

Cheney, T. (1987) *Writing Creative Nonfiction*, Cincinnati: Writer's Digest Books

Clark, R. (2002) The Ethics of Narrative Journalism [Online] Available: http://www.poynter.org/content/content_view.asp?id=4718 [24 August 2006]

Clark, R. (2004) The Line between Fact and Fiction [Online] Available: http://www.poynter.org/content/content_view.asp/id=3491 [24 August 2006]

Coles, R. (1997) Chapters 1 & 2 in *Doing Documentary Work*, Oxford: Oxford University Press

Hartsock, J. (2000) 'Narrative Literary Journalism's Resistance to Objectified News' in *A History of American Literary Journalism: The Emergence of a Modern Narrative Form*, Amherst: University of Massachusetts Press

Herr, M. (1978) *Dispatches*, London: Picador

Lehman, D. (1997) 'Nonfictional Narrative and the Problem of Truth' and 'Writing

Inside Out' in *Matters of Fact: Reading Nonfiction Narrative over the Edge*, Columbus: Ohio State University Press

Miller, B., dir. (2005) *Capote*. Universal Studios

Paterniti, M. (2003) 'The Most Dangerous Beauty' in *The Best American Magazine Writing 2003*, New York: Perennial

Steinberg, J. (2004) *The Number*, Jeppestown: Jonathan Ball

Sullivan, J. (2002) 'Horseman, Pass By' in *The Best American Magazine Writing 2003*, United States: Perennial

Wolfe, T. (2001) 'Stalking the Billion-Footed Beast' in *Modern Critical Views: Tom Wolfe*, ed Bloom, H., Philadelphia: Chelsea House

Wolfe, T. (1973) 'The New Journalism' (Part One: Chapters 1-3, plus Appendix) in *The New Journalism*, eds Wolfe, T., and Johnson, E.W., London: Picador

Wolfe, T. (1988) *The Bonfire of the Vanities*, London: Picador

Yagoda, B. (1997) 'Preface' in *The Art of Fact: A Historical Anthology of Literary Journalism*, eds Kerrane, K. and Yagoda, B., New York: Touchstone

Zavarzadeh, M. (2001) 'The Contingent *Donnée*: The Testimonial Nonfiction Novel' in *Modern Critical Views: Tom Wolfe*, ed Bloom, H., Philadelphia: Chelsea House