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The professional identity

of South African clinical psychologists

who are also sangomas.

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A research report submitted to the Faculty of Arts,

University of the Witwatersrand, Johannesburg

in partial fulfillment of the requirements for the degree

of Master of Arts (Clinical Psychology).

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This project is dedicated to my mother, Joan Wozniak who, while I wrote,

courageously engaged in her own struggle to live between two worlds.

She has taught me to embrace life in the face of pain and loss.

She will always be with me.

DECLARATION

I declare that this thesis is my own unaided work. It is submitted in partial fulfillment of the requirements for the degree of Master of Arts (Clinical Psychology) at the University of Witwatersrand, Johannesburg. It has not been submitted for any other degree or examination at any other university or institution.

_____

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Date:

ABSTRACT

In South Africa, a traditional African and Western healing system exist side by side and the basic tenets of these systems appear to differ. The coexistence of these different healing systems raises the question of the interrelationship between them and the healers associated with them. Against this backdrop, there is a relatively new and fascinating phenomenon of a small grouping of clinical psychologists who have crossed professional boundaries to become sangomas and have adopted dual identity. The five psychologist-sangomas interviewed for this qualitative study represent a microcosm of the interaction of Western and African healing paradigms. The study aims to develop an understanding of how the five participants perceive and construct their professional identities, how they see themselves in relation to these healing systems and how their understanding of professional identity and choice of healing system affects their practice. To this end a psychoanalytic interpretive method of analysis, that combines both a social discursive psychological and psychoanalytic interpretive dimension, has been chosen. The method involves conducting detailed identity position analyses for all five participants with the aim of bringing to light tensions, contradictions and conflicts in the way in which participants position themselves professionally. It also allows for hypotheses to be made about hidden anxieties and defences that underlie the positions adopted. Researcher subjectivity such as countertransference and intersubjective interactions between participants and researcher has been engaged in order to ground and support interpretations made. The research indicates that while all participants have experienced some degree of conflict in holding dual identity, each one has found a different way of resolving the conscious and unconscious conflicts related to their professional identity.

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1. INTRODUCTION

This research aims to explore how people who are both psychologists and sangomas understand and describe themselves professionally; in other words how they construct their professional identities. An exploration of this nature inevitably poses wider questions regarding the relationship between Western and indigenous or traditional ways of thought. Hammond-Tooke (1989) suggests that such enquiry into the interaction between these paradigms or worldviews raises philosophical questions of rationality and relativism. Taking the paradigm of traditional healing as a starting point, he suggests that this worldview and cosmology has highly sophisticated and richly textured ways that explore dimensions of the human condition and psyche often ignored by the West. Furthermore, certain worldviews imply different ways of organizing experience of reality. In other words, there are belief systems that do not always exhibit the concern with logical connections that characterizes Western science.

In South Africa a traditional African belief system exists side by side with a Western system of healing and the basic tenets of these healing systems appear to differ (Eagle, 2004). It is important to note that any discussion about worldviews must take cognizance of the fact that worldviews of people, black or white, African or Western are not of one piece. Individual experiences of being rural or urban-based, differences in education and religious persuasion, mean that people tend to develop hybrid world views to make sense of the world and their experiences (Hammond-Tooke, 1989). Thus any attempt to highlight distinguishing features of different worldviews is done in an attempt to interrogate both Western and traditional worldviews and approaches to healing. However, this attempt is made with full awareness that people subscribing broadly to a particular worldview may comprise somewhat heterogeneous groups with different views and values. Bearing all this in mind, it is possible to attempt to highlight some general distinguishing features of the two worldviews that concern this research project.

Swartz (2002) suggests that the three central features of a Western biomedical system of healing are: 1) the development of a reliable instrument such as the Diagnostic and Statistical Manual (DSM) IV that can be used globally; 2) a process of diagnosis that focuses on distinctive sets of features and tries to develop an organized system of categories, and 3) an approach to clinical practice where diagnosis precedes treatment.

Western psychiatry, a branch of biomedicine, has in turn influenced clinical psychology. Although they are by no means synonymous, the practice of psychiatry and psychology represent one particular culturally-informed way of interpreting experience. This approach to diagnosis is based on an individualistic view of a person and does not take spiritual or religious beliefs into account in the process. Furthermore, assessment and diagnosis are separate from and precede treatment. Treatment involves identifying appropriate interventions to address underlying pathology and to eradicate the signs and symptoms of that pathology.

Hammond Tooke (1989) describes the traditional African worldview as being made up of four broadly defined sets of theories explaining the human condition: 1) the existence of a supreme being; 2) ancestors; 3) witches and 4) pollution beliefs. All of these have immediate relevance for the problems of health and well being. The first three are clearly also part of what is referred to as the religious system of people and this is closely associated with the idea of health. Awanbor (1982) describes the African magico-religious belief system as based on the notion of supernatural causality. Treatment processes thus involve freeing the person from the possession of deities; *"In Africa, the magico-religious belief system keeps elements of omnipotent supernatural forces, witchcraft, sorcery, magic and taboos in their position of control and importance"(*p. 206).

African healing systems differ from Western biomedical healing systems in a number of ways (Ngubane, 1977). Firstly, they make a distinction between more universal illnesses (*umkhuhlane*) that 'just happen' and can be treated biomedically in a non-ritualised way, and other illnesses (*ukufa kwabantu*) that are specifically African and must be treated through the use of specific culturally acceptable rituals such as ritual animal sacrifices; purging; steaming and blood letting. African healing systems do not traditionally claim to be able to treat biomedical illnesses but instead focus on ukufa kwabantu.

Secondly, symptom pattern may not directly lead to a specific diagnosis because diagnosis is closely related to cause of illness and it may be possible for two people to receive the same diagnosis but display two different symptom patterns. Thirdly, African traditional ways of thinking about etiology include considering the influence of natural, social, spiritual and political aspects of a person's being and disruptions in these different areas as causing mental disturbance (Green and Ngubane, in Swartz, 2002). Lastly, in African traditional healing there is a far less rigid division between assessment and treatment and assessment does not always precede treatment. For instance, the process of healing in the form of dance and drumming rituals may provide more diagnostic information about the problems as treatment proceeds (Ngubane, 1977).

These two parallel healing systems give rise to different types of healers who may be broadly categorized as professional healers and folk healers (Swartz, 2002). In South Africa, psychologists and psychiatrists and social workers are formally trained, recognized, and legally and professionally licensed to treat psychological disorders. They fall within the broad category of professional healers and are closely aligned with Western models of healing. Folk healers are defined as those who see themselves as healers by virtue of special knowledge or qualities and who do not appear in a professional register. Traditional healers in South Africa would fall into this category.

Traditional healers, like medical doctors, can be further divided into different fields of specialization. In South Africa there are two broad groups of traditional healers, namely herbalists and diviners (PASA, 1989). There is overlap in their roles and the distinction is not always clear-cut. Whilst herbalists choose of their own free will to undergo training, diviners are called by their ancestors to become healers. Traditional healers are called by different names in South Africa: *amagqira* (Xhosa); *ngaka* (Northern Sotho); *selaoli* (Southern Sotho); *mungome* (Venda) and *sangomas* (Zulu). However the most commonly used term is that of sangoma (Louw and Pretorius, 1995). In this research report, traditional healers will henceforth be referred to by the commonly held Zulu name, sangoma.

South Africa's political history and the effects of apartheid meant that in the past there was little or no recognition of African traditional healing systems. This has resulted in a lack of clarity of what different forms of indigenous healing can and cannot do.

On the whole, health professionals are encouraged to respect African healing systems (Thornton, 2002). This is both positive and pragmatic, since an estimated 84% of black South Africans consult a traditional healer at some point in their lives (Lambrecht, in Ivey and Myers, 2008). In reality, the boundaries between these two systems are fluid and there is already intersectoral collaboration (Thornton, 2002; Wreford, 2005) as people across different classes make use of both sectors in different combinations depending on where they feel they can get help. Thus the coexistence of different healing systems raises the question of the interrelationship between these healing systems and the healers associated with them.

1.1. RATIONALE

In South Africa there is evidence of increasing interest in the area of collaboration between Western and African traditional healing systems and the interaction of practitioners within these systems. There is some research regarding collaboration between medical doctors and traditional healers both internationally and in Southern Africa, specifically in the area of HIV/AIDS interventions. However, there is very little information about interactions between mental health professionals, such as psychologists and traditional healers in a South African context. The literature suggests that a large proportion of the South African population consults traditional healers for a variety of issues, including psychological problems. It therefore seems vital that psychologists begin to explore how best to respond in culturally appropriately ways to the psychological problems of a diverse range of South Africans.

Against this backdrop, there is a relatively new and fascinating phenomenon that forms the basis of this research and sheds light on the interactions between Western and African healing systems. Presently, there exists a small grouping of people who have crossed the boundaries of professional versus folk healer, clinical psychologist versus sangoma, and have adopted both identities. This research aims to develop an understanding of how five psychologist-sangomas perceive their professional identities, how they see themselves in relation to these healing systems and, how their understanding of professional identity and choice of healing system affects their practice.

1.2. STRUCTURE AND CONTENT OF REPORT

Chapter 1: Introduction and Rationale

Chapter 2: Literature Review

Although there is an absence of literature that directly addresses this specific research topic, literature for this review is drawn from several different pertinent bodies of knowledge, including: theories of identity; the nature of professional identity; the influence of socio-political context on identity of clinical psychologists; converging and diverging systems of healing in South Africa; the process of becoming a clinical psychologist versus the process of becoming a sangoma; an account of a clinical psychologist who became a sangoma; and the growing phenomenon of white sangomas in South Africa.

Chapter 3: Research Method and Procedure

This section includes: details of research questions; information regarding sample; a description of the chosen psychoanalytic interpretive method (Frosh and Young, 2008) which involves an identity positioning analysis (Frosh, Phoenix and Pattman, 2003); outline of procedure involved in conducting two in-depth interviews with participants; and discussion of ethical issues.

Chapter 4: Data Analysis and Discussion

This section includes five identity position analyses and discussion of dominant themes emerging in relation to the main research concerns, namely: 1) the process whereby clinical psychologists become sangomas and how they experience this identity transition; 2) how clinical psychologists who are also sangomas perceive their professional identity; 3) how people who are both clinical psychologists and sangomas understand the interaction between the paradigm of clinical psychology and that of African traditional healing; and 4) how constructions of professional identity in those instances influence participants' approach to diagnosis and treatment of psychological disturbances.

Chapter 5: Conclusion This section includes limitations of this particular study and highlights possible areas for further study in future.

2. LITERATURE REVIEW

This research focus is unique in South Africa and thus a literature search has yielded very little information that directly addresses the topic. The information for this review has been drawn from several different bodies of literature pertinent to the topic:

1) a brief overview of theories of identity
2) psychoanalysis and identity construction
3) professional identity (problems, shifts and acculturation)
4) influence of socio-political context on identity of clinical psychologists
5) converging and diverging systems of healing in South Africa
6) the process of becoming a clinical psychologist versus the process of becoming a sangoma
7) an account of a clinical psychologist who became a sangoma
8) the growing phenomenon of white sangomas in South Africa

2.1. Brief overview of theories of identity formation

Literature related to the concept of identity provides a number of different theories of identity formation. In reviewing the literature in this regard, Ryynanen (2001) suggests that there are different conceptions of identity formation based on different theoretical frameworks. These frameworks include, amongst others: 1) the psychosocial theory of identity formation drawing on the work of Erikson (1963); Berzonsky (1990); 2) constructionist notions of identity expounded by Gergen (1987, 1989); 3) socio-cultural conceptualizations of identity derived from Vygotsky's foundational work (Vygotsky, 1978, 1987) and extended by Penuel and Wertsch (1995); Holland, Larchicotte, Skinner and Cain (1998); and 4) dialectical notions of identity proposed by Jenkins (1996).

For the purpose of this research project, the focus will be on socio-cultural and dialectical approaches to understanding the cultural construction of identity formation. These are considered more relevant and appropriate to this specific research, given the chosen method: a psychoanalytic interpretive approach to qualitative data analysis. Such an approach is aligned with the internal-external dialectic between the private self image and the public image in identity formation, which the socio-cultural and dialectical identity theories describe.

Socio-cultural conceptions of identity

Recent socio-cultural conceptions of identity include those of Penuel and Wertsch (1995), who conceive of identity as a form of action concerned with persuading others and oneself about who one is and what one values. They suggest that individuals use various cultural and historical resources as a type of *cultural toolkit* to accomplish a given action. Furthermore, they find it useful to examine identity in contexts where identity is contested or under transformation. This provides insight into how individuals and groups can struggle against the dominant discourses of their identity to co-construct a different way of speaking about and hence experiencing themselves.

Holland et al (1998) define identity in the following way:

> People tell others who they are, but even more importantly they tell themselves and then try to act as though they are who the say they are. These self understandings, especially those with strong emotional resonance for the teller, are what we refer to as identities (p.3).

The authors allude to the complexity of identity by suggesting that people are composites of many, often contradictory self understandings and identities. Essentially, socio-cultural conceptions of identity suggest that people's identities form and reform over personal lifetimes within a social context.

Dialectical conceptions of identity

Dialectical conceptions of identity criticize the taken-for-granted distinction between individual-personal and social-cultural identities and propose a concept of social identity to bridge them. Jenkins (1996) suggests that an individual's unique identity is produced, reproduced and changed in ways that are intrinsically social. Thus the term *self* refers to each individual's reflexive sense of her or his particular identity, constituted vis-à-vis others in terms of implicit comparisons of similarity and difference that help us know who we are and how to act. He proposes that the internal-external dialectic of identification is the process whereby all identities, both individual and collective, are constituted. It is not enough to assert an identity; it has to be validated by those we interact with. Thus dialectical notions of identity suggest that there is an internal-external dialectic between the private self image and the public image in identity formation.

Together, these theories provide a useful framework for viewing the process of identity formation in people who experience a shift in identity from psychologist to sangoma. Socio-cultural conceptions help in understanding the role of social and cultural forces that play a role in how people experience and understand the identity shifts that necessarily occur within a social context. Dialectical conceptions shine light upon the interaction between external social forces and individual internal dynamics that influence the way people who adopt dual identity (sangoma and psychologist) and construct their sense of self.

2.2. Psychoanalysis and identity construction

Certain psychoanalytic approaches can be helpful in understanding the cultural construction of personal identities, as they appear to some extent to echo socio-cultural and dialectical theories of identity. One such approach is that of Frosh, Phoenix and Pattman (2003) who adopt the position that there is no such thing as an individual standing outside of the social. They argue that although there is an area of personal subjectivity, this always exists within the sociocultural domain.

The writers suggest that it is interesting to explore not only *how* people choose to take up specific identities or subject positions from a range of possibilities, but also to question *why* people choose the positions they do. In this regard there are a number of psychoanalytic theories that are helpful in addressing the how*?* and why*?* of identity positioning. Lacanian theory (Lacan, 1949) looks at how subjectivity is structured in accordance with cultural discourses. Object relations and intersubjectivist theories are helpful in exploring how and why specific subject or identity positions are chosen in the context of developmentally salient interactions with significant others.

A further contribution by Frosh et al (2003) suggests that combining an awareness of the constructing activity of social processes as well as the analysis of individual agency can aid our understanding of how specific identity positions come to be held. The authors argue that discourse analysis has great psychological applicability to the question of identity positions because, to some extent, the positions that subjects take are articulated in the discourses themselves.

Definition of 'identity position'

Bucholtz and Hall define identity as *"the social positioning of self and other"* and identity positions as *"the linguistic resources whereby interactants indexically position self and other in discourse"* (Bucholtz and Hall, 2005 p. 587). This definition is echoed by Frosh et al (2003) who suggest that *"the analysis of discourse can give us considerable insight into the kinds of resources available in a culture for constructing identity position"* (p. 52).

Taking a step back to more fundamental aspects of the concept of identity positioning, Harre and Van Langehove (1991) distinguish between the static nature of a *role* and the dynamic nature of *positioning*. Holloway (in Harre and Van Langehove, 1991) refers to *positioning oneself* and *taking up positions*: *"discourse make available positions for subjects to take up. These positions are in relation to other people"* (p. 395). Furthermore, the authors suggest that one can position oneself or be positioned by another, for instance, as powerful or powerless; confident or apologetic; dominant or submissive; definitive or tentative. One individual can thus undertake several varieties of positioning.

It is also possible to propose a variety of categories of positioning: first and second order positioning; performative and accountive positioning; moral and personal positioning; self and other positioning and tacit and intentional positioning.

The focus of this particular research will be to examine the data for examples of ways in which positioning of both the participant and researcher occurs in the data. If appropriate, links will be made with existing categories identified by (Harre and Van Langehove, 1991) to show how participants position themselves or to indicate possible alternative categories arising from the data.

In extending the social behavioural theory of identity positioning, a psychoanalytic approach suggests that an understanding of identity positioning should go beyond describing how participants position themselves to understanding why they choose these identity positions:

> What makes an 'identity' is what is mirrored to it…But there is an additional move required if one wants to understand the specificity of each subject's personal investment in these discursive positions, a move which goes 'beyond' or 'beneath' discourse to explore the needs which are being met, the 'enjoyment' created, by the position which is taken up (Frosh et al, 2003, p. 52).

However, they caution that identity positions may also hinge on the unspoken events, experiences and processes that comprise the realm of the unconscious. It is in the domain of the *hidden* that psychoanalysis may offer some understanding of what lies behind the identity positions that individuals assume. This necessarily means that although people may consciously claim certain identities, how and why they came to do so may not be evident to them.

The research will attempt to explore not only what kind of positions people who shift identity to adopt dual identity take but will attempt to explore possible reasons, both conscious and unconscious, for their choice.

2.3. Professional identity

Fennig, Naisberg-Fennig, Neuman and Kovasznay (1993) suggest that identity can be discussed on two levels: the personal and the professional. For the purpose of this research, the focus will be on professional identity. Epstein (1978) defines professional identity as *"the process by which the person seeks to integrate his various statuses and roles, as well as his diverse experiences, into a coherent image of self"* (p. 101). Wenger (1998) proposes that our professional identity determines with whom we will interact in a knowledge sharing activity, and our willingness and capacity to engage in boundary interactions. In this instance, boundary interaction refers to interactions or encounters with practices different to one's own, for instance bringing new knowledge from the interaction back to the person's community of practice. Fennig et al (1993) suggest that:

> Professional identity can be built around various elements such as identification with mentors, the acquisition of a common professional language and body of knowledge, the mastery of certain skills, and finally, the attainment of recognition by society. The ultimate result of the process is the feeling of 'this is me' (p. 34).

The above definitions seem to highlight two different aspects of professional identity, that of stasis and fluidity. Concepts that convey a degree of stasis include: a coherent image of self; identification with mentors; acquisition of professional language and knowledge; mastery of skills and social recognition. The notion of fluidity is conveyed by concepts such as interaction; knowledge sharing and engaging in boundary interactions. The literature seems to reflect that the tension between stasis and fluidity in professional identity is evident in instances where psychologists consciously change their professional identity or move into new and diverse contexts that require identity shifts.

This research aims to investigate how clinical psychologists who are also sangomas describe themselves in relation to existing definitions of professional identity. Furthermore, how they experience and articulate possible identity tensions or contradictions, and whether or not they generate new and different identity positions in articulating their professional selves.

Problems in the evolution of professional identity

Literature on the evolution of professional identity in the healing professions is largely confined to medical doctors, but this is arguably relevant to issues of professional identity in psychologists. Kaiser (2002) examines the development of professional identity in medical doctors. As a framework of analysis the author uses cultural theorists' psychoanalytic analyses of gender and race. He notes that cultural images create and reinforce images of doctor's identity, encouraging them to adopt rigidly defined professional identities. Furthermore, these fixed identities limit uniqueness, restrict inquisitiveness and damage self confidence. This can ultimately impair professional development and the author argues for the need to extrapolate from current definitions of identity and to create a broader, more malleable concept of professional identity.

This research will explore how psychologists who become sangomas respond to the culturally accepted definitions of these two identities, whether or not they experience them as restrictive or conflicting, and whether or not they seek less rigid definitions in order to identify themselves.

Shifts in professional identity

The process by which a person experiences a change or shift in professional identity can be an emotionally challenging one. The literature offers examples of experiences of identity shifts of other mental health professionals that have relevance for psychologists. Chessick (1980) writing about Freud's evolution from neurologist to psychoanalyst draws parallels between this experience of identity evolution and the experience of psychiatrists who become psychotherapists. He suggests that the process of shifting identity can be a tormenting one. Problems include: the greater likelihood of intolerance for other viewpoints different from their original identity; experiencing differences in basic principles of practice; and struggling to give up a more authoritative role for one where treatment is more ambiguous and emphasises the professional's personality. In addition, the challenge of having to learn a new technical language, different from the original one, can result in alienation and withdrawal from the original identity.

With regard to identity shifts in psychologists, the literature suggests that changes or transitions in professional identity may involve the integration of one identity with another. This raises the question of whether there is some retention of the original identity and continued identification with it, or whether the original identity is discarded in favour of complete immersion in a new identity. One example cited is that of counselling psychologists in a health care context, where there is a potential integration of a counselling psychology identity with the medical model identity. Professional identity in this context is defined as a sense of connection to the values and emphases of counselling psychology (Maltzman in Mrdjenovich and Moore, 2004). The critical issue is whether counselling psychologists who work in health settings still identify with the counselling psychology discipline, or whether they become identified with medical ideologies, despite their lack of medical training (Good, 1992). Although there appears to be no consensus on this issue, research suggests that counselling psychologists reported feelings of isolation and feeling removed and alienated from colleagues in previous professional settings (Bernard, 1992). In this context, the retention of professional identity or grounding in the original speciality is considered to be an important prerequisite for entering and making creative contributions to new and different professional settings (Altmaier, Johnson and Paulsen, 1998).

Research suggests that ideally, when psychologists move into interdisciplinary or collaborative work, they should maintain strong, clear, pre-existing professional identities and value the unique contributions they bring to the new situation, underpinned by a coherent sense of professional self (Kenkel, DeLeon, Mantel and Steep, 2005). However this assumes that the process of professional identity development is static and linear. Furthermore, that professional identities are necessarily in conflict with one another, obliging the professionals concerned to choose one over another.

This research will explore whether psychologists who become sangomas still identify with the values and emphases of the psychological fraternity and if so, to what extent their training influences their identity and practice as sangomas.

Professional identity and the process of acculturation

Kenkel et al (2005) examine the process of transition that clinical psychologists make when they move from a narrow focus on mental health to broader participation in health care. They acknowledge concerns that when these transitions occur, clinical psychologists may lose important aspects of their professional identity. In response to this concern, the authors make use of Berry's (1980) model of acculturation to compare the experience of immigrants in a new culture with the experience of psychologists who take on new roles within the profession.

Acculturation refers to the processes by which individuals, families, communities, and societies react to inter-cultural contact. According to Berry (1980) and Berry and Sam (1997) the two parts of the acculturation process include: 1) cultural maintenance and; 2) cultural contact and participation. Cultural maintenance is the degree to which immigrants hold onto the culture and norms of their country of origin. Contact and participation refers to the degree to which immigrants adopt the mores and culture of their new country.

There are three possible immigrant responses: (1) to hold tightly to original culture and norms and to adopt little or nothing of the new culture and to avoid becoming part of it; (2) to assimilate quickly by adopting the ways and culture of the new country and abandoning or rejecting the ways of the country of origin; (3) to keep important aspects of one's heritage but also to participate in and selectively adopt cultural aspects of one's new country. Berry's (1980) model of acculturation is used to argue that the most successful cultural transitions occur when critical aspects of the former culture are retained, but the person participates in the new culture and adopts aspects of this new identity. Kenkel et al (2005) propose that those psychologists who enter and adjust best to new roles experience an expanded identity whereby traditional psychological skills and knowledge are supplemented with new abilities and understandings.

The above research, however, is based on role transition within a Western healing paradigm, whereas this research project will explore whether a model of acculturation (Berry, 1980) is useful in understanding the process of change in the professional identity of clinical psychologists who become sangomas.

Maintaining different identities simultaneously

Talen, Fraser and Cauley (2005), writing with trainee psychologists in mind, believe that professional role development is not a linear process and that one's professional identity and role both within the discipline and in relationship to other health care providers and disciplines can be developed simultaneously. Kenkel et al (2005) suggest that when psychologists enter new work cultures and take on new roles, their identities broaden. Furthermore as they move out of the enclave of clinical psychologists to take on other identities there is a merger of the old and new cultures.

In confronting the challenge of collaborating with other disciplines, psychologists must become familiar with and sometimes even adopt the customs of new settings or negotiate the professional differences in practice styles and expectations. Through those negotiations, a new form emerges that is different, and hopefully better, than any of the former practices. Falck (1977) refers to this as an *"interprofessional approach"* (p.32) which does not blur the distinctiveness of each profession, but breaks through the extreme role socialization to allow for the kind of balance and integration characteristic of a holistic orientation.

So far, the literature reviewed describes the experience of Western professionals adopting other roles and professional identities within Western healing systems. As there is very little information regarding psychologists' transitions from Western to other systems, this research project will explore whether the existing literature reviewed is relevant to the experience of South African clinical psychologists who become sangomas as they move from a Western to an African system of healing.

2.4. The influence of the South African socio-political context on the identity of clinical psychologists

The ideological position and professional role of clinical psychologists in society has been the subject of considerable debate. Early debates questioned why politics and psychology were erroneously perceived to function independently and why clinical psychologists did not respond to their unjust social contexts (Dawes, 1985).

This debate appears to have peaked at a time when there was increasing resistance to Apartheid in South Africa. At this time, many health care professionals, including clinical psychologists, questioned their role in a racist society where the broad social and political structural issues directly contributed to mental ill-health. Professional psychological treatment was accessible only to the white elite, whereas black people in distress resorted to traditional medicine in the form of herbalists or *inyangas* and diviners or sangomas. This raised the question of how psychologists used their skills, and whether the aim was to deal with the individual clinically or to treat the community or broader society. This involved consideration of the role of the psychologist in the process of social transformation and raised the notion of the psychologist as political activist (Perkel, 1988).

In South Africa, community psychology emerged in the 1980s and came to be associated with the broad democratic movement to dismantle Apartheid (Seedat, Duncan and Lazarus, 2001). The growing movement of community psychology has inevitably raised important questions about the role of psychologists in society. These roles include disseminating psychological skills and acting as consultants, thus highlighting the changing identity of professional psychologists in trying to forge meaningful relationships with communities (Swartz and Gibson, in Seedat, Duncan and Lazarus, 2001). Thus, in a South African context, socio-political factors have played a role in both shaping and challenging the identity of psychologists. However, the tension between community mental health models and individual psychotherapy practice has persisted long after the demise of apartheid, with most clinical psychologists choosing to work in private practice settings, using individual treatment modalities, and working with predominantly middle-class patients.

A secondary aim of this research is to ascertain whether the choice of clinical psychologists to become sangomas has in any way been influenced by social or political forces that have challenged the relevance of British and American psychological models and to seek alternative models that are more appropriate for South Africa's needs.

The influence of the South African socio-political context on the identity and practice of traditional healers

Traditional healing, rather than being a reaction to Western medicine, has been practised in Africa for over 4500 years, before there was any knowledge of Western medicine and prior to European colonization (Halse, in Louw and Pretorius, 1995). In South Africa, however, polices were implemented to outlaw traditional medicine and this may have had a negative impact on African traditional cosmology and culture. Nevertheless, traditional medicine continued to be the healing method of choice amongst the black South African population. In 1947, traditional healers approached the South African Medical and Dental Council to request registration alongside doctors, dentists and nurses (Halse, in Louw and Pretorius, 1995). More recently the question of recognising traditional healers has again been revisited and debated with the proposed South African Traditional Health Practitioners Bill of 2004 (Etkind, 2006; Richter, 2003) which explores the possibility of registration of traditional healers alongside doctors and nurses.

The World Health Organization has defined a traditional healer as:

> Someone who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community (Oyebola in Louw and Pretorius, 1995, p. 42).

Although there is a tendency to equate the role of traditional healer with that of psychotherapist, this does not do justice to the traditional healer's position in society. Hammon-Tooke (1989) describes the sangoma as a cross between psychotherapist, medical doctor and mystic. Brookbanks (in Rudnick, 2003) notes that the role of the healer is far broader than psychotherapist and incorporates the roles of tribal historian, priest, judge and weather prophet. In addition, another central role that has traditionally been played by the sangoma is the *smelling out* of witches. Since bewitchment is a common diagnosis in cases when patients fall ill or suffer misfortune (Ivey and Myers, 2008), identifying and counteracting witchcraft is considered an essential professional activity (Farrand and Ratau, in Ivey and Myers, 2008).

Western psychology frowns on the notion of bewitchment, which is considered a paranoid state of mind involving the defence mechanism of projection and the disavowal of personal responsibility. It is thus interesting to consider whether witchcraft beliefs are readily adopted by psychologists who become sangomas.

2.5. Converging and diverging systems of healing in South Africa

The parallel existence of two different systems of healing in South Africa logically raises the question of the interrelationship between these two systems, more specifically, the points of convergence and divergence between them. The literature provides examples of attempts at collaboration between biomedical professionals and traditional healers (Thornton 2002; Wreford, 2005), as well as efforts at interaction between Western psychology and traditional healing (Awanbor, 1982; Maeillo, 1999; Straker, 1994). While Anthropologists and medical practitioners were for many years of the opinion that traditional and modern medical systems were rivals, for the majority of patients there is no inconsistency in the dual utilization of these systems (Jansen; Mankazana; Spring; and Yoder, in Louw and Pretorius, 1995). This phenomenon of dual utilization is significant because it provides a basis for linking traditional healing and modern medicine.

Louw and Pretorius (1995) propose two concepts, namely *complementarity* and *integration* as possible ways of understanding the interactions between these two systems of healing. By complementarity, the authors suggest that traditional healing and modern medicine *"co-exist, independent of one another, each respecting the unique character of the other"* (p. 52). There is mutual respect and cooperation between the two systems: creating a better working relationship through appropriate referrals and upgrading of traditional healers' skills while at the same time enhancing the cultural sensitivity of medical practitioners. On the other hand, integration is understood as the employment of traditional healers in the medical sector as an inexpensive and effective way of delivering health care. The idea is that traditional healers receive appropriate training in order to manage certain medical practices and to advocate certain medical views, while still employing traditional healing practices where appropriate.

Instances of these are where traditional midwives have been integrated into the medical system. It must be noted however that the authors are pessimistic about the integration of the two systems of healing because of the fundamentally irreconcilable difference in their respective cosmologies. Instead they advocate complementarity as a way of facilitating the transfer of important values to both systems that would ensure a more appropriate and culturally sensitive approach to health care for all South Africans.

Interactions between the medical profession and traditional healing

Examples involving medical professional's experience of contact with the world of traditional healing have been included because of their potential relevance for psychologists who attempt to engage with that same world.

Example 1.

Despite the fact that both sangomas and medical doctors are involved in the work of healing the sick, there is still a large gulf that separates them. Although medical doctors acknowledge that sangomas have an important role to play, they do not have a clear idea of what the interaction may be between their professions and the two different healing systems that they represent. Thornton (2002) suggests that when making the choice as to whether to consult a traditional healer or a doctor, a person must weigh up and consider the nature of Africa and the West: *"Traditional healers are generally considered to be the repository of deep African knowledge ('indigenous knowledge systems') and the guardians of ancient wisdom, they are also associated with primitivism, filth, dirt and sexual licentiousness. This means that they are simultaneously valued and reviled"* (p.9).

While the *modern*, *Western* or *white* way may be seen as a threat to African well-being and identity, all South African traditional healers do incorporate modern or Western ideas in their practices: *"They seek to incorporate both sets of ideas and knowledge into a single system of healing, while maintaining the opposition of 'modern' and 'traditional' as separate potentials whose interaction yields power"* (Thornton, 2002, p.9).

However, the author cautions that this does not mean that traditional and more Western approaches are polar opposites, since they can be seen to interact in surprising ways in practice.

There are a number of implicit similarities in the ways in which sangomas and doctors work: 1) both try to solve their patient's problems; 2) they carefully consider symptoms and signs which helps them to understand better the presenting problems; 3) both work in specialized or ritualized ways – in their different healing spaces, dressed in specific ways and surrounded by their respective healing paraphernalia; 4) they both are concerned as to whether their patients have improved and whether the therapy is appropriate; 5) both instill a sense of trust, caring and attention which is essential to healing. However there are also ways in which traditional healing differs quite radically: The healer is concerned with the whole person made up of complex physical and spiritual dimensions and influenced by the social environment and those who people it. The philosophy is supernatural, symbolic and social rather than analytic, abstract and physical.

Taking into account that there are variations in the practices of traditional healers, certain concepts are fundamentally the same across the grouping. One characteristic way of working is reflected in the traditional healers in the South African lowveld (Thornton, 2002). These healers hold that there are four substances that can be coordinated, manipulated and ultimately balanced to ensure health. In brief, these are: spirit, body, blood and shadow. 1) **Spirit** or *moya* is the non-material essence of the ancestors that passes through the process of birth, growth of children and their own procreation. Whilst it can flow through blood it can also be activated through ritual or de-activated by ignoring the ancestors. 2) **Body** is made up of flesh and through it flow the other substances: spirit, blood and shadow. Whilst the body is transient, blood and spirit are enduring substances which survive the death of the transient body. 3) **Blood** passes mainly through biological procreation. 4) **Shadow** is the presence or aura that the body projects, for instance a person's presence, character or charisma. Health thus results from a balance of these substances within the body and between those substances in others involved with the person.

The treatment used by sangomas varies depending on the practitioner's knowledge and skills and the nature of the patient's illness. However, in essence, traditional healers approach treatment in the following way, as summarized by Hammond-Tooke (1989):

> Ultimately the treatment consists of coming to grips with fractured relationships…Disease is thus conceived in terms of a breakdown of human relationships, and the healing rituals and witch executions, both in their different ways restore or attempt to restore, harmonious social life. In this sense, then, traditional healing is holistic. It treats disease not only with powerful medicines but also with rituals that place the patient in the centre of a social drama in which emotions are not only highly charged but symbolically expressed…Thus satisfactory healing involves, not merely the recovery from bodily symptoms, but the social and psychological reintegration of the patient into his community, whether it be the lineage, neighbourhood, possession cult (p.123).

Awanbor (1982) proposes that there is a distinctive *African psychotherapy* which at its very core recognizes the individual as a social being. It implies that the treatment process should involve the community in symbolic healing actions such as sacrifices, rites, cult dances and other ceremonies. Furthermore, African psychotherapy views disease causality and healing processes as being inextricably linked with the supernatural.

The approach and philosophy is holistic in nature:

> According to holistic theory, a healthy person is one whose total system - both mind and body - is in a state of dynamic equilibrium…During an illness the person's total system is upset…Healing then, is the process by which healthy equilibrium is restored; it may occur spontaneously or with the aid of a medical or non medical healer (Awanbor, 1982, p.206).

By contrast, medical science focuses on understanding and analyzing the biological system of the individual and its separate parts. The philosophy is realist and pragmatic rather than magical and symbolic (Thornton, 2002). It is possible then to see that there are stark differences in approaches to healing, which raises the question of whether medical and traditional systems of healing can ever be integrated. Thornton (2002) asserts:

> In fact, medical and traditional systems cannot be blended. The epistemological grounds are too distinct. They achieve their power relative to one another by means of this opposition, and this is healthy. But they also complement each other by encompassing the whole complexity and intricacy of this, our whole African human being (Thornton, 2002, p.16).

Example 2.

A literature review of current practice in efforts at collaboration between traditional African healers and biomedical practitioners, specifically in HIV/AIDS interventions (Wreford, 2005) provides a historic context for this research with respect to attempts at collaboration across Western and African healing paradigms. The literature highlights the following points:

- Prior to the World Health Organisation, Alma Ata Conference in 1978, there was reference to localized and limited experiments of the use of traditional healers in biomedical contexts. The conference aimed to encourage co-operation on a larger scale and to see these put onto national health agendas, but this did not materialize.

- Although attempts were made to encourage collaborative efforts in HIV/AIDS interventions in Kenya (Kimani in Wreford, 2005); Ghana (Warren in Wreford, 2005) and Zimbabwe (Chavenduka in Wreford, 2005) they tended to have a number of limitations. For instance, there was a preference for collaboration when the associations were more acceptable to medical personnel because of dealing with familiar practice that were less threatening; the projects tended to be small scale, short term projects that lacked evaluation; because they fell outside national policy they relied on outside funding which could be precarious and; there did not appear to be a commitment to sharing of expertise but rather one-sided attempts by biomedical science to *improve* the traditional.

- There are numerous examples, mainly from South Africa, of attempts at collaboration. However, on the whole, these efforts reflect limited engagement.

- Between 1995 and 2001 the emphasis in collaborative attempts appears to have been on educating traditional healers out of *unacceptable traditional practices* and into more biomedical praxis. Although there was also some evidence of growing respect between the two sectors (Leclerc-Madlala in Wreford, 2005), there was also an assumption that the responsibility rested with traditional healers to try to facilitate a two-way communication.

- Three best practice examples of collaboration from East Africa are cited in the review and their success is attributed to *"a mutual willingness on the part of traditional healers and conventional practitioners to collaborate, and…a genuine interest in the beliefs and values of traditional healers"* (Anderson and Kaleeba, in Wreford, 2005, p. 8). In other words, the emphasis was on active co-operation not only in principle but in practice too - in meetings, seminars and also in the treatment room.

In summary, Wreford (2005) proposes that attempts by biomedical practitioners have gone a long way towards the acceptance of African traditional health practices but that they fall short of genuine rapproachment with traditional healers. The author proposes an ideal side-by-side model which operates a two-way biomedical and traditional diagnosis and prescription policy. In such a model biomedical practitioners and traditional healers work as co-operative partners, where traditional methods are incorporated into biomedical practices, if and when appropriate, for greater effectiveness in treatment.

Whilst the above review relates to attempts at collaboration between biomedical and traditional practitioners, it has relevance for this research in attempting to shed light on the ways in which interactions between these two paradigms take place. For instance, it may help to explore whether concepts such as complementarity; integration; co-operation, collaboration or incorporation are helpful in understanding the interactions between Western psychology and traditional healing as experienced by psychologists who are also sangomas.

Interactions between Western psychology and African traditional healing

There are a number of different paths to mental health care in South Africa and different sectors of people may use different types of healing systems simultaneously (Louw and Pretorius, 1995; Swartz, 2002). However, philosophies of health care in South Africa tend to be based on either a Western biomedical approach or an African traditional healing approach. Clinical psychology would fall within the framework of the greater health care system whilst traditional healing falls within an African worldview.

Awanbor (1982) proposes that psychotherapy as a systematic effort to restore the disordered personality, is a practice known to both Western and non-Western cultures. However, the distinctions between Western and African therapies are considerable:

> While the long-term goals may be similar in most psychotherapeutic transactions the tools, techniques, and procedures vary from one culture to another and sometimes from one treatment to another. These variations stem from the differences in the prevalent world views and the level of scientific development in each culture (p.206).

In a similar vein, Bodibe (1992) suggests that all systems of healing have certain differences and similarities. Concerning similarities, he states that both approaches emphasize the importance of building a trusting relationship, both aim at personality integration and positive growth, and both emphasize the expression of feelings. Despite unmistakeable points of convergence between the two systems of healing, the author also points out the significant differences:

1. Whilst the African traditional approach is symbolic, intuitive and part of the African belief system, the Western approach is based largely on scientific and logical principles that have no direct link with unscientific beliefs.
2. Traditional healers are directive in their approach. They give advice and act as mouthpieces for the ancestors. By contrast Western psychotherapy is more non-directive.
3. African traditional healing emphasizes unity of body and mind and tends to be more holistic in approach to diagnosis and treatment. In Western healing, the psychological sphere of feelings thoughts and behaviour is given more prominence.
4. Western healing emphasizes the individual, while traditional healing emphasizes the integration of a person into a community.
5. Traditional healing includes an emotive component through the experience of dance and song which encourages active participation. Western healing tends to be more sedentary, cerebral and abstract in its approach.

More recently, Rudnick (2003) has investigated the converging and diverging elements of these two broad healing systems. He argues that the most fundamental link between psychotherapy and traditional healing takes place at the confluence of common factors in both philosophies. In comparing the two systems, the author suggests that psychotherapy has certain universal elements that are largely congruent with traditional healing. These include:

a) a shared worldview, including most often, a common language
b) the personal qualities of the therapist which make the relationship acceptable
c) the aura of the therapeutic setting
d) particular techniques of therapy
e) an emotionally charged, intense confiding relationship
f) explanations of the distress compatible with the client's worldview
g) new information which offers alternative ways of the client perceiving his problem
h) heightening of the client's hope through a sense of mastery
i) the facilitation of emotional arousal

Components b), c) and h) are arguably all aspects of traditional healing. Unlike e) the relationship may not be a confiding one. Traditional healers rely on various techniques to mediate between client and ancestors which result in (i). Furthermore, f) and g) are usually achieved with explanations of ancestor requirements and prescribed rituals for how to achieve ancestor harmony.

While most of the components of psychotherapy appear to be present in traditional healing, there are also some unique aspects to traditional healing that are not evident in Western psychotherapy. For instance, there may be a pre-consultation briefing in which the healer's ancestors will indicate before they arrive who will be coming and why. Thus by the time the client arrives, the process is already underway for the traditional healer.

There appears to have been a great amount of interest from some Western trained psychotherapists to explore the interaction between Western and African healing paradigms. Two particular case studies (Maeillo, 1999; Straker, 1994) show interesting intersections between these paradigms.

Straker (1994) presents a case study of a family plagued by political violence in a South African township in the 1980's when three teenage siblings and their father were attacked by an angry mob. After witnessing their father, a community leader, having his genitals hacked off and being burned to death, the three daughters fled, narrowly escaping death themselves. As a result of some confusion, the girls were arrested, jailed, beaten and deprived of food. After their release, they displayed symptoms which from a Western perspective were consistent with post-traumatic stress disorder and also showed signs of survivor guilt. What is noteworthy about the case is that all three girls shared a common dream in which their father appeared to them telling them he could not rest until his severed genitals had been restored.

From an African traditional perspective, the collective dream was understood as a communication from the ancestors directing the girls to perform a specific task. Successful completion of this task was understood to help relieve their symptoms and appease their father's spirit. The two Western-trained therapists who worked with the girls were well versed in the worldview of African traditional healing and used certain Western therapeutic approaches such as humanistic elements of warmth and positive regard, cognitive reframing, trauma therapy, and psychodynamic interpretations of their father as internalized figure. However, the critical aspect of this intervention lay in the fact that the therapists linked these Western elements with African cosmology and particularly ancestor worship and appeasement. This intervention proved extremely effective because of the useful integration of Western and African traditional healing approaches.

In another case study, Maiello (1999), a visiting Italian psychoanalyst to South Africa, provides an account of her interaction with a sangoma (Makaba) to understand how she successfully treated a client who presented with classic schizophrenic symptoms. Makaba's approach involved: 1) observing her client's symptoms; 2) giving him medicine *(muthi)* to stop him running away; 3) administering medicine into his nose and ears while he slept to help him communicate with others and not listen constantly to what was going on in his mind and in so doing helping him to become more in touch with reality; 4) as he improved, giving him tasks to do until his responses to tasks were appropriate and he could recognise her.

The author attempts to make sense of the healing process in psychoanalytic terms. Firstly, she sees links between Makaba's initial observation and assessment period and the establishment of a therapeutic alliance and positive transference. Secondly, rubbing muthi into the patient's legs was suggestive of acknowledging his need to regulate external distance and anticipating that he may struggle to tolerate closeness of the therapeutic relationship, develop negative transference and want to interrupt treatment. The act of placing muthi in his ears and nose is seen as a way of establishing channels of communication between the internal and external world at deeply unconscious levels during sleep. Furthermore, the combination of the muthi and the fact that the patient slept in Makaba's hut offered, in psychoanalytic terms, mental containment.

Despite the potential links between Western psychoanalytic and African traditional approaches, there are undeniable gaps that cannot be discounted. In a poignant moment, Maiello (1999) describes an attempt at some form of interchange or exchange regarding approaches to treatment:

> When Makaba had finished her report and replied to all the questions I had asked during her account, she said it was my turn to tell her how I would treat a patient like Maboeta. I found myself in great difficulty, with a feeling that I could say nothing that would in any way be meaningful to her. I first tried to explain the difference between psychiatry and psychoanalysis and said that I did not use any plants or other substances to cure patients…From what the patient did or said I tried to understand what his illness was about. Then I transformed what I thought was hidden in his behaviour or speech into words that made him ill. And if I found the right words for him, they would enter into his ears and go into his head. Gradually, he would hear me and the words would have the effect of a muthi. Makaba seemed satisfied by my attempts to describe a psychoanalytic session and said that, after all, our treatments were similar. As a token of her appreciation, she offered to give me a recipe of a muthi, if I was prepare to give her one of my muthi words in return. This was one of the moments when I painfully perceived the depth of the gap between our cultures. None of my English words would have been any use to her. I expressed my gratitude and appreciation for the effectiveness of Maboeta's treatment but we parted without exchanging any of our therapeutic tools (pp. 222-223).

This interaction highlights the potential complexity in interactions between Western and traditional healing paradigms. It also strikes a cautionary note against too quickly assuming easy similarities or points of synergy between the two paradigms in an attempt to bridge cultural and philosophical gaps.

The author perceives that there is a breakdown in any potential interchange between the two healing paradigms over the seeming inconsequence of using healing words in a traditional healing context. On this theme, Awanbor (1982) provides an interesting example where it may be argued that healing words are indeed used in some instances in African psychotherapy. The author suggests that oral legends, word magic and incantations are important concepts in Yoruba psychotherapy. Their usefulness derives from the fact that they have their roots in the origins of the tribe and are thus used in attempts to penetrate to deep psychological levels:

> Oral legends, therefore, are helpful in diagnosis as well as working towards desired treatment effects. Word-magic can be used to precipitate mental illness. Native doctors who have acquired the skill…can use word magic therapeutically to alleviate the suffering of a victim of witchcraft or sorcery. Incantations are special, magically charged words to exorcize evil spirits from the body of the afflicted person (p. 208).

In summary, the two case studies are useful in that they highlight attempts to understand differences between Western and African healing paradigms, to examine possible conceptual links, and to explore the potential for exchange of treatment tools. What this research will explore is how research participants understand the interaction of two different systems of healing and how this interaction affects their approach to diagnosis and treatment.

Another potential point of intersection between Western and traditional approaches to healing is the importance of dreams. Dreams are widely recognised as an important tool in many Western therapeutic approaches. Buhrmann (1984) writes about the importance of dreams in the domain of traditional healing, specifically amongst Xhosa traditional healers, although dream interpretation is used widely amongst other traditional healers too. In the world of traditional healing dreams are understood as a medium through which ancestors or *the living dead* communicate with the living. They play an important role in the treatment of a client and may also be used as vehicles for conveying the message that a person is called to become a traditional healer.

This research will also explore what role dreams play in the work of people who are both sangomas and psychologists and how constructions of professional identity affect their approach to working with dreams.

2.6. The process of becoming a psychologist versus the process of becoming a sangoma

Clinical psychology falls largely within a Western biomedical model that is scientifically based, where methods and medicine require scientific scrutiny and empirical testing. This model ultimately shapes the way in which Western practitioners are trained. The philosophical approach to training clinical psychologists at South African universities derives from the Boulder Model in which the therapist is regarded as a scientist and a practitioner (Benjamin and Baker, in Rudnick, 2003). Training is based on a six year academic degree that includes a basic knowledge of diagnostic and assessment skills. Trainees are also exposed to a range of possible psychological interventions informed by a variety of theoretical frameworks. The five year academic degree is followed by a year long internship at a psychiatric hospital to complete the professional training.

The training of psychologists in South Africa has been the subject of much debate. Swartz, Dowdall and Swartz (1986) argue that training falls within the general ambit of British/American models. The overall approach reflects a reactive, individual/family-based approach with those trained generally working with affluent middle-class patients. Swartz (2002) suggests that although the training of South African psychologists is in the process of transformation, psychotherapy is still to a large extent provided by relatively small number of predominantly white middle class university trained psychologists to predominantly white middle and upper class clients. Western models of training emphasize the role of expert. Thus having received a clinical degree in psychology, psychologists are led to believe that they are now the primary experts in psychological healing (Vogelman, Perkel and Strebel, 1992).

The process of becoming a sangoma differs markedly from the training of a psychologist. A sangoma does not choose to become a healer but receives a calling to become a healer. The calling by the ancestors comes through the experience of *ukuthwasa* or *thwasa,* a Xhosa word meaning to be reborn. Thwasa can be described in Western terms as an episode of physical and mental illness and the symptoms can include anxiety, various physical aches and pains, palpitations, sleeplessness and conversion disorders.

Vivid and disturbing dreams, psychotic symptoms such as auditory hallucinations and neglect of personal appearance and hygiene are also part of the picture (Louw and Pretorius, 1995). When someone believes they are being called to become a sangoma, another healer of standing must be consulted to determine whether it is a real illness (*umkhuhlane*) or a calling by the ancestors. During periods of training the trainee must abstain from certain activities such as a sexual intercourse and certain foods and withdraw from society and from family and friends (Ngubane, 1977).

According to Rudnick (2003), if such a diagnosis is made, the individual can attempt to get the sangoma to placate the spirit or the person becomes apprenticed to a master sangoma. Training is then tailored to the individual's healing talents. The trainee sangoma lives with her trainer, is under observation and receives on-the-job training. The master sangoma prescribes exercises and increases the divining responsibilities of the trainee over time. The trainee also spends time alone in nature or *the bush* in order to be sensitized to messages and signals from the spirit world. The normal training period is between 12-24 months, but training can go on for 5-6 years (Louw and Pretorius, 1995). According to Peltzer (in Swartz, 2002), indigenous healing involves training in the use of a variety of herbal remedies and rituals, dance and dream interpretation. Training culminates in an elaborate initiation ceremony after which the sangoma can divine independently (Hammond-Tooke, 1989). Once a person becomes a fully fledged healer, healing can be performed on an outpatient or an inpatient basis with the client living at the healer's home for a period of time.

Although the differences in process of becoming a sangoma and a psychologist are undeniably marked, the experience of trainee clinical psychologists, particularly in the first year, can be compared to a *rite of passage* similar in many respects to that of an initiation process of a sangoma (Kottler and Swartz, 2004). Similar to the initiate, a trainee psychologist engages in a three phase process in which their status and social identity shifts from lay personal to professional. The first phase involves separation from friends and family through involvement in personal psychotherapy, course work, and supervised therapy practice that is time-consuming, emotionally demanding, relatively esoteric, and confidential. The second internship phase is often experienced as a fluid and confusing *marginal state* between relinquishing student identity and acquiring professional identity.

The authors argue that this marginal psychological state may be necessary in acquiring a new identity as old ways of seeing and understanding is replaced with new and unfamiliar ones. The third phase involves reintegration into society as a fully-fledged professional once training is complete.

With respect to the abovementioned marginal phase, certain concerns are raised. For instance, there is a fine line between creative marginality and a more damaging state where little creativity is possible. Implications for training are thus highlighted to try to harness the creative potential of this marginal state in which there is identity flux, uncertainty and changes in self esteem, in order that it becomes a positive transformational experience, not a destructive one. Although the authors do not overtly make the link between this marginal state and thwasa symptoms, it is possible that aspects such as confusion and a sense of fragmentation may be similar.

This research will explore how the formal training as a clinical psychologist and the ritualized training of a sangoma influences participant's perceptions of their professional identity.

2.7. An account of a clinical psychologist who became a sangoma

This literature search yielded just one written account of a South African clinical psychologist who became a sangoma (Shirley, 1998). This account describes the author's struggle to integrate his experience as a sangoma with formal clinical work. Dilemmas included: how to resolve the seemingly opposing faculties of intuition and reason, spontaneity and recognised technique, and professional responsibility and spiritual inspiration. The author describes how the experience of thwasa profoundly influenced his approach to psychotherapy and how the boundary between psychotherapy and traditional healing began to blur.

It is important to note that this experience may not hold true for all psychologists who become sangomas. However, this research will attempt to explore and record the personal experiences of research participants who make the transition and the effect of this transition on their professional identity.

2.8. The growing phenomenon of white people (who are not psychologists) becoming sangomas.

In South Africa, there is a growing phenomenon of white people becoming sangomas. Accounts of their experiences are reflected to a limited extent in published biographies, journal articles or the popular press. Of those whose stories are reviewed, there is an interesting mix of South African residents, South African exiles and immigrants (from or to the country), who have heeded the call to become sangomas (Arden, 1999; Cumes, 2004; van Binsbergen, 1991 and Wreford, 2007). Brief descriptions of a number of other white sangomas in South Africa can be found in newspaper reports (Ancer, 2007; Feni, 2005). While many white sangomas assert the authenticity of their calling, this appears to be contested, particularly by African sangomas. Nevertheless, white sangomas continue to argue that race should not be an issue or an obstacle to their calling and furthermore, that the occurrence of white sangomas is not a new phenomenon (Feni 2005). It must be noted that since this phenomenon has not been formally researched, there exists little commentary or analysis regarding the growing number of white sangomas in South Africa.

This research will explore what effect race has on acquiring both the professional identity of psychologist and that of sangoma. Furthermore it will attempt to examine whether being white affects the constructions of professional identity, and if so how, of people who are both sangomas and psychologists.

2.9. Summary

This literature search has yielded a number of theories of identity. Amongst these, Socio-cultural (Penuel and Wertsch, 1995), and Dialectical concepts of identity Jenkins (1996) are highlighted for their relevance to this research. The former examines the role of social and cultural forces in identity shifts and the latter shines light on the interaction between external social forces and individual internal dynamics in the construction of self.

Psychoanalytic theories of identity construction (Frosh, Phoenix and Pattman, 2003) are included as they are helpful in exploring not only what kind of identity positions people take but also the conscious and unconscious reasons for their choice. Together these theories provide a useful framework for viewing the process and experience of psychologists who become sangomas as they shift identity and come to hold dual identity.

A number of definitions of professional identity are also reviewed which help to determine how people who are both psychologists and sangomas identify themselves professionally (Fennig, Naisberg-Fennig, Neuman and Kovasznay, 1993; Kaiser, 2002; Wenger, 1998). For instance, the abovementioned research provides insights as to whether people describe themselves in relation to existing definitions or whether or not they generate new and different identity positions in articulating their professional selves.

The literature also offers examples of how mental health professionals, generally, and psychologists specifically, experience professional identity transitions (Altmaier, Johnson and Paulsen, 1998; Bernard, 1992; Chessick, 1980; Good, 1992; Kenkel, DeLeon, Mantel and Steep, 2005; Mrdjenovich and Moore, 2004). Models of Acculturation (Berry, 1980; Berry and Sam, 1997) may be helpful in understanding how psychologists who become sangomas adopt dual identity or different working cultures. Overall the experience of identity transition and dual identity is portrayed as a challenging and at times even a disturbing process that can involve a sense of loss and alienation. However alternative theories (Talen, Fraser and Cauley, 2005) propose that it is possible to hold different identities simultaneously. This can result in an expanded sense of identity and a more integrated and holistic way of working.

The phenomenon of psychologists who become sangomas occurs within a South African context (Seedat, Duncan and Lazarus, 2001; Swartz, Dowdall and Swartz, 1986). This raises the question of what role context may play in the changing professional identity of South African clinical psychologists (Swartz, Vogelman, Perkel and Strebel, 1992). For instance it questions the responsibility of psychologists in the face of injustice and their role in social transformation.

Against this socio-political context, there is growing recognition of the traditional healing profession as having existed long before Western medicine but being historically marginalized by various policies (Louw and Pretorius, 1995). The dual usage of Western medicine and traditional healing for the majority of South Africans is acknowledged as a reality (Swartz, 2002). The prospective Traditional Health Practitioners Bill (Etkind, 2006; Richter, 2004) reflects attempts to revisit the issue of formal recognition of traditional healers but is not without challenges and controversy.

Recorded in the literature are past attempts at co-operation or collaboration between the medical profession and traditional healers (Swartz, 2002; Thornton, 2002; Wreford, 2005) and interactions between Western psychology and traditional healing (Buhrmann, 1986; Maiello, 1999; Straker, 1994).

Any discussion of these two apparently differing paradigms of healing raises questions about points of convergence and divergence between them (Awanbor, 1982; Bodibe, 1992; Hammond-Tooke, 1989; Louw and Pretorius 1995; Rudnick, 2003; Thornton, 2002). Examining the differences in the basic tenets of both paradigms also includes some scrutiny of differences in approach to training of psychologists (Kottler and Swartz, 2004) and the process of becoming a sangoma (Hammond-Tooke 1989; Louw and Pretorius, 1995; Ngubane, 1977). It is noteworthy that only one written account of a psychologist who became a sangoma (Shirley, 1998) was located. The author describes his difficulties in attempting to integrate his experience as a sangoma with formal clinical work.

Lastly, mention is made of the growing but as yet unanalyzed phenomenon of white people becoming sangomas (Arden, 1999; Cumes, 2004; van Binsbergen, 1991; and Wreford, 2007). There is growing debate about this phenomenon which presently seems to be playing out mainly in the popular media.

3. RESEARCH METHOD AND PROCEDURE

3.1. RESEARCH QUESTIONS

This research was designed to elicit information on four specific areas related to professional identity:

1) the process whereby clinical psychologists become sangomas and how they experience this identity transition

2) how clinical psychologists who are also sangomas perceive their professional identity.

3) how people who are both clinical psychologists and sangomas understand the interaction between the paradigm of clinical psychology and that of African traditional healing.

4) how constructions of professional identity in those instances influence participants' approach to diagnosis and treatment of psychological disturbances.

A total of twenty research questions were formulated. These are listed below:

1. When did you become a psychologist?
2. How did you experience the process of training as a psychologist?
3. How long did you practice as a psychologist before becoming a sangoma? In what setting did you work?
4. Please describe how and why you became a sangoma. How did you experience this process?
5. What personal and professional events influenced your decision to become a sangoma after training as a clinical psychologist?

6. Has your choice to train as a sangoma in any way been influenced by the socio-political and historical context of South Africa? If so, how?

7. Please describe the clients you see and the problems they present to you as a sangoma.

8. How do you view the interaction between clinical psychology and African traditional healing?

9. How would you describe your professional identity now?

10. Do you think the professional identity of a clinical psychologist has anything in common with the identity of an sangoma? If yes, what are the common aspects? If no, please explain.

11. As a sangoma, do you subscribe to an association, ethical code or professional guidelines?

12. How do you reconcile the ethical codes or professional guidelines of clinical psychology and traditional healing?

13. How do you reconcile issues of advertising of services and billing of clients?

14. What do you think people like you would do if you faced an ethical dilemma?

15. As a sangoma, how does your approach to diagnosis and treatment compare with those when you were a psychologist?

16. As a sangoma, do you continue to identify with the values and philosophical assumptions of clinical psychology?

17. Does your psychological training in any way influence your work as a sangoma? If so, how?

18. How do other clinical psychologists relate to you since your training as a sangoma?

19. Do you still practice as a psychologist?

20. Are you still registered as a clinical psychologist?

3.2. SAMPLE

A small convenience sample of five clinical psychologists was selected for this research. This small sample was made up of a mix of race, gender and ages. The sample comprised three women, one White and two African, with age range between 30+ and 50+. The two male participants were both white and aged 40+ and 60+ respectively.

The sample size was small as, to date, there are very few known clinical psychologists who are also sangomas in South Africa. Four of the five participants are based in Gauteng and one participant was from the North-West province. This sample was obtained by means of referrals from two clinical psychologist-sangomas already known to the researcher and a referral from the research supervisor. The researcher approached each one of the participants directly to discuss the research and to get informed consent.

At the time of initial interviewing, participants varied greatly in the length of time they had been psychologist (completed training) and sangoma. The two males in the sample had practiced for longest: one had been a psychologist and sangoma for over thirty years and the other, a psychologist for twenty one years and a sangoma for nineteen years (although not practising as either at time of interview). Of the women, the newest to qualify had been a psychologist for one year and a sangoma for three years. The remaining two women: one had practiced as a psychologist for nine years and a sangoma for five years and the other had been a psychologist for seven years and a sangoma (from time of being recognised but before thwasa) for thirteen years.

It is noteworthy that four of the five participants experienced the 'calling' to become a sangoma in the course of their training as clinical psychologists. Only one did not as she had been practicing as psychologist for a number of years before she accepted her calling. Another important point to highlight is that it was difficult to define precisely the length of time participants had been sangomas.

Whilst the training of a psychologist is well defined from the start of a two year Clinical Masters (MA) programme to having met all the requirements (internship and thesis) and graduating, the process or apprenticeship as a sangoma is less clearly delineated. For instance one participant described herself as a sangoma from birth, although she had only been officially identified as a sangoma (by a master sangoma), thirteen years previously and had begun thwasa in the course of this research project. Another participant had undergone thwasa and had *graduated* as a sangoma 19 years previously and although he still considered himself a sangoma, was not actively practicing as one. In addition, all four practising sangomas were still engaged in some form of ongoing thwasa process which raised the question of whether they could be described as having *completed* their training or not. All these differentials beg the question of whether the same criteria can be applied to compare these two approaches to healing and what it means to be fully fledged as a healer in the two paradigms.

3.3. RESEARCH METHOD

To date the literature yields no known studies exploring issues of professional identity in people who are both psychologists and sangomas. This original research which constitutes an initial exploration of the topic, lends itself to qualitative investigation, thereby allowing the researcher to obtain detailed, complex and unique personal accounts of participants' experiences and identity positions. Given the chosen research topic there is very little existing literature on which to draw. However, the area of professional identity is well researched and this literature helped to orient the researcher in her investigation of this specific area of professional identity.

In the original research design, a thematic content analysis (Braun and Clarke, 2006) was chosen as the preferred method. Such a method analyzes data gathered from the interviews by reporting patterns or themes within data. It minimally organizes and describes the data set in rich detail but frequently goes further than this by interpreting various aspects of the research data (Boyzatis in Braun and Clarke, 2006). As the research progressed however, it was necessary to reconsider this choice of method.

In the early stages of conceptualizing the project, the researcher was particularly interested to elicit from participants any tensions, contradictions or conflicts that they experienced in their identity positions or identity shifts with regard to being a psychologist and sangoma. It was anticipated that research participants would explicitly articulate these tensions, contradictions or conflicts and that the data would lend itself easily to a thematic content analysis. However the researcher began to raise questions, after reading the first set of transcripts, as to whether the method originally chosen would do justice to the data. It became evident that although there were indeed tensions and contradictions in what participants said, these were often implicit or embedded in their responses and not explicitly articulated. The more interesting and useful data seemed to lay in the hidden meanings and how participants engaged with the research questions and the person of the researcher in the interview process. It thus seemed important to interpret past what was transcribed as text and to find a method that would access these hidden meanings and interview dynamics.

At this point then, it became clear that the data lent itself to more of an explicitly interpretative analysis. This presented a dilemma because there was also a rich and fascinating pool of descriptive data that the interviews had yielded which the researcher felt should not be overlooked or lost. A method for data analysis was thus needed which would offer a descriptive as well as an interpretive approach. The researcher thus found herself drawn to psychoanalytic approaches as a possible way to move beyond mere re-description of what the research participants had said to a more interpretive approach. The specific method chosen will be described in more detail in the section: Data analysis method.

The role of psychoanalysis in the interpretation of qualitative data

Interpretation is the business of psychoanalysis. It is the search for and creation of meaning. It is a process through which our initial understanding is challenged, refined and modified into transformed understanding. The act of interpretation involves a cyclical movement of moving forwards and backwards, experience-near and experience-distance, between empathic understanding and interpretation (Kelly in Silove, 2008).

It involves interviewing; moving away; transcribing; analyzing and then moving back to engage. Interpretation requires the researcher to bear witness to the cognitive and emotional responses of participants and then to pick up on unconscious processes, inconsistencies and contradictions (Silove, 2008). A psychoanalytic approach to qualitative data analysis enables the exploration of other dimensions of the data not immediately evident. This includes engaging not only with the information that is offered but also reflecting on the human communicative and interactive dimension taking place between researcher and participant (De Witt, 2004). Furthermore, psychoanalysis offers a *thickening* or enrichment of interpretive understanding on narratives arising from interviews (Frosh, 1999). Although a psychoanalytic, interpretive approach offers a richer perspective and attempts to reveal that which is hidden, it is undoubtedly a more complex, demanding and challenging approach than other qualitative methods. There are a number of reasons why this may be the case, amongst them are: 1) the pursuit of researcher reflexivity and 2) the quest for validity.

Reflexivity

In the research process it is important to make the researcher fully *visible* (Bannister, Burman, Parker, Tayler, and Tindall, 1994). Reflexivity requires acknowledgement that the researcher's engagement with data is not a neutral activity but one in which his or her subjectivity is engaged.

In psychoanalysis, subjectivity is viewed as a resource not a hindrance. It can potentially assist the researcher in gaining a truer account of reality than if s/he had aimed to be more objective (Frosh and Young, 2008). For this reason it is important to recognize and examine the following aspects of subjectivity that the researcher brings to the process:

- Interrogating taken-for-granted assumptions and *forestructures of understanding* of the researcher.

The researcher needs to become consciously aware of her/his own opinions; speculations; prejudices and forestructures of interpretation (Silove, 2008). If these forestructures remain unexamined, they can be unconsciously projected onto the research process (Kelly in Terre Blanche and Durrheim, 1999). The result may be the contamination and restriction of thematic construction.

Thus, a central activity that was integrated within the data analysis process, was self scrutiny and ongoing interrogation of the researcher's subjective responses.

One example of how subjectivity was kept alive was through the use of the researcher's accounts of her own personal experience of African traditional healing rituals. The research supervisor reviewed these accounts and was able to help identify the researcher's unconscious motivations and projections and alert her to these. For instance, the supervisor's response to an account of the researcher's experience of a bone reading by a sangoma helped to illuminate the researcher's personal investment in the research project. The supervisor alerted the researcher to something that was possibly preconscious for her – the way in which her own dual or divided identity may influence her perspective of others. It may have created a tendency to look for integration in the research participants' identities because of her unconscious needs. In his response, he wrote: *"How do you minimize the likelihood that your own 'quest' for integration will not incline you to see more integration in the professional identities of your participants than may actually be there?"* G. Ivey (personal communication, February, 18, 2009). The bone reading account thus served as an important self-reflexive exercise as it raised important questions about how the researcher recognises and manages her own countertransference in this and other instances. The full account of the bone reading can be found in Appendix 1, p.187.

In addition, the researcher kept a research journal which was used after each interview to record researcher preconceptions, feelings, personal biases and conflicts regarding clinical psychology and traditional healing. The use of this journal made it possible to make more visible the ways in which researcher subjectivity could shape and structure the research process and in this way allowed for greater reflexivity.

Analysis of countertransference

Holloway and Jefferson (2005) assert that researcher countertransference analysis plays a helpful role in grounding interpretive claims. In the context of this research this involved the researcher reflecting on and recording her countertransference responses after every interview.

These reflections were integrated into each participant's identity position analysis. In this way the researcher's subjective experience of the participant and her own interaction with the person was used to try to understand what was being communicated about the professional and personal self of the participant. This reflexive strategy also assisted the researcher in interrogating her own emotional responses in the process of formulating interpretations about the participants.

Engaging free-floating attention

The standard psychoanalytic interview is one model for engaging in qualitative research interested in generating *rich* texts (Kvale in Frosh and Young, 2008). The aim is for a professional to adopt an analytic stance in which a safe temporal and physical space is created and to engage in *free-floating attention* (Bion, 1963). Within such a stance, the relational characteristics of the interview are acknowledged and considered for their effects. However, the nature of the relationship generated in a research interview cannot be compared with that of psychoanalysis and thus the researcher is better advised to hold attentively to what emerges instead of seeking to order or interpret information too readily.

Validity

A central concern arising out of all qualitative analysis is the notion of *truth*. The literature suggests that most qualitative researchers and many psychoanalysts would hold to the notion that truth is constructed and not revealed (Frosh and Young, 2008). Furthermore that the pursuit of truth occurs between subjects, during a particular time and according to a particular context. Thus any search for meaning happens within a particular social, cultural and historical context which impacts on it. Meanings that appear true at once can transform into something seemingly true. As a result, any search to reveal that which is hidden must recognize and appreciate the tentativeness of any formulations. The role of the researcher then is to recognize the role of bias, the incompleteness of interpretation and to accept that there is a balance between insight and obscurity (De Witt, 2004).

Psychoanalysis however is not satisfied with generating particular meanings. It is also concerned with interpretation which is bound up with unraveling unconscious conflicts.

The characteristic mode of psychoanalysis is a reluctance to accept at face value what the patient says and to read what the patient does not want read, at times reading against the analyst's own inclination (Friedmann in Frosh and Young, 2008). The act of interpretation must also recognize that psychological reality fluctuates, is reconstructed, is enacted and produced in different contexts and is thus difficult to pin down. For this reason, the analysis of textual material must be rigorous and cautious and grounded in clearly observable textual moves but with the reminder that *"No interpretation is sacred, there is no full and absolute truth; but some are more reasonable and persuasive than others"* (Frosh and Young, 2008, p. 118).

3.4. Data analysis method

Drawing strongly on the approach of Frosh and Young (2008), the final chosen method was one which combines both a social discursive psychological and psychoanalytic interpretive dimension. Kvale (in Frosh and Young, 2008) suggests that there is a need to move beyond mere re-description to produce *binocular* accounts in which both the discursive and psychoanalytic accounts can be brought to bear on psychological material. Common to both approaches is a concern with language as the means by which people construct themselves. However, there are also important differences in how psychoanalysis and discursive psychology understand personal experience.

A core difference between the two approaches is a tension on the primary focus of inner psychological processes versus the study of external social activity. According to Frosh and Young (2008), a discursive approach has its roots in Social Constructionism which is based on the assumption that reality is always to some extent *made up* discursively. Discursive social psychology proposes that inner processes are constituted by social, discursive activity and that it is the outward activity that should be studied rather then hypothetical and unobservable inner states. As a result, it explores the cultural resources people draw on in their accounts. What is pertinent to this research project is that a discursive reading of a text takes cognizance of the identity positions that are constructed for the person talking and the audience listening and for broader social discourses.

By comparison, psychoanalysis presumes that unconscious motives lie beneath the surface of social life. It throws light on the psychological processes or perhaps the conscious and unconscious reasons behind a specific individual's investment in any rhetorical or discursive position. Although it is more interested in talk about psychic structures that organize people's internal world, it does not lose sight of the fact that discourse is a site where the internal world of psychic reality is expressed and revealed. A psychoanalytic reading of a text goes *behind* the text as the positions that individuals construct through the text reveal anxieties and defences and particular ways of relating that develop in infancy and are carried through to adulthood (Frosh and Young, 2008).

The methodological procedure that is proposed by Frosh and Young (2008) involves the following seven steps:

Step 1: Conduct biographical narrative interviews

Step 2: Write up field notes detailing observations of the participant's interactions with the interviewer as well as the interviewer's personal feelings about the interview and the participant.

Step 3: Transcribe the interviews.

Step 4: Discursive reading of the entire interview.

Step 5: Identify core narratives in the interview selected for their emotionality or breaches.

Step 6: Re-transcribe the core narratives and conduct a fine grained *poetic* reading of the text.

Step 7: Apply psychoanalytic interpretative strategies to thicken the discursive reading of the text. These include analyzing participants' personal biographies, applying psychoanalytic concepts to narrative material and analyzing the research relationship drawing on the field notes.

Finally, an analysis of identity positioning of participants was made by drawing on the method proposed by Frosh, Phoenix and Pattman (2003).

The method explores the notion of identity positions or the positioning of subjects in discourse. It uses psychoanalysis to explore identity positioning (Frosh et al, 2003) as previously defined in the literature review, pp. 18-19. The authors endeavour to think through the cultural construction of identities and to avoid the classical social-individual divide. Instead, they aim to contribute to a constructive debate about the relationship between discursive psychology and cultural psychoanalysis (Wetherell in Frosh, et al, 2003).

The work of Holloway and Jefferson (2000, 2005) using social psychological discourse analysis, examines the notion of the *defended subject* and explores why specific participants become involved in particular sorts of patterns of anxiety that produce specific beliefs and behaviours. Frosh et al (2003) argue for combining social theory that characterizes discursive psychology with individual biography and emotional subtexts which is the terrain of psychoanalysis: *"It is a combination of this kind, between a rigorous awareness of the constructing activity of social processes and an equally potent analysis of the agentic struggles of individual subjects that is needed in order to be able to explore how specific subject positions come to be held"* (p.41). In addition, the investment that people have in their subject positions may be articulated or remain unspoken in discourse and it here that psychoanalysis can make a valuable contribution.

Using the aforementioned method as a guide, identity position analyses were made for each of the participants. The steps involved were:

1) Re-reading the transcripts with a view to eliciting specific issues related to tensions, conflicts and or contradictions in professional identity positioning.

2) Grouping related professional identity issues into themes and extracting the participants' exact words to elucidate the theme.

3) Including researcher commentary in an attempt to develop a narrative for each participant regarding their own professional identity position.

4) Presenting each identity analysis for review by the research supervisor with the view to creating reflexivity in the process of interpretation.

Suggested changes were incorporated and where necessary discussion and dialogue regarding a particular interpretation were engaged in.

The central issues related to professional identity varied across participants although there was some degree of commonality. For this reason there was no template with specific subheadings which could be applied across all participants. Instead each participant's analysis reflected the specific issues emerging out of the individual participant's account of their unique process of developing professional identity. However some common issues did emerge and these included: identity crisis; identity and social and cultural context; responses to professional identity conflicts; forging a unique identity and practice and identity as a dynamic process. The five identity position analyses are presented in Chapter 4 and incorporate the researcher's subjective responses and impressions.

3.5. PROCEDURE

Two in-depth, semi-structured interviews were conducted with four of the five research participants. In the case of one participant, only on interview was conducted making for a total of 9[1] narrative interviews. Each interview lasted an average of 90 minutes with some variation. The initial interviews were based on the interview schedule in Appendix 2, p. 193. All interviews were tape recorded and transcribed by the researcher.

The follow-up interview questions were designed to identify gaps in content, probe or clarify existing content and to elicit any areas of tension, conflict and contradiction related to professional identity. These questions were formulated with input from both the researcher and the research supervisor.

[1] In the case of one of the participants, one extra long interview was conducted which included initial and follow-up questions and thus a follow-up interview was not deemed necessary. In addition this participant was no longer practising as either a psychologist or a sangoma and this limited the number of relevant questions that could be posed.

Each follow up interview schedule was specific to the participant and thus did not follow a standard format. A brief summary of some of the issues covered, across participants, were:

- the experience of thwasa (how it began; how it was diagnosed; what was happening in their lives at the time; how the participants understood and engaged with this experience)
- what constitutes sangoma education
- perceived differences and similarities between Western psychology and African traditional healing
- whether they experience conflict in professional identities and how they deal with this
- what language they conduct their healing practice in and what this means for their work and sense of professional self
- views on the interaction between psychology and traditional healing in their practice
- what their concerns are about mixing different modalities
- what tension or confusion arises in instances where there is uncertainty about their role and identity and how they manage these
- how they experience and manage the conflicts and synergies between psychology and traditional healing
- perceived differences between the calling to be a sangoma compared with the calling to be a psychologist
- understandings of the significance of dreams as a psychologist and as a sangoma
- examples of ways of working differently as a sangoma and as a psychologist

- (for white sangomas) perceptions of whether there are differences in ancestral relations as white sangomas compared to black sangomas

Detailed field notes were kept in a research journal recording participants' interactions with the interviewer as well as the interviewer's personal feelings about the interview and the participant. These were later incorporated into process notes. In an attempt to ensure a high level of reflexivity, the process notes were reviewed and commented on by the research supervisor. The process notes included biographical information; background information; pre-interview comments; impressions of interviews; summary of dominant themes; process comments and countertransference notes.

Full verbatim transcripts of the interviews were produced after each interview. The transcripts were *cleaned* to remove identifying information and to protect anonymity. Although they were included for examination purposes they have not been included in the final report so as to protect the identity of the participants. Where requested, copies of the transcripts were made available to the participants in order to ensure that there were no inaccuracies in recording or reflecting their views.

Step 4 of the aforementioned method calls for a discursive reading of the text. The researcher made use of mind mapping and colour coding to identify content themes from the transcript data. All the emerging themes were then carefully scrutinized and ultimately organized into two broad categories: 1) themes related to issues of professional identity and 2) themes indicating points of tension, conflict and/or contradiction with regard to dual identity of psychologist/sangoma.

After interviews for each of the five participants were completed, the tape recordings were replayed with the view to picking up on significant discourse markers, amongst others: hesitation, emotional changes, pauses, silences, tonal shifts and interruptions. In this way the researcher was able to use a degree of free floating attention to pick up on interactional and intersubjective dynamics between herself and participants. The researcher reflected on these dynamics and drew on her countertransference to generate or corroborate interpretive hypotheses. For instance, in one interview, the researcher had to grapple with the question of whether something a participant said was an illustration of conflict, some form of integration or complementarity in her identities.

Researcher countertransference was engaged and included careful observation; subjective impressions; a thorough reading of the extract for content and discourse markers such as changes in tone, stress and emphasis. In addition, researcher feelings or hunches were also included in order to generate an interpretation.

3.6. ETHICAL ISSUES

Informed consent was obtained from all research participants. Participants were assured of confidentiality. Given the small size of the sample, the researcher discussed with participants the potential difficulties of protecting their identities completely. Participants were assured that all interview material (tapes and transcripts) would not be seen or heard by any person other than the researcher and would only be processed by the researcher. Participants had the choice to refuse to answer any questions they preferred not to and could choose to withdraw from the study at any point. See Appendix 3, p. 195 for relevant consent forms.

Every attempt was made to remove identifying information from the transcripts and the research report itself. In addition, all participants received copies of their interview transcripts and were asked to raise any concerns regarding inaccuracies or any identifying information that may have been overlooked, with the researcher. Full transcripts of the interviews were included in the main report for examination purposes but have not been included in the report that will be lodged in the university library and made available for public reading. The main reason for this is to protect the identity of the participants.

Although no potential harmful outcomes for the research participants were anticipated, the researcher became concerned in one of the interviews that her questions may have had an unanticipated disturbing effect on the participant. After the interview, the researcher raised her concerns with the participant who assured her that the interview had not had any adverse effects and indicated that no further discussion was necessary.

Relevant subject information and consent forms were included for examination purposes but were not included in the final report in order to protect the identity of the participants.

4. DATA ANALYSIS

This section includes comprehensive identity position analyses for each of the five participants. The order, in which the participants are presented, is random. Code names have been devised to attempt to ensure anonymity although this is acknowledged as a challenge, given the small sample.

4.1. Participant 1 Code name: The Elephant

People call me by different names: clinical psychologist, psychotherapist,
sangoma and healer. And I really like healer the best...
And I don't like to be called a clinical psychologist
and I don't like to be called a sangoma either because
I don't function in either of those domains in what is called a traditional way.

E is a clinical psychologist and sangoma who prefers to be called *a healer*. He is a 60 year old white male of Jewish heritage. He is an academic psychologist and carries the title of 'Professor' of clinical psychology. He trained at the same academic institution where he has worked for most of his professional life.

Pre-interview comments

I had met E prior to the interview as I had worked with him in a healing community he had established in a large urban township in Gauteng. Prior to the research interview I had already created an impression of E and was intrigued by him because of the multiple identity labels he carried: Jewish, white, male, clinical psychologist, academic, sangoma and more recently, sculptor. I was aware that he had some unconventional views and was anything but traditional in his style of practice both as an academic and as a therapist. E was the first sangoma that I had met and worked with before engaging with this research.

In the time leading up to the interview, my interaction with E had generally been positive. However, there were times in between our initial contact and the actual interview when I found E hard to pin down.

I found myself leaving countless voice messages for him and at times wondered whether he would be prepared to participate in this research. When I did eventually reach him and speak to him, he agreed readily to an interview but I was unsure whether he remembered me from our previous contact. My instinct and direct experience of E as being hard to pin down were confirmed when he admitted that he did not usually agree to interviews and described himself as *"elusive".* Nevertheless, he added that because of our past connection, he was prepared to participate in this project.

Interview setting

Both interviews took place at E's office at the university where he works. His office was one of many on a long corridor. As I walked along looking for his name, I felt as if I was looking at a giant bookshelf where the spines of books were arranged in orderly fashion. I remember being intrigued as to how someone as unconventional as E had managed to fit into such an institution and to have remained there for so long.

The first thing I noticed as I entered the office was the glaring absence of a computer. Instead, in its place, on the desk, lay some hand written notes. The office was a reasonable size but seemed to serve as a simple and functional space. As I sat facing E, I noticed some pictures on the wall. What I did not notice at the time, and only became aware after the second interview, was that behind me was a blackboard covered with a chalk web of words and concepts. The possible significance of this backdrop will be discussed later.

Impressions of interviews

During the first interview, I experienced a great deal of anxiety about whether E was answering my questions and whether I was getting the information I needed. I was aware that I did not feel in control but at the time I simply put that down to my own inexperience. I was aware that in many of his responses, E could become quite tangential and at times I would try and steer the discussion back to my original question.

Other times, I found it difficult to track him partly because it was difficult to interrupt him but partly because I was interested in what he was telling me. Overall, my impression was that I had lost my bearings in the interview. I initially blamed my own deficiency as a novice researcher and did not consider that this may be due to dynamics of power and control that were playing out between E and me.

After the second interview, I discovered that there was a blackboard behind me that had been out of my sight but very much within E's, I became interested in what role this literal and metaphorical backdrop played during our interviews. I questioned whether the words and pictures served simply as neutral visual representations of his life, work and philosophies, or whether they served as interview prompts for E, a bit like lecture notes might. If so, what could this mean? Did this hint at something scripted or rehearsed in E's delivery of his story?

In the course of reflecting on this and trying to make sense of it, E's words came back to me: *"Well that's the story I like to tell"* (referring to his simultaneous training as a psychologist and sangoma) and *"I think I kind of romanticized it in the repetitive stories I've told about it"* (referring to his experience of thwasa). I began to wonder whether E felt that he had recounted his story many times before and as a result it had become a bit formulaic for him. These thoughts did however leave me with a sense of disquiet about whether E's answers had been thoughtful, spontaneous responses or whether they were constructed, defensive responses to my questions and if so, why? This hypothesis of E's defensiveness will be explored later in the analysis.

Interview dynamics

Dynamics around power and control began to emerge throughout this interview. They were evident right from the start when E asked if he could introduce his own questions, over and above those included in my interview schedule. They were also evident in the way in which I lost control and E assumed control of the interview. Examples of tussles around control manifested in ways in which E avoided direct responses to questions posed to him. Although at one stage E seemed aware that he may not be answering sufficiently clearly, *"Listen if I am becoming vague…",* more often E appeared to respond to a question in such a way that allowed him to express his personal opinion.

This was particularly evident when he was asked how ethical practices are transmitted and monitored amongst sangomas. Instead of answering directly, E chose to respond to an aspect of the question that allowed him to put forward his point of view. In this instance such a convoluted response did indeed leave me feeling muddled and uncertain as to whether my question had been answered. At the end of the interview the same power and control dynamic was epitomized in the way in which roles became reversed when E asked: *"Why are you curious about something like this?"* In this way he interviewed and then counseled me:

> It's so interesting. I think many of us who live in split worlds express our own ambivalence to our lives, we keep them separate. Everybody has ambivalence, there are paradoxes and it is important what you are sharing because this is part of the journey, you are creating a place to deal with this…You should put this in because it could be such a useful refection.

It is possible that E may have consciously or unconsciously felt the need to assume a position of authority in a situation in which he may have felt uncomfortable by the questions posed.

Another dynamic that emerged was that of attempting to create distance from me, the interviewer. In one example, E creates a rift between us and makes it clear that I am an outsider to his experience: *"But the fortune I had if you can get to it, I'm not sure if I can make it clear enough, is that..."* It is well documented in the research that the researcher by his or her very nature assumes a position of being outsider or observer in the process and this was certainly an issue I had grappled with. For instance, I was acutely aware of the potential appearance of incongruence of a middle aged, white woman who presented as reasonably conventional, doing research on this specific topic. Interestingly this personal awareness was mirrored by all the participants' curiosity regarding my choice of topic. Thus the question, *"Why would someone like you be interested in something like this?"* always hung between us in spoken or unspoken form.

The subtle way in which E reminded me that I lacked insider understanding of issues was reflected when I asked him to compare the training of psychologists with that of sangomas. E responded strongly, almost angrily:

> No, that's a very difficult comparison. I appreciate it, I'm not saying its bad, but I suppose actually I am because what we are actually doing is we are taking our criteria and applying the standard to measure the worth of something else and there are a lot of difficulties with that.

After his emotional outburst, E deflected and picked up on the background noise, perhaps in an attempt to compose himself, before returning to the discussion:

> Okay let's get back to the point. (Pause) Some sangomas, for instance the ones I trained under, my own gobela. (Speaks with animation and emphasis) The way I understood how she would know that my training was complete is by watching how the person dances, how they find the roots, what their dreams were. You can't say that this training must happen in a predefined time. The same actually applies to the people who are in the universities. Not all of them can develop into a therapist in a predetermined time and that's part of the problem. So when you ask how long, I'm just not sure…I'm just sharing this.

One interpretation of this interaction may be that E ruled my question out of order and chastised me for posing it. This left me wondering whether the implicit message was that if I were less of an outsider and more of an insider I would know not to ask such a question.

The follow-up interview with E echoed many of the dynamics of power and control of the first one. For instance, issues of control persisted when E continued to respond in tangential ways despite my concerted efforts to attempt to keep more focus. In this interview it was noteworthy that E spoke at length about the issue of language and my sense was that this was a *hot* issue for him. His energetic response arose from my question about whether he was fluent in an African language. Although he conceded that he was not fluent, he responded that he believed that language was not the only way to make connection with people. My impression was that his response was a little defensive. This may have been in anticipation of being judged or, perhaps, in being uncomfortably reminded that he too (like me) was to some extent an outsider in relation to the world of African traditional healing.

It is noteworthy that at the end of this interview E felt it necessary to assert his academic authority by evaluating my interviewing skills and commented that I was a "perceptive interviewer". When I thanked him for agreeing to the interview and for his time, E seemed to turn the tables yet again by replying: *"Well let me thank you for helping me to understand myself more clearly".*

Thus issues of power and control reverberated throughout the interview right up until the end.

Identity position analysis

Identity crisis

At the outset of the interview, E openly acknowledges his struggle with identity, on both a personal and professional level. He refers to a *"long drawn out identity crisis"* and identifies with an authority figure associated with Western psychotherapy perhaps as a way of legitimizing his own identity struggle: *"I came to psychology or healing as an attempted healing in my mind as an attempted solution. I had done a lot of things, I was directionless, I was the guy with the long drawn out identity crisis, Erik Erikson, that was me, it still is by the way".*

His choice of Erikson as a role model is noteworthy given that on numerous occasions during the interview, he is highly critical of establishment psychology. At times like this where E seems unafraid to admit his own struggles with personal identity, my response to him is positive in that I find him likeable for his honesty and hopeful that he will be prepared to share his experience with me. However even at this early stage I have some underlying anxiety that E might close me out of his experience and that we may not establish sufficient depth of contact to allow discussion around identity struggle and conflict.

E's professional identity struggle intersects with his personal struggle of being the eldest Jewish son within a holocaust family that immigrated to South Africa. E acknowledges the identity tensions and contradictions in the following way: *"I was…a child to immigrants from Lithuania. I was the first born in the country and this whole generation of cousins who were first born, most of them left and that identity of crisis formed around where I belong".* In response to a question concerning possible tensions between his Jewish heritage and his African ancestral links, E responds emphatically, with surprising openness and honesty but does not elaborate further: *"Ja, there is. I am the tension. The contradiction is in me. My hypocrisy, my contradictions. I am that".* It is possible that E's tone which borders on being self denigrating prevents me from probing further in an effort not to appear intrusive with regard to sensitive issues.

Professional identity shifts, tensions and conflicts

E appears to present the shift in professional identity from psychologist and his entry into the world of African traditional healing as a search for roots*:*

> I think that to me being born here I felt that I needed to gain ancestors, I didn't have a history here. My family, there is no ancestral connection, I had to be given hala, be adopted and this fantastic act by those sangomas in those days to appreciate the humanness of my plight intuitively across the colour line, across apartheid…It was really at one level about trying to find my rootedness. I see now how becoming a sangoma rooted me.

E acknowledges his awareness of race as being a potential obstacle to assuming the identity of sangoma. It is possible that he anticipates rejection as a white man wandering the township in search of meaning. He seems both taken aback and grateful for the acceptance and adoption by his teachers who could see beyond colour to his deeper need for rootedness and connection: *"the humanness of my plight".* In this way he presents his shift in professional identity to becoming a sangoma as being intricately linked to developing his core identity as a person.

In shifting professional identity and assuming the identity of sangoma, E positions himself counter to conventional psychotherapy. He contests accepted notions such as the duration of therapeutic sessions, is critical of mainstream clinical psychologists and unapologetic about his particular alternative brand of practice:

> So when you say how does my practice look, some of it looks conventional. I have rooms and I see people at an appointed time and I try and have an extended conversation. I like to book people for at least 2 hours and have breaks in between rather than this clock eye routine. And I use rituals very, very strongly. Appreciating that we are all people and the form of the therapy needs to find its form from the people who come to us and being open in that way…I don't have a way of working with black people and with white people. Sometimes I use rituals with white people because it fits and it is appropriate and most often I use similar words. I talk about ancestors who are present or lost connections.

When asked how he decides who he can work with, he replies:

> I think one of the biggest dangers is that most clinical psychologists take on whoever comes as if they can work with anybody. And I think I try and give space to my intuitive sense. And I form my practice and my community, I practice in various places, at home as well which already allows people to come in a particular way. I don't advertise myself to be a trauma expert, people talk about me as a healer... you form a community of collective image or identity.

E also positions himself outside of academia and seems to have some ambivalence about this aspect of his professional identity. He expresses discomfort with his identity as an academic psychologist and seems to have internalized perceived and possibly real criticisms by his colleagues because he does not fit the role of a traditional academic:

> At one stage I felt at odds with the university and I said to him (another sangoma) I have to leave the university and he replied, 'Oh you want to be a healer in an easy place'. He appreciated the struggle and it has been an amazing journey but not always easy…Look, I'm not a very good academic in the traditional sense. I learned to write and overcome my dyslexia. But from my personal point of view and I'm not decrying the whole of academia but the writing and pursuit of accredited articles became a waste of time…today's paper chase is a horrible and meaningless aspect of academia and it was like that for me.

I continue to note E's critical remarks about the clinical fraternity. His remarks both concern and confuse me because I am unsure where E positions me in relation to this fraternity and to himself. In other words I begin to question whether he feels I am a friend (insider) because of my choice of topic or foe (outsider) because I am a psychodynamically trained psychologist. It is possible that my uncertainty is mirrored by E's doubt as to where I stand in relation to him. Another possibility is that E's criticism of academia may be an unconscious attack on the conceptualization of my research as an academic exercise rather than an experiential journey. His remarks may be an unconscious attempt to create distance and this may explain why at times I often find E quite elusive, hard to reach and difficult to maintain contact with during the interview.

Whilst remaining in academia all his professional life, E seems to have forged alternative and more personally acceptable ways of engagement which have challenged accepted academic norms: *"And I had to take the very difficult decision of I am going to stop writing academically. Can you imagine, at the university there are consequences. But it wasn't just a dumb protest of saying well I refuse to do that. I began to form my expression aesthetically. So instead of doing papers I did workshops".*

The ambivalence towards his professional identity however is evident in his expression of regret as he anticipates relinquishing his academic status and title, which he clearly has some investment in, when he retires in the near future: *"I am going to give up certain names, like being called professor. You know how flattering it is…"*

E admits that in the past he has risked his professional identity as a clinical psychologist because of adopting alternative practices. Although aware of negative perceptions of colleagues, he defends his choice:

What do you imagine someone like you, who is both sangoma and psychologist, would do if they had an ethical dilemma?

Like what?

What about something like confidentiality? Perhaps wanting to engage in a ritual that you know your clinical colleagues may frown upon because it went against the ethical guidelines of the HPCSA?

I've been doing that for 22 years.

Is it an issue for you?

Well of course it is an issue! Because people would frown at it. But you have got to choose. One of the things is about confidentiality. So now there are ethical rules about confidentiality so basically you don't tell anyone. So very often what happens in therapy is a secret and that is what the ethic is. The secrecy, they call it confidentiality. Now in some ways I like that because I mean I am not just going to go to court and give my records, but at the same time when I started X (the healing community), which is in the township, I had to form a different idea of confidentiality when I started realizing that confession in the group is a healing modality, so here the people are hearing what the problem is. In some way I am breaching, I'm between these ideas and you have to choose and context and where you are because part of ethics should be that you are sensitive to the changing context in which you work.

At moments like this, I find interviewing E very challenging and feel subtly undermined as an interviewer. E seems to turn my questions into opportunities to express his own views and this leaves me feeling I am losing my bearings and confused as to whether or not the question has been answered.

It also makes me wonder whether E responds by criticizing the accepted ethical code because acceptance of it would be a professional identification with the clinical psychological community, something which he seems to be in conflict with.

E concedes that his shift in professional identity has been difficult and that the response of his colleagues who represent both professional identities has varied. When asked how his clinical colleagues have reacted to him being a sangoma as well as a psychologist, he responds: *"Well it varied. Some of my immediate colleagues at university were wonderful, quite supportive but one in particular was aggressive; but it has been an uneasy circumstance and still is…how should they relate, what path has the sangoma got, are they colleagues? So it has been varied".*

He contrasts the reactions of the clinical fraternity starkly with the more benign, welcoming figures in the world of traditional healing: *"And then there's my colleagues in the sangoma fraternity: I love them, I'm so welcome and part of them".* However, he reflects with insight that his own personality may have been partly to blame for the negative reactions he has received, particularly from the psychological fraternity: *"I think in some way it's my own defensiveness, and I'm not blaming my clinical fraternity, I think I am a very defended person, quite aggressive sometimes, especially when I was younger and I didn't have words or ways of showing it. So it was difficult".*

I am aware that at various points during the interview E has made numerous negative references to the clinical fraternity. The recognition of this pattern stirs discomfort and annoyance in me. Although initially reluctant to pursue this, I feel the need to dig deeper and to interrogate what hidden feelings underlie his negative feelings towards the profession of clinical psychology. I begin to wonder whether E feels some discomfort or lack of resolution about this professional identity as a clinical psychologist. I begin to entertain the possibility that this inner conflict may make him act out in ways that may be unconsciously aggressive towards people (like me) who represent that aspect of his identity.

Identity shifts and social context

E links his personal identity cleavages and the socio-political divisions of apartheid South Africa prevalent during his sangoma training.

When asked whether he thinks that the socio-political context in any way influenced him to become a sangoma, he replies: *"Ja, how could it not. I trained in 76, it was deep in the heart of apartheid. But I wasn't a dedicated agitator…I wasn't motivated through politics. The oppression I saw around me in some way echoed the oppression I felt in myself. The apartheid echoed the divisions I had in my own mind".*

E's comments suggest a mirroring relationship between his experience of himself as divided and the social divisions he saw in society. Furthermore, this shift in identity is associated with a process of self discovery contingent upon being deeply *known* and called into encountering himself differently by black township dwellers:

> And how I call myself and how people call me is very important, very central. And how that happened emerged out of this struggle of identity that I went through when I was working in the townships. And nobody had heard of a clinical psychologist or a psychotherapist. And to understand my place and also myself, the word 'healing' connected me to a community of people. They knew me, they knew me. And I didn't really know myself and my identity until I called myself a healer.

This is in contrast with the satisfaction that he admits he derives from being called Professor by students and the academic establishment.

In another instance E speaks about a process of trying to integrate his professional selves as a way of dealing with personal identity tensions and conflicts. He links his personal experience to the national or collective process of the ending of Apartheid in South Africa: *"I mean in time I think, I'm on a journey of healing and with time I became more able to hold my own life and bring it into a single context and simultaneously the country was going through a similar process, one of inclusiveness of bringing life from separation into collectivity and it reflected my own process".*

Dual identity, tensions and conflicts

When asked how he would identify himself professionally, E foregrounds his duality very clearly. However the label he chooses, that of *healer* serves to position him firmly outside the realm of both conventional psychotherapy and traditional healing. By assuming the identity of healer, E seems to set himself apart from both his professional community of psychotherapists and his community of sangomas:

> I think people call me by different names clinical psychologist, psychotherapist, sangoma and healer. And I really like healer the best, I really prefer that because it is more in line with my way of thinking and appreciating the cosmos. And I don't like to be called a clinical psychologist and I don't like to be called a sangoma either because I don't function in either of those domains in what is called a traditional way, I don't.

E offers a vignette which seems to highlight his conflict in dual identity when he describes how he presents himself in a provocative way to his clinical masters psychology students. He does however acknowledge that his handling of this situation reflects his own ambivalence and struggle with his dual professional identity:

I can just recall one attempt (laughs) to bring them (dual identity) together. I decided at one stage when I started with a new bunch of students to introduce them to traditional healing. And I came in my sangoma clothes, this was the first time in the class, they had never met me. I just walked in my sangoma clothes with my mat wrapped up and my bag of bones. And I just briefly explained what the bones are and sat down on the floor and asked if anybody wanted to have a divination. And somebody came up and I did a divination and then I asked them afterwards, "How was that?" and walked out of the class. And that incident was never ever mentioned ever again by me or by them (laughs). This was in the 80s.

Why did you not bring it up with them?

I mean I was also struggling and full of conflict and ambivalence and wanting to integrate it.

E admits that he experiences internal conflict in his dual identity and that this has on occasion manifested in ways that have resulted in rejection. It is possible that actions like these serve to confirm E's unconscious anxiety that he will not be accepted fully in his duality by the psychological fraternity. His reluctance to discuss the incident openly at the time with his students seems to reflect a corresponding resistance to engage in internal dialogue with himself. However, the fact that he offers this vignette at this time may indicate greater ease, in hindsight, to reflect upon his identity struggle.

Forging a unique identity and practice

By distancing himself from the traditional definitions of both his identity as a psychologist and as a sangoma, E has taken the opportunity to define himself in his own terms. He describes the process of forging a unique identity for himself by using metaphorical language and analogies: *"The healer becomes a crystal and it takes time, the formation and that is what happens I think. It's like a rock artist, you form your style, your way and it is informed by many things: ethics, of Jewish ideas, of charity and it forms and weaves into a particular unique ecology".* It is noteworthy that this is another instance where E invokes his Jewish identity. However, the poetic and performative aspect of such language which suggests integration and resolution of his identity may belie the actual reality that there is more tension, conflict and contradiction than E is able to admit. This hypothesis is supported by E's previous warning that he uses language defensively and perhaps manipulatively: *"I think my intellect, my words are very defended. They are the most defended part of my being. I can use words to disguise. At one stage I stuttered and now I have mastered it where I can talk and disguise. You know how words can create reality".*

E uses the metaphor of a journey with regard to identity. This may imply that for him identity is a dynamic and ongoing process. However, he is honest about the fact that the question of identity continues to be an ongoing struggle for him:

So it seems like you have experienced many shifts in identity and your identity is shifting even now.

Ja, like adopting different names. Like one of the labels I am coming into now is artist and again just like any other period of my time I have done it with hesitancy and I don't have degrees to back me up. And my identity as an artist does not exclude anything else that I have done, it is an extension of…it's like a fuller declaration of my own neediness to be healed, to find healing, to acknowledge the struggle. It is not as if I have now got it all tied up, integrated so that whatever comes to me I understand...I don't or I'm prepared for, I'm not. So I emerge as somebody else. And it's a continuous process, but it is still a struggle.

Summary

E is an intriguing participant because of his multiple identities and I someone I was very eager to interview. At the beginning of the research encounter I experience E as elusive and it is noteworthy that this is confirmed by E himself and by my subjective impressions of our interaction and interview dynamics. E warns me that he is quite a defended person and that he can use words skillfully when he feels distrustful or self-protective. This prompts me to examine more carefully interview interactions for those instances of defensiveness and other examples where E creates distance between us through dynamics of power and control. These dynamics, at times, make me question my competence as an interviewer and create anxiety that I am not eliciting the information that I need.

My subjective impression of the interviews is that E remains quite defended towards me, because as a psychodynamically trained therapist I may represent those aspects of clinical psychology that he struggles with. It is also possible that his defensiveness may be evoked in anticipation of critical judgment, on my part, of his rejection of mainstream psychology and his adoption of an alternative identity and practice. Although this tension is never overtly recognized, it is something which hangs unspoken between us during the interviews.

E speaks of an identity crisis that seems to have driven his shifts in identity from psychologist to sangoma, to healer and more recently to sculptor. He refers to his search for identity as a lifelong journey. As the first born son of a Jewish immigrant family in South Africa, E experiences the decision to heed the calling to become a sangoma as providing him with a sense of roots and connection. He is aware that his race could have been an obstacle to his entry into sangomahood but pays tribute to his gobelas who saw beyond colour and responded to his deeper need to belong and to be part of a community. It is noteworthy that E's Jewish heritage appears central to his identity and he evokes his ethnic identity on a number of occasions. He implies that he perceives strong links between his ethnic and sangoma identities with respect to the shared notion of ancestors.

He tends to downplay the influence of his psychological training on his sense of self. He remains quite critical of the clinical fraternity on issues such as clinical practice and ethics. However he not only distances himself from clinical psychology but also resists conformity to the world of traditional healing. He chooses to relinquish the labels of psychologist and sangoma as he experiences them as too constricting. Instead, he expresses a strong preference for the professional identity label of healer because it allows him more freedom to practice his healing work less conventionally and in ways that feel more in line with his own worldview.

His perception of the interaction between a Western and an African healing paradigm is that on one level they are irreconcilable or diametrically opposed but on another level, they are both responses to human crises. E's struggle and attempt to reconcile the perceived differences is reflected in the healing community he was involved in establishing which allows him to practice in a more congruent and meaningful way.

E presents himself as a free spirit who contests conventional practices both as a therapist and as a sangoma. He portrays himself as someone who, through personal struggle, has forged a unique identity and practice sensitive to the context in which he finds himself. He is aware that some of his unconventional practices may be frowned upon by his clinical colleagues but is unapologetic about his approach. This may explain why E is at times defensive during the interview, perhaps anticipating that divulging this information about himself opens him up to further judgment.

In conclusion, E presents a picture of himself as someone who has engaged in a great amount of searching with regard to professional identity. His approach to dealing with the tensions and conflicts has been to attempt to rise above what he perceives as restrictive constructions of professional identity. To this end he has adopted a professional label of healer which allows him to draw from both domains of psychology and traditional healing but also allows him the freedom to forge a unique identity and practice. E implies that the notion of identity is an ongoing, dynamic process and challenge that he continues to engage with.

4.2. Participant 2 Code name: The Serval

As a traditional healer, I tell the patient what is wrong with them,

I tell them what they need to do.

And as a psychologist sometimes it has happened that I am sitting with a patient,

as a psychologist, and I see other things. What do I do?

S is a clinical psychologist and a sangoma and currently practices as both. She is a 30+ year old African woman of Xhosa background and comes from a Christian family. She was trained as a clinical psychologist with a psychodynamic orientation at a Gauteng university. Her training as a psychologist was prolonged because during that time she also underwent thwasa or training as a sangoma. She has recently completed her community service and has opened up a private practice in Gauteng.

Pre-interview comments

S was suggested as a suitable participant for this project by my research supervisor. Initially it was difficult to establish contact with her but once contact was made, S expressed her willingness to participate in the research. There was a long gap between my initial request for her participation and our first interview. Before setting up the interview, I unexpectedly met S at a lecture on African traditional healing that I attended. She had been invited to speak about her experiences of becoming a sangoma. After the lecture I introduced myself to her and she responded warmly by saying *"I've been waiting for you".* A few months after this meeting, I contacted her to make arrangements for an interview. There was some discussion about possible venues for the interview but in the end, S invited me to conduct the interview at her home on a Saturday afternoon.

Interview setting

Both interviews took place at S's neat, comfortable and quite conventional cluster home, in a small complex in a Gauteng suburb.

Impressions of interviews

What was noteworthy about the first interview with S was that it was by far the shortest in duration. It lasted just over 1 hour, whereas the average time for other interviews was an hour and-a-half. I was struck by this but thought that perhaps previous interviews had been unnecessarily long. However I was left with a lingering sense of discomfort and I wondered whether the brevity was a positive thing or whether it was alerting me to something worth reflecting on.

On reflection, my initial impression was that the interaction between S and me had been relaxed and easy. However, during the course of transcription, I began to pick up on some interesting dynamics. S and I seemed to instinctively stick quite closely to my set questions. The effect of this was that as interviewer I tended to explore less and, as interviewee, S seemed less inclined to be expansive in her responses. This could have been attributed to my inexperience as a novice researcher, eager to cover all these questions or it may have been reflective of S's own personal response style which was quick and clean. The fact that this was a first interview and trust and rapport were still being established may have also influenced the interaction.

After the interview, S offered me tea. Out of politeness and knowing that it was a Saturday afternoon and that she may have had family commitments, I declined. S, half teasingly, commented that to decline her invitation, was rude. In so doing I was aware that she was alerting me to cultural and other differences between us. Needless to say I stay for tea and during this time S confessed that she had been undecided as to whether to dress in traditional sangoma attire or not. Instead she had opted for a simple skirt and top in muted colours. However she did wear her sangoma beads which she pointed out to me. From what she divulged, it was clear that she felt some ambivalence about her own identity, but it also seemed that she felt quite uncertain about mine too.

Although she did not enquire directly, I could sense that she was curious about why someone like me was doing research on this topic. I took the initiative and spoke about my interest and motivation to explore this topic. My explanation seemed to satisfy her and my impression was that the offering I made helped to build rapport between us. I remember thinking at the time that rapport took time to establish.

I wondered whether I had perhaps underestimated the amount of time needed to build trust and a sense of ease in order for my participants to respond with honesty to the kind of questions I was posing.

On my return for our follow-up interview, it is noteworthy that S reported that she had thought about our last interview and had regretted that she hadn't said more. This echoed my own feeling that perhaps S had held back for some reason and I wondered whether she was signaling that she felt she could now be freer and more expansive in our second interview.

One of the first visible differences that I noticed on my return was S's physical appearance. This time she was dressed in full sangoma attire. She wore a white skirt, shirt and head scarf as well as white beads. Before the interview, S offered me tea, and this time I did not decline. While we stood chatting, S explained in between our last meeting and this one, she had been continuing with thwasa. As she spoke, I detected quite a dramatic change in the way in which she projected herself. She was more confident, more focused and more articulate. This time, she presented as a powerful and impressive person.

Interview dynamics

In the initial interview, S seemed a little wary and asked how I would be using the data and whether she would see the information before I submitted my thesis. It is possible that this signaled some anxiety on her part and may have made her respond cautiously in the initial interview. In our interactions I picked up that S had a contradictory way of responding to questions. On the one hand she seemed to respond quickly and decisively which made me anticipate that I would get the information I needed. On the other hand, she tended to used quite abstract expressions to describe her experience, like *"very hard", "transition"* and *"internal challenge",* which left me guessing what she really meant. My impression was that S may have been using words defensively to distance herself (and me) from difficult experiences related to her identity shifts. Although S openly admitted that she had fought and resisted her calling to become a sangoma, I sensed that this had been an extremely difficult and even disturbing process and did not probe too much, perhaps because I sensed her hesitation and felt protective.

The theme of caution seemed to be quite strong in this interview when S spoke about her dual identity. She described being very careful about revealing her identity as a sangoma because she wanted to *"keep things separate"*. She reported that she would use therapeutic strategies such as exploring or testing out with the client and assessing their receptiveness to ideas or interventions associated with traditional healing. It was as if her need for caution and separateness were mirrored in our interaction too, by S's admission that she had chosen conventional rather than traditional attire for our first interview. It is possible that she did this because of the way in which she struggled to identify herself to me and thus chose to split off one of her identities until she felt sure she could reveal both to me.

My overall impression of the second interview was that S had undergone a personal transformation which was visually reflected in her traditional attire and a new confidence in our interactions. This was supported by the animated way in which S spoke about finding her purpose in life and accepting her identity as a healer. Her confidence could also have been attributed to being better able to identify my position in relation to her and the research. This may be why she felt comfortable enough to *wear* her sangoma identity and thus reveal this other part of herself to me. Nevertheless, the two interviews, with S dressed first in conventional and then traditional clothing left a lingering visual image in my mind of an identity divided.

In this second interview S seemed invested in a narrative of complementarity and integration regarding her dual identity. She was less sure of herself when the discussion was steered towards questions regarding contradictions, conflicts or tensions in identity and would often bounce questions back at me *"Is it a contradiction?"* or *"Is it a tension?"* She talked about her dual identity in positive terms and felt she could draw on two bodies of knowledge to help her make sense of what was happening with a client.

Since I had picked up S's signal at the beginning of the interview that she was willing to respond more freely than in the first one, I felt more able to probe and even challenge her. Thus when I sensed that she steered away from speaking about tensions and conflicts, I was able to engage her and to express my own thoughts about what I was hearing. Thus in the second interview, my impression was that S and I had reached a comfortable level of trust and openness and the interview felt more satisfying for us both.

Identity position analysis

Professional identity shifts, tensions and conflicts

S describes her shift in professional identity from psychologist to sangoma in the following way: "*It wasn't a decision. I didn't decide, I became. It was a transition. I just changed and became a sangoma. I changed".* These words are difficult to decode because there appears to be some contradiction between the notion of 'transition' which implies gradual change and the sense of immediacy of the phrase *"I just changed".* Furthermore, what is initially presented as acceptance of a process is later contradicted when S acknowledges her ambivalence, fear and resistance to the identity shift.

I fought. I fought

How did you fight it?

Denied it. I denied it and kept searching for answers and hoping that somebody would say "No, it's something else, it is something that can be cured" or "It is a phase and you will be fine after this".

When asked to say more about her response to her shift in professional identity, S explains that she fought it because she experienced the shift as a kind of disturbance which stirred up a great deal of fear and anxiety: *"I was afraid. I was so afraid. Every time I felt something or saw something I would try to shut it out or just not see it or scream".* She also found herself becoming acutely sensitive to the pain and emotions of others and overwhelmed by the responsibility she felt about becoming a sangoma.

The anticipated identity change also appears to represent some sense of loss in relation to her previous identity.

I just did not want to be like that. I loved myself as who I was before.

Who were you before?

When I say who I was before I am talking about when I had simple responsibilities like everybody else… not to take on the responsibility of other people's life.

S presents her struggle with identity as a lifelong struggle.

How long did you fight it for?

I think all my life. All my life.

These words raise the question of whether S has ever fully accepted the shift in identity or whether she continues to experience some conflict regarding her identity as a sangoma.

Identity shifts, intergenerational and cultural issues

S comes from a Christian family. When asked whether there are sangomas in her family lineage, she responds: *"In my immediate family, no. Even my father never saw his mother being a sangoma. But we later learned that she was a sangoma. And then she decided not to practice and then she converted to Christianity".* Her response suggests that there may be implicit religious and cultural tensions in this regard. Furthermore, it appears that in S's family there has been strong resistance, perhaps on religious grounds, as well as a culture of silence that has made it difficult for family members to talk about or accept the calling to become a sangoma. It appears that S is the first one to break this pattern and to take on the identity of traditional healer.

It is possible that she has had to bear not only her personal difficulties in doing this, but the struggle of generations before her, in grappling with this aspect of her identity. S thus paints a picture of feeling quite alone as she confronts her identity changes. The calling to become a sangoma seems to have conflicted with her religious beliefs and has forced her to confront her African cultural heritage: *"I knew nothing about my ancestors and African religion, I knew absolutely nothing. So here am I having this experience, it falls into a vacuum, no prior experience, no words to understand what is going on".*

S seems to attribute her ability to even entertain the possibility of making the identity shift, to more enabling external, contextual factors amongst these the socio-political environment.

My impression is that in this instance and in later ones, in speaking about external factors, she defends against speaking about her internal conflicts in this regard, perhaps because they are still too uncomfortable and unresolved. S contrasts the social context of her forbearers with her own to show how it has become easier to entertain becoming a sangoma than it was for her grandparents:

> I think this is what happened to our grandparents, I think they fought it. I think my father did the same thing. I think he fought it. But in other ways I think the socio-political situation has allowed us freedom. Pre-94 I think other people did become sangomas but I think it was harder. It is easier now. I could walk around at X (institution) barefooted and wearing my stuff. I did not have to fight with the system and be ashamed of who I was. I only had to deal with my personal stuff. Whereas with the generation before us, just 20 years ago, it was hard. It was difficult for people to go to work dressed like that. It was difficult for people to go to school dressed like that. And that is why people resigned from their jobs. And it was either you practice or you just stop.

What is significant about S's thwasa training is that it appears to reflect some division along cultural lines. Her first phase of thwasa took place according to Nguni tradition, whereas her second phase was according to Xhosa tradition. It is noteworthy that S's explanation of the reasons for the change in cultural orientation of her thwasa are difficult to follow. Despite my raising with S the potential tensions or conflicts in her choice of thwasa orientation, S denies these. Instead she describes it in terms of a change in the usual order of events – she went through thwasa in Nguni tradition first because she could not find anyone to take her through it in Xhosa tradition. My impression is that S very persuasively underplays possible sources of conflict, especially the deviation from familial cultural tradition in her first thwasa experience. She successfully closes down discussion in this regard:

So you started off in one way and then you changed?

Not really, but doing another one

Extending?

Ja.

Your first period of thwasa training how would you explain that?

It's not even a change in direction or an extension, its other people start by going through thwasa for their immediate family before they can go for amandawu

So you did it the other way round?

Ja.

So this one (the Xhosa way) was for your immediate family.

Interestingly, S presents this phase of her Xhosa orientated thwasa as a positive process which involved the participation of her family and a change in their attitude towards traditional healing. It is possible that what is unspoken is that previously S may have experienced her family as distancing themselves from her because of tensions not only around her identity as a traditional healer but the cultural accent of her sangoma identity.

S describes the way she found her Xhosa teacher in the following way:

> I spoke to my ancestors, I said I am not going to go out and look for a teacher. The teacher will find me. And the reason for that was because of conflict in my own family, my family of origin and because I need their help, I need their participation. And I knew that if I came with a teacher, the teacher would not be accepted and go through whatever things that I went through the first time. Interestingly my prayers were answered and they had to go and seek help because of their own stuff and all along they have been okay and now they had to seek help from traditional healers. So it got to a point where they had to go to this person…They found the person and I was called home. This person saw me and I knew because I have seen my teacher in my dreams…

It is possible that in evoking her ethnic identity, S's identity shift to Xhosa traditional healer is an important symbolic gesture to her family, which ultimately heals previously existing divisions. Her family's change in attitude may also mirror her own attitude towards her identify shift in accepting it more readily.

Identity shifts and social context

S is able to experience her social context as a benign environment as she struggles with her crisis of identity. Worldly figures such as her university lecturer, another sangoma, a medical doctor/transformation expert as well as other-worldly spiritual guides provide guidance and support.

S seems to consciously seek help, share her experiences and finds this helpful in beginning to *mentalize* what she is going through. She highlights the importance of these figures in helping her to use language and labels to make sense of her new identity and to offer her a sense of community:

> And I spoke to X about my frustration and I said I don't even have words for these things and he said "Maybe you have to find words for yourself". And that was the biggest challenge. When I stayed in that state I was in a vacuum, nothing made sense. So I said maybe if I can speak to other people, maybe it will help. And it did help because it gave me a sense of belonging, I could say okay now I am a sangoma instead of me thinking I am a freak because before I could accept a label for myself, then it was difficult to deal with.

Dual identity, tension and conflicts

S presents the notion of dual identity in contradictory ways. On the one hand she suggests that clients come to her for one or other identity: either as a psychologist or as a sangoma. On the other hand she also believes that some seek her out because of her dual identity and perspective. It is possible that because of some internal tension regarding her dual identity, S does not openly promote it. Instead she proceeds cautiously with clients before revealing herself as a sangoma:

Do you have people who seek you out just because you are a psychologist or just because you are a sangoma?

Yes I do. And even those who come purely for sangoma, they come because they have confidence that this person also understands the other side

Do you make that very clear when people are referred, do you tell them you are trained in both ways?

No I don't. I wait to hear what they are coming for.

How do you decide between S the sangoma and S the psychologist?

When I started working at X (place of work), I went there every morning as a psychologist. When I started I wanted to keep it clean. I said to myself this is the space that allows me to practice as a clinical psychologist because I have always had a conflict and I thought this is a chance that I can at least be a clinical psychologist.

But then patients come and I have had instances where the patients start to tell me things and I wonder why they are telling me about their secrets because these are not things they can tell other health workers. And sometimes I check to see if my beads are showing.

Why is that?

Because I'm in a role of being a clinical psychologist and I did not want the two to mix when I started, I did not want them to show. When people started to ask me questions about traditional healers or bringing stuff into therapy or traditional healing in, witches and stuff, that's when I checked to see what they understood and what they see.

I still do that. I am careful not to be the one who is bringing this into the session.

The contradiction in the way S views her dual identity is further highlighted by the way in which she presents the interaction between psychology and traditional healing in idealized terms. S describes the interaction between the two paradigms in a way that seems to negate the personal struggle she alludes to earlier in originally accepting her dual identity: *"I think it is something beautiful. I think there is an interaction and I wish there was more people …I am struggling…more people like us. I wish all psychologists knew what we know".* These words hint at internal tensions that make it difficult for her to speak openly about any difficulties in reconciling these two worldviews.

When asked how she identifies herself professionally, S seems to rely on external social context to manage the internal tensions with regard to her dual identity:

> (Laughs) It depends who is asking and for what. <u>If I am completing forms, I would just say psychologist</u>. And if it is someone who is asking for a different reason, then I explain that I am a sangoma, that I am a traditional healer. <u>And there are times when I just say I am a sangoma,</u> when I am practicing traditional healing, when it is not necessary to do any psychological work. Like there are certain organizations that I am involved in. <u>So if I am asked to pahla maybe, for the opening of a ceremony, then in that context I do not need to say I am a psychologist.</u>

Although S speaks in positive terms about her dual identity implicit in some of her comments is some anxiety about maintaining this duality:

> I don't know where I will be in five years time. I am continually changing, continuously reviewing my beliefs. I wouldn't be surprised if five years down the line I will not be practicing as a psychologist anymore. I hope and I wish that I will continue to combine the two because I feel that people need that.

Professional identity conflicts, diagnosis and treatment

When pressed, S is able to identify definite instances where she experiences professional identity conflicts that cause discomfort in her clinical work. In these instances she seeks supervision to help her to decide how to proceed:

As a traditional healer, I tell the patient what is wrong with them, I tell them what they need to do. And as a psychologist sometimes it has happened that I am sitting with a patient as a psychologist and I see other things. What do I do?

You see what things?

Like somebody who needs to get out of a relationship. As a psychologist you can't say anything, you can't (whispers) but maybe as a sangoma you can.

However, it is possible that her instinct to proceed with caution may be self protective and related to anxiety about causing offence if she misjudges the situation and is rebuked by her client. There also seems to be an underlying fear of breaching the ethics that guide her as a psychologist in revealing her identity as a sangoma:

> My fear was if I spoke like a sangoma maybe I was going to lose her because she came as a clinical psychology patient. So I decided to do it that way and she (supervisor) suggested that I do it formally if she agrees to see me at home because I see patients here, that I could make her sign just to cover myself. I didn't go to that extent. I just explored why she was telling me these things just to clarify for myself whether I hinted somehow or maybe she saw my beads. And I found nothing, she didn't see anything. She said "No, I just felt like telling you because I haven't told anyone else about this but I just felt like talking to you about this.

In the above-mentioned instance S implies that the client's receptiveness to accepting her dual identity is paramount to whether or not she will reveal herself as a sangoma.

In that same instance she does not reveal herself but on another occasion, for unstated reasons, she does and seems both pleased and relieved that there are no negative repercussions. It is noteworthy that even when she does reveal her dual identity, she still seems to divide them in her mind and this is mirrored by her need to invite the client into a separate place and time where she will assume her sangoma self:

> And another thing I saw was that this was another spiritual person who needed to undergo training as a sangoma. But at that point I didn't tell her. So I said to her "This is what I am doing but I don't do it here. If you want a reading I can do it for you or I can take you to someone else who can help you". And then she was excited. And I explained that if I see her at home, depending on how it goes, maybe she is going to lose this space as being my patient in a clinical psychology setting. And she was fine with that. And she came and I did a reading, I didn't think she was going to come back but she called me and said can I come back. She was able to separate out the psychologist and the sangoma and make a transition between the two, which was amazing and I didn't expect her to be able to do that.

S's perception is that her client is able to successfully make a transition from one paradigm to another and to accept S's shift in identity from psychologist to sangoma. What remains unspoken is S's own feelings about her identity shift because she appears again to rely on the external sanction of her client's reaction to judge the acceptability of her dual identity.

Conflicts in professional identity are also evident in the way in which S approaches bone readings which fall within the sphere of traditional healing. It is noteworthy that S describes bone readings in a way that deviates from more conventional traditional healing practice and seems to be strongly influenced by her training as a psychologist.

Even the language S uses echoes a more psychotherapeutic stance and raises questions as to which professional identity she aligns with when doing bone readings in this way. For instance, S reports *"when I am doing my readings I do them therapeutically".* When asked to explain, she replies:

> It is hard to separate the two. Like I know that as a traditional healer we are supposed to do readings and say 'Look this is what is happening and if you don't do this, this will happen', and a person leaves with pressure. I don't do that, I explain, I would go into it, explore it. I don't do that, I explain. I contain them.

In another example, again, S's use of language, specifically her choice of psychiatric concepts to describe diagnosis in a traditional setting, draws attention to some degree of identity conflict:

> Ja it is different because we (sangomas) diagnose on different levels. I joke about it and I say we are using the multi-axial approach in an instant and, interestingly, it is not the patient that tells you it is you that is telling the patient. All levels from the clinical level to the emotional level. So we are thinking in terms of multiaxial but we are not calling it that but I'm telling you, that's how it happens.

At other times, S is quite able to be quite explicit about the conflict she experiences with regard to professional identity. She suggests that there are instances when she experiences her psychological self as intrusive, unwanted and an obstacle when she assumes the identity of sangoma:

> Sometimes there is a conflict. Sometimes I interrogate what I see. I think it would be easier if I was not a psychologist. It's harder because I am a psychologist. Or maybe it is because I'm still new. Very often I step back and say, oh what are you doing now? Sometimes I question the things that I do. And I don't know if you know this but as a sangoma you also go to different levels of consciousness and sometimes I find that when I am in those spaces, the psychological mind influences and so sometimes I like to tell it to shut up.

S implies that there is almost a kind of internal tussle that occurs between her identities. What is noteworthy is that it is the *"psychological mind"* that she wishes to silence perhaps because she fears the dominance of her psychological training that may threaten a weaker or still developing sangoma self.

Whilst, S is willing to acknowledge conflicts between the two healing paradigms and identities she works within, she also tends to downplay them and instead tries to find points of synergy and complementarity:

> For example when you are diagnosing as a sangoma, I use myself, I try to break the barrier, make a connection and try to feel exactly what the patient is feeling… isn't that what we should be hoping for as psychologists? Aren't psychologists supposed to be like that to help their patients better? And if in other (traditional) knowledge systems there is a way of opening those knowledge channels why can't it help psychology?

In another example, V denies that there is a conflict between psychology and traditional healing and instead appears to present them as being complementary, though hierarchically organized, with traditional healing going "*beyond"* psychology. She seems to suggest that she has engaged in some kind of private internal process to reconcile tensions, conflicts and contradictions, thereby logically dispelling her earlier fears by thinking about things. This suggests the use of rationalization to manage anxiety:

Did you ever experience any conflict between the two bodies of knowledge?

I don't think there is contradiction, it is just that we become scared, it is easier when you know something and you can handle it and you know that there are other people who understand it the way others do, there are books written on this. So with this other one, it was more of my fear because today when I look back there is really no contradiction

So are you saying both ways of understanding worked together, you didn't feel confused by different explanations?

No, what I am saying is that at that time I felt confused. At the time I felt that there was a contradiction but when I sat down and thought about things I would realize that actually there is no contradiction, it is just that psychology goes up to this point and the other discipline goes beyond the point that psychology goes to.

Identity – an ongoing process of negotiation

S provides a case study which illustrates the way in which she grapples with her professional identity when faced with negotiating two different healing paradigms. In brief, a patient who S clearly identifies as suffering from thwasa illness, presents at a clinic where S works as a psychologist. After referring the patient for psychiatric treatment, the patient is turned away without treatment and S is faced with a dilemma of what to do. Ultimately, S chooses to help the patient explore options for treatment which could include consulting a traditional healer, but draws a boundary and does not enter that domain herself. Instead she describes her role as *"assisting a client to understand her own reality"* and seems to align more closely with her psychologist self. This is in contrast with other situations where she chooses to cross-over from one identity and healing modality to another.

S seems to still be engaged in some kind of internal ethical debate about having knowledge (as a sangoma) that she cannot offer a suffering patient:

Hypothetically, what do you think is the role of a person, who is both a psychologist and a sangoma, in helping or assisting that client to go through thwasa if they were open to it?

Right now, I think I wouldn't.

Would you refer them?

You know we have got our regulations, it says something about dual practices and my argument is, would it be ethical for me to watch somebody suffer when I know this person can be assisted. But at this point in time I would not refer somebody but I would sit with them and make them comfortable with seeking that kind of help

S's words suggest that the issue of professional identity is still something that she experiences as yet unsettled and perhaps still unresolved in her mind. For this reason she seems to err on the side of caution as to how to project her professional identity and how to negotiate her way between the paradigms within which she works.

Summary

My subjective impression of S is that she appears to struggle with the way in which she projects her professional identity. This is reflected in the way in which she presents her different professional selves through her choice of clothing: appearing first in more conventional therapeutic attire and later in traditional sangoma trappings. S's indecision regarding her initial presentation may reflect both her uncertainty about identity and some confusion about mine, for instance, where to locate me in relation to her and the different healing paradigms under consideration.

Nevertheless, S's presentation for each of the interviews leaves a lingering visual impression of a divided identity. S presents a picture of having struggled to reconcile internal conflicts regarding identity and seems quite invested in a narrative where psychology and traditional healing complement rather than conflict with one another.

However it appears that there are contradictions in the way in which S speaks about the interaction between the two paradigms which suggests that the conflicts are far from resolved for her.

S describes her shift in identity from psychologist to sangoma as deeply challenging and disturbing on a physical, emotional and spiritual level. Her difficulties with her professional identity seem to be influenced by intergenerational and cultural issues that have made her struggle more complex. It is noteworthy that S seems to be the first one in a Christian family who has identified with her African traditional roots. Although she appears to bear the burden of her own as well as her family's struggle in this regard, re-establishing links with her cultural roots has served to heal divisions within her family and also within herself.

S seems to feel ambivalent about her dual identity. This is reflected in needing to initially keep her professional identities separate and then exercising caution and sensitivity when testing out her client's receptiveness to her dual identity. While at times she offers clinical examples where she is able to internally hold and publicly reveal her dual identity, she also voices doubts about whether she can maintain this duality in future.

At times, S speaks quite openly about the identity conflicts she experiences, particularly in relation to treatment and diagnosis. In these instances her use of language reflects clear tensions and conflicts where she speaks about doing "therapeutic bone readings" and employing *"multi-axial diagnosis"* in traditional healing settings. However it is possible that this use of language is not always indicative of underlying tensions, contradictions and conflicts but may signal an attempt to integrate different healing modalities albeit tentatively.

S's tendency to focus less on conflicts and more on synergies between her professional selves may be a defensive reaction because she is still engaged in an internal process of grappling with issues of professional identity. Even though it is possible at times to engage her in some debate on seeming contradictions regarding professional identity, S maintains clear boundaries about how much she was willing to discuss. She leaves a lasting impression of someone who regards her professional identity as something which is presently not fixed and remains open to where her internal journey may take her.

4.3. Participant 3 Code name: The Giraffe

I am a psychologist, I'm a sangoma, I'm a Catholic nun. I'm three in one.

G is a 40+ year old African woman and carries the official title of 'Sister'. She was a Catholic nun before she became a clinical psychologist. G intentionally chose to train as a clinical psychologist at a South African university that offered a course with a holistic/systemic orientation and it was during this training that she acknowledged her calling as a sangoma. In the course of this research project, G began thwasa.

Pre-interview comments

I was referred to G through a network of friends. The *safe* nature of my contact with G probably helped matters and thus when I finally spoke to her telephonically, G readily agreed to an interview. When I explained the nature of my research, G made it very clear that she had not been through thwasa, although she still considered herself to be a sangoma by birth, having grown up in a family of healers. However, she acknowledged that some sangomas might not regard her as fully fledged because she had not as yet been through thwasa.

G lives in a convent in a township on the outskirts of a city in the North West province. In order to interview her, I was to make a two hour road trip to where she lives. Before the appointed time, I called G to confirm our meeting and mentioned that I would bring with me all the necessary consent forms, including the form consenting to tape recording. G hesitated and said that she was not sure about taping the interview. I was a little taken aback but said nothing. Although G was clearly ambivalent about the issue of taping, she suggested that we still keep our appointment and promised to let me know when I arrived whether it would be possible for me to tape the interview.

My long journey to G was thus tinged with anxiety but I nevertheless held onto the hope that she would ultimately agree to be taped. I imagined that G probably needed to meet me face to face to decide whether she felt comfortable enough to trust me and to speak openly to me about her experience. My instinct seemed to be confirmed when G met me at the front door and welcomed me warmly.

Notwithstanding the warm welcome, I was aware that I was under her careful scrutiny.

Interview setting

Both interviews took place in the convent where G lives with a number of other Catholic nuns. I was shown into the sitting room which was simply but comfortably furnished with definite feminine touches such as floral cushion covers, doilies and plants. Before the interview began, G offered me tea and cake made by one of the sisters. I felt welcome and was touched by the show of hospitality.

Impressions of interviews

I was obviously nervous about broaching the subject of taping but when I eventually raised the issue, G explained that she had recently performed a ritual in which she communicated with the ancestors to ask permission for taping. She indicated that as a result of this communiqué, I could go ahead and tape. Needless to say, I was immensely relieved and didn't ask too many questions. I whipped out the tape recorder and began taping before anyone could change their minds. What was significant about this interview was that it lasted over two hours. It was the longest by far of all the interviews conducted. Although I noted this fact, I did not interrogate it too closely until the second interview was completed.

The second interview took place 18 months after the first. When I contacted G to make a time for this interview, she seemed aware of the lapse in time and remarked that she wondered what had happened to me. She agreed to be interviewed again without hesitation and so I traveled again to the convent to see her, this time less anxious.

As we began the second interview, G reported that there had been some significant changes in her life since we last met. Firstly she reported that she had left her job where she worked as a psychologist and had opened up a private practice with rooms in the convent. Secondly she reported that she had begun the thwasa process and had spent three months in another province under the tutelage of her teacher. Thirdly, she pointed out (and I had also observed this) that she had lost weight and, furthermore, that people around her had noticed that she had undergone a physical transformation.

Although I had anticipated that the follow up interview would be much shorter than the first, it is noteworthy that it was not much shorter than the previous one. The fact that I had been again been unable to control the length of this interview with G was something that left me feeling perplexed and prompted me to give this some thought. My reflections in this regard will be discussed in more depth later.

Interview dynamics

During the first interview, it is likely that my relief and gratitude at being allowed to tape the interview made me feel indebted to G and this very likely shifted the power relations between us. This shift seemed to play out in interesting ways. Firstly, although I was not consciously aware of it at the time, I lost control of the interview. I soon realized that G was a skilled storyteller and found myself captivated by her stories. G often answered a question by way of a story and once she was *on a roll*, I was reluctant to interrupt her. At the time I found the information interesting and relevant but afterwards, while listening to the transcript, it was evident that at times G's stories did not directly answer my questions. This made me wonder why I had been unable to keep my bearings by probing, asking for clarification and focusing the discussion more.

Secondly, I found myself consciously aware of feeling that there was an unequal power relationship between us. At the time I ascribed this dynamic to a feeling of intrigue, even fascination for G who carried multiple identities. However, in retrospect, I was also aware that G projected a strong sense of authority. My sense was that it derived primarily from her identity as a Catholic nun or Sister. I wondered whether G felt the need to assert this authority in all her interactions or whether it was particularly so with me and if so, what lay behind that. This is explored in more depth in the identity position analysis.

In addition to power dynamics in our interaction, issues of race and culture were also present. When G made certain comments about other people I was aware that she may have been consciously or unconsciously pointing out the racial and cultural differences between us. It made me wonder whether she did this as a way of creating some distance between us.

For instance, G described having had an unsatisfying encounter with a white, male therapist with a Freudian training:

> I have always had some reservations about pure Western therapy, that it wasn't addressing the issues that were important to us. I remember saying to my therapist the first time that I saw him, I said have you done therapy with women? He said it was a good question. So I said if I told you I have premonitions, that was even before I realized that I had the gift, so I said if I told you I have premonitions would you understand what I am talking about. And again he said it was a good question and he didn't respond to me.

I wondered whether in her mind whiteness and Western psychology were equated and whether my race and my psychodynamic training put me, unconsciously, in a negative light in her mind.

In another instance she mentioned that during her training her way of seeing the world and interpreting things sometimes created some tension between her and her supervisor. This had resulted in her supervisor appointing an African co-supervisor *"because he (the white supervisor) felt he just didn't understand a lot of my experience".* Again, I wondered whether G believed that I would not be able to grasp what she was trying to communicate to me. My *otherness* was something that I myself was grappling with at the time and it is possible that this was something both G and I foregrounded in the interview.

At other times G made remarks which implied that she experienced significant racial and cultural divisions between white and black people:

> I was doing my internship and there was a white lady in the hospital where I was working. Her son died in a motor bike accident. And she was saying that she feels dead because of that. And I could easily have said to her in the African culture, the dead are not dead… And I wanted to talk to her about the ancestors and I decided no I am not going to because I thought she is white she won't understand and I left it.

In another instance, she apologised for making a negative comment about white people, but nevertheless felt the need to make her point regarding whites' perceptions of ancestors: *"So that's the thing I find that the whites are trying to, I'm sorry to say that, but the whites are trying to say this thing of the ancestors is the unconscious and yet they have ancestors and they don't see them as unconscious".* Thus issues of race and culture had a strong presence in the interviews.

In both interviews, G seemed invested in a narrative of integration regarding her identities as psychologist, sangoma and nun. Although she acknowledged that there were some tensions which prompted her to ask questions, she seemed to avoid talking about these and focused instead on presenting a picture of herself as having resolved them: *"What is the difference between psychology and African traditional healing? Those were the questions I was asking. What is the difference between religion and African healing? But then I realized there was no division".*

G tended to speak directly, unhesitatingly and with authority which made it difficult to challenge what she said. Despite my attempts to probe, she maintained this position and reiterated*: "I don't have any problem. I don't have the division in me. I don't have. They are not contradictory to me. I have found a way to find myself, just being me".* Thus it was quite a challenge to get G to explicitly identify tensions, contradictions and conflicts in her multiple identities and I found myself having to read between the lines and looking beyond what she said to try to determine if they were there and if so, why it was difficult for her to speak about them.

Identity position analysis

Professional identity shifts, tensions and conflicts

G seems to show an ambivalent, even conflicted identification with the clinical psychology profession. She describes herself as wanting to become a psychologist but has definite reservations about the *kind* of psychologist she wants to be: *"I wanted to be a psychologist but I knew I didn't want to be a very Western psychologist because I was in therapy myself before I started training in X (university)".*

Although she chose a university where she was schooled in a holistic and systems approach, one of her earliest comments implies that she positions herself counter to or in opposition to Western psychology from the outset of her clinical training: *"I have always had some reservations about pure Western therapy, that it wasn't addressing the issues that were important to us".* In making this comment, G seems to make a generalization about the limitations of Western psychology and by using *"us"* she also appears to invoke her racial identity and assume the position of spokesperson for African people.

At the same time, she also seems to establish a sense of separateness from me in the interview as a white interviewer.

Although she attempts to make a distinction between her experience of training and her experience of therapy, she seems to explicitly reject Western psychology as epitomized by her *Freudian* therapist: *"The problem was not so much with the training but more with the therapist I had who was more Freudian in approach. So that is why I said to one particular psychologist, I said "I am going to be a psychologist but I am not going to be like you!"* Her words and her tone in this instance are clearly defiant.

G seems to have a deep ambivalence towards the identity of sangoma that appears to play out in a number of ways and is reflected in a number of contradictory statements she makes about this aspect of her professional identity. Although she accepts that the identity of traditional healer was there from birth, it seems to sit uncomfortably with her and her reaction is mixed. By her own admission, she accepts it, questions it, denies and resists it for a long time:

What was your reaction when you were told you were a sangoma?

Well I came from a family of traditional healers so it wasn't a surprise for me. I just realized that as a nun it was impossible for me to think about going for the training, thwasa. So I sort of down played it and I also had disbelief..One of the things I thought was that they are taking me for a ride here…"I was very much a Thomas[2]. So I refused to do what she said my ancestors were asking".

Dual identity, tensions and conflicts

It is noteworthy that while G accepts the calling to become a sangoma in her 30's, she has only begun thwasa in her 40s. The reason for postponing thwasa appears to be a sensitive issue for G. When pressed on the subject, she seems to respond defensively by evoking her religious identity.

[2] Saint Thomas the Apostle was also known as Doubting Thomas. He was best known for disbelieving Jesus' Resurrection when first told of it.

At the same time she tends to avoid any discussion of internal tensions and conflicts associated with assuming dual identity of nun and sangoma:

Can I ask you why you didn't go through thwasa?

Because as I say, I am a nun. It was because of the nun thing that I could not go.

I remember you told me you had done rituals to try and postpone it. What did you have to do?

Well I did things that were said I could do, certain rituals but that is one of the things that I don't want to go into detail about.

Despite G's resistance to exploring tensions and conflicts in the first interview, it is noteworthy that in the follow-up interview she seems more willing to acknowledge these difficulties.

However G appears to externalize the conflict and locates it within the church and not within herself: *"Well the Catholic Church, even Christianity looks upon traditional healing as something anti-Christian. Even now there is still that struggle, they see it as an anti-Christian thing. They are still not able to acknowledge and accept it".*

G's understanding of what it means to be a sangoma appears to be complex and contrary to the more widely accepted notion of being *called* by the ancestors. She juxtaposes pursuing and earning the identity of psychologist with being endowed with the identity of a traditional healer from birth. In so doing, she appears to contest the criterion for identification of a sangoma by suggesting that it was her birth right.

At what point did you start to follow the path of being a sangoma?

In a way from birth, that's what I used to say when they asked me. I said it is in my DNA. It is not something I can say, it started when?

It may be that G assumed that this exempted her from performing thwasa and was thus a defensive rationale for the delay in going through thwasa.

In other words, by not going through with the emotionally challenging thwasa experience she was defensively avoiding a total identification with a culturally recognized sangoma identity, while still laying claim to it in a more distant way.

G also seems to experience some internal tension between declaring herself a sangoma and accepting the more conventional notion that confirmation of this identity involves some form of external recognition, in this case, recognition by another sangoma: *"But for someone to really identify me was in 1996, June 96. That's when this sister who was very gifted told me, 'You are a sangoma'".* In addition, there seems to be some contradiction in G's mind about whether or not going through thwasa was a choice for her. At one point G seems to assert her right to choose and negotiate her thwasa:

So you had planned that in 2008 you would go for thwasa?

I had told her (the sangoma) and then every time I was asked when are you coming and then I said, "2008", because I remembered she laughed when I said "Okay I'll come 2008".

Why 2008?

I don't know I just said it. And she said "Listen to this one, she is telling her ancestors when she is going to go". And I said, "But they understand I am a nun and I need to negotiate and see how things are'". But it just came out of me to say 2008, I don't know why.

Other times she seems to concede that she has no choice and appears to succumb to the authority of her ancestors:

> That's why they say I must go through. I tried to do all the other rituals to stop myself from going but it comes up. That's where they want me. So I have decided I am not going to do it my way, I am going to do it their way…And why, because of this thing that it is really following me. I don't have a choice. But I will have to go through the ukuthwasa process.

G also seems to accept that on some level that thwasa is inextricably bound up with confidently assuming the identity of sangoma and being recognized as such by others: *"But it was my fear that maybe they will misunderstand and because I say things that they do not expect. Because I am not yet a sangoma. If you go through ukuthwasa you have the right to say these things."*

It is significant that prior to beginning thwasa, G's attempts to practice as a sangoma reflect some ambivalence and anxiety. It seems that at times when she lacks internal conviction, she relies on external influences to give her the confirmation and affirmation that she needs:

When did you begin practicing as a sangoma?

I think in 97 but on a very small scale because I was still scared. I was scared because I wasn't sure that I really do have the gift. And also I was comparing myself with this sister who was so good. So I doubted that I could do anything. But what happened was that I had a friend who I could see what she needed and what was going on. So I tried to get this sister to see her. And she said "No, you have the same gift that I have so you go ahead and help her". So I had to tell the friend, "She is refusing to see you and she says I must do it". And that's how I started, but still scared.

Multiple identity conflicts

When asked how she identifies herself professionally, G replies: *"I am a psychologist, I'm a sangoma, I'm a Catholic nun. I'm three in one".* Although G presents a picture of herself as being able to integrate her different identities, she does acknowledge that she has also experienced conflict and a sense of internal division:

> And then there was a photo, and in that photo you see a light coming down on me and I looked at it and I said to people at that time I felt divided, I was schizophrenic. So my journey started like this and I was struggling because I was asking whether I was going against my religion. But at the same time I also felt that I was denying my roots by not acknowledging my gift of healing.

G's struggle with multiple identities seems to be reflected in the uneasy combination of words used to construct labels that she and others use to describe her: *"One sister who knew about my gift of healing she said to me, 'You are going to become a Western sangoma'. So I joke and say my ancestors say 'You are not only going to be a Western sangoma, you will have to become an African one (sangoma) as well'".* In another instance G describes herself in this way*: "I am a psychologist but then I'm an African psychologist"*. Thus it appears that language becomes a vehicle for trying to resolve G's identity conflicts and raises the question of whether language reflects the actual reality of integration and resolution or instead carries the hope for it.

In the following comment, G implies that she has a *mission* which calls on some internal capacity to transmute discord into harmony: *"And then I realized, this is what I am called for, to bring the Western psychology and the African traditional together, to bring the Christian faith and the African belief together. So then that's how I saw it as my mission, to bring them together".*

By invoking her spirituality and her internal world in this way, it is possible that G unconsciously projects a warning against further questioning or challenge and I enact this by feeling that to question a divine mission would be out of bounds. In situations like these and in others previously mentioned, I find myself puzzled by the immobilizing effect on me as an interviewer when G invokes her authority as a Catholic nun.

In reflecting on this dynamic I become aware of my own hidden identity as a lapsed Catholic and think about how this may impact on my interaction with G when she foregrounds her religious identity. As someone who was raised and schooled as a Catholic, my anticipation of disapproval in questioning a nun's authority is deeply ingrained. It is possible that at moments like these, when faced with a childhood authority figure, the power relationship reverts to an early template of the nun and the young convent girl and I unconsciously react by becoming subordinate and silent. However, there is some relief in the knowledge that the above-mentioned lapses are momentary and that I am able to revert to the role of interviewer who manages to respectfully probe G about multiple identities. Nevertheless, the quest for explicit evidence of tension and conflicts seems fruitless in the face of G's implacable insistence on a seamlessly integrated identity:

Do you identify with all the different things you bring together or are there times when you feel you are more of a sangoma than a psychologist or at times that you are more a Catholic nun? How do you decide which identity you take on?

I don't have any problem. I don't have the division in me. I don't have. They are not contradictory to me. I have found a way to find myself, just being me.

In this way, G denies any difficulties in integrating her different identities and reiterates this position a number of times:

"I am not feeling any division because I am who I am. I thought there was a division because I started off thinking in terms of this and that but I think I really did close the gap because I haven't found any conflict". Again she responds: *"So really from that time I found myself integrating and therefore even myself became integrated. That's why I say I am no longer schizophrenic. There is no contradiction. They just work together".*

G's clarity and consistency in communicating this position is something that continues even in the follow-up interview and she seems to issue a covert warning of her growing irritation at my dogged pursuit of this issue:

In the last interview you spoke about your mission of bringing things together, your faith, psychology and African traditional healing. How do you see yourself as bringing these things together?

I don't find it difficult. What is difficult is the way you ask the question because it's like I told you before, I'm not schizophrenic. I don't feel like I am taking water and paraffin. I don't really think about it, I really don't that's why it is funny to me when you ask how do I do it.

Although these denials allow for the hypothesis that G defends against explicitly acknowledging unconscious or conscious conflicts with regard to her identities, her subjective experience is that there is no conflict. In a situation like this, the question arises as to where the truth lies: with the hypothesis and interpretation of the researcher or with the subjective experience of the participant.

Drawing on my countertransference, I find myself feeling unconvinced that G has resolved the conflicts with regard to her multiple identities. I am left feeling frustrated by G's denials and the visual image in my mind is one of a screen that I cannot reach beyond. My sense from the hours spent interviewing her is that G feels a responsibility to present a picture of unproblematic integration of her different professional identities perhaps because to admit difficulties may upset a precarious inner sense of 'holding things together'. There is something not quite believable about her insistent words: "*I don't have any problem. I don't have the division in me. I don't have"* that seems to compel me to keep probing. The defensive tone with which she rebukes my question: *"I don't find it difficult. What is difficult is the way you ask the question"* and her sharpness when she retorts *"I told you before"* may be warning that I have *hit a nerve*.

Thus my countertransference together with information offered by G of her past history: postponement of thwasa; acknowledgement of tensions between her cultural roots and her religious beliefs in accepting the calling to be a sangoma; concerns regarding Catholicism's disapproval of traditional healing; the struggle to define her identity as reflected in her search for acceptable labels, create some doubt in my mind about the projection of a state of peaceful co-existence of G's identities.

Multiple identities, diagnosis and treatment

When asked about the similarities and differences between psychology and traditional healing and the identities of therapist and sangoma, G gives a contradictory response. She seems to vacillate between acknowledging her uncertainty and appearing confident and clear:

> I don't know, I still can't say. As I said before, a psychologist has to ask the person what is wrong with you and from what the person says, we guess or sort of work out from the symptoms. Then we know this person is depressed because we know the list (DSM). Or from someone else's story we know this one is traumatized or this one is going through bereavement. But this is from what they tell you. But when you go to a sangoma, you go and you just say I have come to check myself, that's all you say and they are the ones who tell you what's wrong with you. That's the difference.

In the above-mentioned example, G identifies a clear difference in approach to diagnosis between contrasting paradigms.

She seems to suggest that the psychologist logically elicits and explores the client's difficulties whilst the sangoma identifies problems and prescribes to the client by virtue of immediate ancestral communication. Another point of difference is in the understanding of dreams in these different paradigms. For G, dreams are central to her identity as a sangoma. As a child her dreams helped to identify her as a sangoma as well as helping her to identify the *gift* of healing in others. G's own dreams are predominantly communications from her ancestors as a form of guidance in her healing work as a sangoma. What is noteworthy is that despite her psychological training, G has a literal rather than a symbolic approach to interpreting her dreams which highlights one of the differences between the psychological and sangoma worldviews:

I'd like to ask you about how you understand dreams. Do you think that as a sangoma you use dreams in a different or similar way to how a Western psychologist may use them?

I can't say for sure because I don't know much about the analysis of dreams in Western psychology. But if I said I had a dream of a snake, you might say the dream is about sexuality. But for me, ancestors come in the form of snakes. Sometimes I dream, sometimes the other person dreams. But what I usually say to my clients is that each one of us if we really listen, because we all have ancestors and they speak to you. I sometimes dream before a person comes and once we start talking I realize that it makes sense what I dreamt about.

When asked how she manages her multiple identities when treating a client, G seems to describe her approach as one that is not a conscious decision or something that she has control over. She suggests that it is something that emerges in the moment and that she draws from a pool of identities and healing resources when offering her clients treatment. It is possible that her description of moving fluidly between identities may be her subjective way of understanding her practice but it may also mask an underlying uncertainty about which identity she adopts in specific situations:

Do you think you assess a client and adjust or use or say certain things depending on who the person is?

No I end up being the same. Once I am there I am not in control of that relationship. For example, I say "I am going to do everything in my power to help you.We might do it Western way, religious way and African way but I will do everything to help you". So we will see what happens. And if it happens that the religious part comes out or the western psychological part comes out, I just do them as they come.

G portrays herself as someone whose multiple identities are a resource rather than a hindrance, and that they are all in service of an inclusive and transcendent healer self. When probed about this inclusive, healer self, G's reply is unequivocal:

When you carry the identities of sangoma, psychologist and sister, does it ever feel…

Pulled apart? No, never. That's why I say I am not schizophrenic. I am feeling more integrated. For me, these things feel very normal. God is God and I am being who I am, a child of God and using the gifts that God has given.

It is possible that at these times G has a conscious or unconscious need to position herself in relation to me as the confident authority within the research interview. She seems to have a need to project herself as completely certain of her sense of self. However, I am left with doubts and uncertainties about what to make of our interaction. This dynamic is suggestive of projective identification and may indicate her need for control and clarity in a situation where G feels the opposite. This may also be why she invokes the highest religious authority as a source of guidance in these moments.

When questioned from a different angle on the same theme, she admits that she experiences a level of anxiety about which treatment modality to adopt for particular clients in particular situations. In these cases she seems to rely on external cues such as the client's presumed receptiveness to guide her decision making. This is in contrast to her earlier claim of not controlling the treatment approach and allowing it to unfold. What is interesting about the way in which G grapples with and projects her professional identity, is that she does so in a way which reflects some internal debate which is tinged with doubt as to whether she can make an accurate judgment call about how to proceed:

When you are being consulted by someone, how do you decide what you are going to pursue with them, what approach you are going to take?

My first reaction is to think that this person may not be receptive to that. So that is why sometimes I will tell myself, I won't go into that because that is not where they are at. But usually I am wrong. Sometimes, actually let me say every time I am wrong. Like I make my own judgments and say that is not where they are at and it is amazing because later on they say when you asked that question I realized. Or sometimes after I have asked a question they will say to me, "Are you a sangoma"? And then I say yes I have the gift.

Whilst G is undoubtedly careful about revealing her multiple identities out of concern for her client, it is also possible that her caution masks her own ambivalence about projecting her sangoma identity. Instead she appears to rely on her clients to recognize it. It is possible that this tendency to depend on external cues suggests that she prefers to have her sangoma identity mirrored for her rather than to actively project it herself. This leaves the question hanging of whether G has managed to integrate her identities as seamlessly as she suggests.

Summary

At the beginning of our interaction, G seems to show some ambivalence towards our meeting which is reflected in her uncertainty about allowing me to tape the interview but nevertheless keeping our appointment. As the interviews progress, my sense is that on an unconscious level G seems to have mixed feelings towards me, perhaps because of issues of race, power and differences in our theoretical orientation as therapists. Whilst evidence of this is not always overt, this hypothesis is supported by implicit signs in G's discourse that have been highlighted in the identity position analysis.

G appears to experience significant conflict regarding her professional identity as a psychologist. From the start of her clinical training, she is critical of a Western paradigm of healing and attributes this to her own experience of psychotherapy which she felt did not address important gender, racial and cultural issues. This appears to have influenced her conscious positioning, early on in her training, in opposition to aspects of Western psychology. Her defiant assertion to her Freudian therapist: *"I am going to be a psychologist but I am not going to be like you!"* suggests some internal discord between opposing tendencies to accept and reject the identity of a psychologist.

It is also possible that in adopting the label *African psychologist* to identify herself, G attempts to hold together her conflicting professional and ethnic selves in an uneasy and unstable alliance.

It seems that the greatest source of conflict for G lies in reconciling her religious identity with her cultural heritage. This struggle is reflected in the way in which she grapples with accepting the identity of a sangoma and simultaneously trying to negotiate, with the ancestors and the church, to postpone the inevitable thwasa process which will confirm and cement this identity. It is noteworthy that during the course of this research, G begins thwasa and experiences it as a positive and transforming experience. Her decision may signal some attempt on G's part to negotiate her uneasy relationship with this distantiated aspect of herself and to find greater resolution.

In G's narrative she asserts that she sees the interaction between the paradigm of clinical psychology and that of African traditional healing as unproblematic. She presents a picture of herself as having a mission *"to bring the Western psychology and the African traditional together, to bring the Christian faith and the African belief together".* It is perhaps her sense of responsibility towards this undertaking that prevents her from acknowledging what a challenging (and perhaps potentially impossible) task this may be. She leaves me searching for some acknowledgement of what tensions and conflicts might underlie such an attempted mission.

G's subjective experience of integration of different worldviews and professional identities seems to influence her approach to diagnosis and treatment. She appears to conceive of a collective pool of healing resources from all three paradigms (psychology, religion and traditional healing) from which she draws in an effort to do healing work. However, she acknowledges that she cannot clearly explain how she manages to do this because she describes herself as not being in control of the process. Instead, she describes an experience of being guided both by God or her ancestors in this regard so that she becomes an instrument of healing rather than the director herself. Nevertheless it still appears that G seems to be more comfortable assuming and projecting her professional identities of nun and psychologist. By contrast she seems to cautiously wait for her clients to signal their receptiveness towards her identity as a sangoma before she reveals this part of herself.

In conclusion, although G projects an image of having integrated her different professional selves, she leaves a lasting impression that she is still in the process of negotiating this integration or even a state of peaceful co-existence of her multiple identities.

4.4. Participant 4 Code name: The Eland

Talking about parallel worlds,

it was a very strange dichotomous existence,

like day and night versions of me.

There was no real traffic between the two worlds.

A is a 40+ year old white male. He trained as a clinical psychologist at a South African university with a systemic orientation. He qualified in 1988 and in 1990, A enrolled in an 'experimental' doctoral programme at the same university while working concurrently in the banking sector. It was during this period that he experienced the calling to become a sangoma and chose to undergo thwasa. Presently A does not practice as either a psychologist or a sangoma and goes by the professional title of Consultant.

Pre-interview comments

I was referred to A by another research participant. Initial contact was made via email and A responded that he was interested and willing to participate. From the outset however, A warned me that he was no longer practicing as either psychologist or sangoma. After some discussion with my supervisor it was felt that it would still be interesting to interview him. As with other participants, there was a gap between initial contact and actual interview and in this time email contact was maintained to confirm A's participation in the research. Although A had been consistently reassuring that he remained available for an interview in the future, when the time came to set up an appointment, it became difficult to contact A. Just as I was ready to accept that perhaps he had changed his mind, he surprised me by calling returning my call and making a time for our interview.

Prior to the interview, I did an internet search to get a sense of the nature of A's professional identity as a consultant. What was noteworthy about the website for A's consulting company, where he is listed as Managing Director, was the fact that although his psychological training was mentioned, there was no mention of his identity as a sangoma. In addition, I had also read A's doctoral thesis which gave me a good deal of information about his past. It provided some idea of what had led up to his identity shift from psychologist to sangoma. This obviously helped me to create an impression of A and I got a sense of someone who had experienced a great deal of personal struggle in the process of engaging in a life altering experience. Reading between the lines, it seemed as if A's entry into the world of traditional healing was experienced as deeply challenging and at times quite disturbing.

Interview setting

Initially A had suggested that we meet in a coffee shop after work. However when arrangements were finally made for the interview, we met at A's company offices in the late afternoon. The offices are based in a large, converted house with very high walls surrounding the property. Inside, the offices have a corporate feel and judging from the surroundings it would appear that the company is a successful one.

Impressions of interview

My impression, based on the lead up to the interview, was that A felt some ambivalence towards being interviewed when he finally had to commit to a day and a time. However, he seemed to mask this by saying that he was intrigued as to what my questions would evoke for him. A seemed to imply that he had his own agenda for the interview, namely to conduct a personal investigation into his past professional identities as psychologist and sangoma.

At the start of the interview, A spoke quite hesitantly and economically. He admitted that he did not talk easily about this experience and had clearly given some thought to what effect the interview may have on him: *"You know the reason I agreed to this interview is that I am interested to talk to you with the distance of years and I'm wondering what it will be about"*. He seemed to imply that it he anticipated that it may be easier to talk about these issues in hindsight.

The impression I got was that was that A was anxious about speaking about his past and was alerting me to the fact that he did not want me to abuse his trust: *"I don't really like talking about it but I'll tell it to you".* However, as the interview progressed he seemed to relax and was freer and more loquacious in his responses. At one stage, I got the impression that A was feeling tired and that the interview got quite intense for him and it was at that point that he suggested we take a break. We switched off the tape recorder and made coffee and tea. During that time, my sense was that A felt somewhat out of control in the interview and needed to *step out* to regain some composure. He did this by turning the tables on me and asking quite directly *"What's in this for you?"* Although I felt *put on the spot*, I thought that it wasn't unreasonable to be asked about my underlying motives. At the time I did not think too much about this exchange but afterwards I reflected that this was probably a strategy to help him feel less disempowered and more in control. Nevertheless, this interaction did have a positive effect on the remainder of the interview as it seemed that A felt more at ease and spoke more openly about the conflicts he had experienced.

For a number of reasons, only one interview was conducted with A: 1) A was no longer practicing as a psychologist or sangoma and thus a number of my questions did not seem appropriate; 2) The interview lasted over two hours and we were able to discuss interview questions and other associated issues in a good amount of depth and 3) I was able to incorporate into this interview, the questions I would have asked in a follow-up interview and therefore there was no real need to return.

Interview dynamics

At the very start, when approached to participate in the research, A made it very clear that he no longer practiced as either a psychologist or sangoma. Thus his willingness to participate in this research was something that I was both grateful for and intrigued by. I wondered whether he might have some personal motivation for participating in the research, over and above being generous to a clinical masters student. In the course of the interview, it was confirmed that he did see some value for himself and gave the impression that he considered the research to be mutually beneficial.

The dynamic that seemed to stand out most prominently in this interview was that of A's hesitation about giving voice to difficult feelings associated with the shift in professional identity. Before and during the interview, A made a mention of the fact that he does talk very readily about his experience. It is interesting that while his PhD explicitly deals with the struggle he engaged in with regard to transforming his professional identity, it is possible that he was more comfortable with writing rather talking about his experience. Perhaps writing offered some distance and therefore a degree of self protection. I wondered whether A felt anxious about speaking face to face, and this was perhaps why he felt it necessary, at times, to modulate the distance between us, for instance, by suggesting a break half way through the interview.

Despite A's comments that he had thought in advance about the interview and how it may affect him, he seemed unable to predict what he would actually feel when he had to speak about things that had laid dormant for some time. A's responses to the interview questions seemed to reflect a dialectical dynamic of letting go and holding back. For instance, at times A spoke quite freely, animatedly and metaphorically, particularly about his experience of entering into a spiritual world:

> We had this whole very strange series of events where I ended up going into this deep sort of trance with X and Y, it was just the most amazing thing. And then that seemed to open the flood gates… And there was this whole weird series of synchronistic events and I sort of knew that I had to find a teacher because I knew I could not negotiate these rapids on my own… But once I had been through that tearing of the veil with old X it was like this sea of energy and strange events, it was like, wow, I felt like I was in a Carlos Castenada novel and I was scared out of my wits. And I was chuffed as anything because I was hoping that one day I would become a sangoma.

In this instance my impression was that A wanted me to enter this world and understand his experience. However, there were also delicate moments when he became defensive, particularly when speaking about using his psychological training to make sense of his sangoma experience and said: *"…anyway I don't want to go there".* In these instances, A seemed to need to distance himself from the experience and at the same time close me out, perhaps because it was too uncomfortable to speak about.

Throughout the interview, I found myself being vigilant and concerned about the effect my questions may have on A because of his comments before and hints during the interview that he was unsure what to anticipate. My feelings of protectiveness towards A were put into words at the end of the interview when I felt the need to check how he was doing: *"I want to ask how you have found my questions? Have they been uncomfortable or intrusive? You did say at the beginning of the interview that you were wondering what my questions would evoke for you".* A seemed to signal that whilst he may have had moments of difficulty during the interview, he had regained his composure and control and denied any discomfort or intrusion*: "Well no, actually my interest has been selfish. Well actually I wanted to talk about it because like I said I'm waiting for something and it's lekker…so in talking about it, because I don't talk about it but now I can see it."*

In this instance, my sense was that A avoided talking about what the interview may have stirred up for him and seemed to want to assume control by saying that his own intrigue and not my research agenda had ultimately prevailed: *"Now I'm getting a much more, and that's why I was interested to see what it would evoke. I wanted to see what it would be like to talk to someone who wanted to listen so that I could articulate and in a way have something to look at."* My lasting impression was that these issues are still stirring for A and that perhaps he still needed to process what happened in a safe way in his own time.

Identity position analysis

Professional identity shifts, tensions and conflicts

At the opening of the interview, A openly acknowledges the lack of clarity as to why he no longer practices as a psychologist or a sangoma:

When I first contacted you, you said very clearly that you are no longer practicing as a psychologist or sangoma any more. And having read your thesis, I'm interested to know more about that.

Well that's the sort of question that I can trot out an answer but I don't really know why.

After qualifying as a clinical psychologist, completing his internship and military conscription, A describes a very clear tension between the two professional worlds: the world of psychology and the banking world. A describes himself as pulled between two different professional identities and worldviews: *"I had always been interested in training and development and there were a couple of opportunities and I had the choice of getting a job at X (university) as a very junior lecturer/researcher capacity or a job in a training and development environment with double the salary in JHB, so I took it".*

However this tension in professional identities seems to remain as A juggles running a private psychotherapy practice (after hours) alongside his regular day job and suggests that he struggled to let go of his professional identity as a psychologist: *"And then while I was there (at the bank) I started a part-time private practice and I persisted with that for 12 years or so part-time. So I was kind of working in related fields by day and clinical work on weekends and two evenings a week".*

Although A has a longstanding interest in psychology from his undergraduate years which motivated him to pursue and maintain a career for a long time, he is quite vague about the reasons for eventually stopping practicing: *"There are a few reasons, some quite mundane, some less so…"* The reasons for distancing himself from his professional identity as a psychologist remain unspoken and this leaves the issue, to some extent uncertain and open to interpretation. It is also possible that the reasons remain unformulated in A's mind and therefore difficult to express.

A describes his experience of thwasa in terms that suggest that it was a lengthy, intense and at times overwhelming experience that he is perhaps a little guarded about when he says: *"There was a very long sequence of events, I can't really unscramble them".* In his responses there are numerous examples where A seems hesitant or reluctant to talk about the experience of becoming a sangoma. At times he struggles to put things into words and this may be why he relies on metaphors and imagery to convey in more visual ways what he went through: *"We had this whole very strange series of events where I ended up going into this deep sort of trance with X and Y (well know figures in areas of systems theory and traditional healing), it was just the most amazing thing. And then that seemed to <u>open the flood gates</u>."*

Implicit in his descriptions are hints that this was a risky and unstable time: *"And there was this whole weird series of synchronistic events and I sort of knew that I had to find a teacher because I knew I could not negotiate these rapids on my own".* A seems to provide contradictory descriptions of the experience of thwasa and swings between describing it in positive and negative terms:

> You know it wasn't like a disturbance or symptoms…It was like this sea of energy and strange events, it was like wow I felt like I was in a Carlos Castenada novel and I was scared out of my wits"…And I was chuffed as anything because I was hoping that one day I would become a sangoma. So I was really happy because I thought this is really going to happen.

What is also noteworthy is that A portrays thwasa as simultaneously overwhelming and containing:

> I never think of thwasa as training. The flood gates opened, so much was happening and I felt completely overwhelmed and I felt like I needed containment and the only thing that was going to contain me was thwasa. So thwasa wasn't training it was containment during which a sort of structure started to emerge in the midst of the chaos. And that structure gave me a form so that the chaos did not overwhelm anymore.

A continues to give mixed messages about taking on the identity of sangoma. On the one hand he presents it as an experience that has left him feeling deceived and betrayed, for reasons that he does not spell out. This may be because he prefers them to remain hidden or perhaps because he feels he may betray those who prompted and facilitated the experience: *"Because there was a time that I was so angry that I couldn't even look at it, I just wanted to cut it off because I was furious. I felt like I had been misled".* On the other hand he suggests that it was something which gave him a sense of purpose: *"I felt I had something deep in my life, quite important, quite fulfilling".*

At times A gives the impression of having been quite invested in the experience and quite zealous in embracing it: *"I must say I did try to move in professional circles with this sangoma thing, feeling like I was a kind of missionary for the world of soul, whatever".* However in the same breath, there is a hint of derisiveness in words like, *"sangoma thing"* and *"whatever".* Thus A's response to his identity as a sangoma seems highly conflicted and when his ambivalence is probed, A seems a little thrown by the question: *"Did you ever wonder, what am I doing?"* and struggles to respond.

It is possible that his eventual staccato response is unconsciously self protective because he experiences the question as too penetrating and uncomfortable: *"Well the whole thing evolved over time. (Pause).There were times where…it's a very hard question to answer (Long pause). It…It…I never… I mean (struggles to get his bearings). This probably sounds quite weird (Can't articulate clearly) so um, shit I don't know what I was trying to say…."*

At other times, A is explicit in his discomfort when he responds: *"… it's a very hard question to answer"* or *"You are asking me all these difficult questions".* At moments like this, the hint of vulnerability in A's tone makes me feel guilty that I may have taken him to uncomfortable places. A thus unconsciously positions himself as the vulnerable one and me as intrusive. It is noteworthy that in these instances my countertransference is to feel protective and to *back off*. In one example, I do this by asking another question which I anticipate will put him on firmer footing: *"Can I ask you <u>another</u> question? As a white man, how do you understand your ancestral ties compared to that of a black sangoma?"*

A seems to regain composure by taking advantage of this deflecting question to get his bearings back by shifting the tone of the discussion away from the emotional and using intellectualization as a defence. He becomes more didactic and takes on the role of the *knower*, perhaps trying to regain some control in a situation where he feels exposed: *"It's hugely different (For me there are different types of ancestors and I don't know if you have read Vera Buhrmann's book… She differentiates between different classes of ancestors and there are your immediate familial ancestors, deceased forebears and more distant, clan ancestors…"*

The instability of this period in A's life may in some way be conveyed in his unpredictable shift in gear and tone during the interview. At times he responds quite carefully and thoughtfully about the experience of becoming a sangoma:

How did you react when you knew that this was what you were going to do?

I felt only too happy because suddenly it felt like it was going to be okay. Actually it didn't feel like it was going to be okay, it felt like it might be okay, but it still felt like an expansive, complete lostness.

This is contrasted with instances where A offers an unexpectedly bizarre and perhaps provocative description when asked what he learned during his sangoma training: *"I learned how to download energy from an imaginary eagle and direct it into people's chakras. I learned how to connect with the moon with my left hand and the sun with my right hand. And I learned how to see light Elohim in the grass".* It is possible that these swings are defensive or self protective reactions against discussing sensitive issues associated with his identity shift. Echoing my own feelings about what I am hearing, A comments: *"I learned like crazy shit man".* (Laughs uproariously).

When asked whether he has any regrets about undergoing thwasa and becoming a sangoma he replies: *"No I don't have any regrets. But I am kind of surprised that I left it all behind. I mean I still think I am a sangoma, I am a sangoma. I just don't wear funny clothes or throw the bones."* This is in contrast to other instances where he distances himself and says *"I never call myself sangoma".* The alternating acceptance and rejection of the identity seems to indicate a deep ambivalence or internal conflict in terms of this professional identity.

Dual identity conflicts

When asked how A identifies himself professionally at present, he replies a little uncomfortably, perhaps anticipating some more uncomfortable probing: *"I never call myself a psychologist and I never call myself a sangoma. Um, um, eh. Um. (uncomfortable) I say I work in the training field now".* This probing is indeed forthcoming:

And if you are asked for your CV and someone asks about your psychological training and background?

I seldom tell people about the sangoma thing

Why is that?

It's part of the reason why I stopped doing it. (Pause)

It is noteworthy that when asked about his identity as a psychologist, he invokes his professional identity as a sangoma which possibly suggests some fusion in his mind between his identities. A also suggests that his intention was to try to integrate his identities as *"a fringey, alternative psychologist"* and a sangoma and to develop a unique identity which would herald a new therapeutic trend of sorts:

> My plan had been while I was at the bank to finish my PhD and to go and work in the field as a psychologist and sort of a fringey, alternative psychologist…. once I was finished the PhD I was going to publish something based on it and then establish myself as a figure in that space... you can become like a little guru, I was into the whole idea. You know I was quite deeply into being a sangoma. I used to wear my skin bits under my shirt to the bank and things like that.

However, A gives the impression that this attempt at integration was a source of conflict for him. It seems that that the external divisions between the two worlds of banking and the world of psychology and traditional healing reflected the internal divisions within him:

> Talking about parallel worlds, it was a very strange dichotomous existence, like day and night versions of me. There was no real traffic between the two worlds except during lunch times and tea times (at the bank) when I would go and have tea with a few other psychologists that were working there and there were a few sangomas that I made friends with that were cleaning staff and I would hang out with these people and it was a more soulful sort of thing.

Perhaps A's own confusion is reflected in my own uncertainty about what I hear regarding dual identity, and I try to clarify in the following question:

Do you still think of yourself as a therapist?

No I don't actually.

You think of yourself as a sangoma but not a therapist, can you say more?

(Laughs with a slight note of hysteria) You are asking me all these difficult questions.(I laugh) I think it is because the sangoma label did more justice to the inner world than the therapist label. For me the therapist is very much tied in to what you do today. You know I do x, y and z, I see people whereas the sangoma thing is far more like deeply connected to nature and more spiritual. I am not trying to do anything about it anymore but I occasionally indulge a bit and do some (pause), I don't know exactly how to call it… And I think that what happened to me is that I tripped over the trappings.

I had like bones and beads and incense and jackal skin hats. I don't have any of that now and I don't want any of it because what it does is it misleads me. It somehow makes me think I'm being more of a sangoma. If somebody comes and wants to talk about a problem or I see something is going on I'll listen but I don't seek it out anymore

A appears to position himself counter to psychology and more aligned with traditional healing: *"The sangoma label did more justice to the inner world than the therapist label".* In addition, he appears to give mixed messages about his identity as a sangoma and seems to fluctuate between acceptance and rejection of this identity. On the one hand he portrays it as morally more desirable: *"far more like deeply connected to nature and more spiritual",* and on the other he hints at the seductive nature and the compulsive pull towards this identity: *"I am not trying to do anything about it anymore but I occasionally indulge a bit and do some".* I find myself left with a mental image of witnessing a psychic drama where A struggles with the different warring parts of himself which is reflected in the way he changes his identity positioning.

Interactions between different healing paradigms

When asked how A sees the interaction between Western psychology and African traditional healing, he replies: *"I experienced this as being quite fraught with difficulties".* A makes the following observations about these two different paradigms: *"For me that whole Western paradigm was epitomized by the bank. It was materialistic, reductionistic, it cannot conceive of other worlds because it is so firmly rooted in empiricism and simple mechanical explanations of the world".* By implication, A sees Western psychology as aligning itself with a more rational approach to understanding the world. This is in contrast with the mythological world of traditional healing:

> But in the world of the sangoma as experienced by me…you would be mistaken if you thought there was one type of sangoma. The world of the sangoma is mythological, loosely organized. Like the sangoma cosmology does not have any taxonomic structure. There are no categories or framework that you can apply, classify, there's this, there's that. It's more like being in a fairy tale.

However it is noteworthy that in portraying Western rationality as something he needs to distance himself from, it is ultimately this world that he surrenders to, relinquishing his sangoma trappings and thereby shedding this identity:

> As time went by I was also learning about adapting to the corporate environment. It was a big thing for me. I kept thinking what the hell am I doing working in a bank, it felt so weird. So I gradually figured out that if you want to succeed in any way in a mainstream environment, you would need to look as if you fitted in and so I figured out you had to get a suit. I mean it's silly because it took me a long time to figure this out. You had to look the part, you couldn't have long hair, the goat skin was not a good idea.

A seems to portray himself as being quite naïve about how well his professional identity as a sangoma would be tolerated in the contextually uninviting environment of the bank. It is noteworthy that he seems to imply that he accepts that it is he who has been foolish and who has to change and not the environment. He gives the impression of accepting defeat and surrendering his identity as a sangoma and portrays himself as being quite powerless against the pressure of social forces demanding conformity. What remains unspoken is what his feelings are about this, which raises the question of whether he feels resentment or perhaps relief at giving up the battle.

A takes the position of noble warrior, echoed in his self description: *"a kind of missionary for the world of soul",* who attempts to reconcile different worldviews and identities but eventually accepts that the differences are too great. It seems that A's way of coping with these irreconcilable differences is to split off the different parts of himself and not to delve too much into reasons and feelings associated with this act*: "I never felt that I had ever made peace with the two worlds. In fact when I left the bank, part of the reason I left was because I started getting panic attacks and I think although I never really got to an ah-ha moment about the panic attacks but I felt that somehow the paradoxes had become too great".*

It is thus significant that A agrees to participate in the research and in so doing opens himself to delving into these forgotten or hidden areas. Although it seems that A anticipates that this would be easier to do with the passing of time, it is possible that he cannot predict the effect this may have on him. My impression is that A is still in the process of making sense of issues of professional identity and that this process is still emotionally stirring for him.

Dual identity conflicts, treatment and diagnosis

When asked about how his dual identity played out in practice, A implies that there was some tension that made him consciously separate his identities and treatment modalities depending on the context and the client: *"It depended on the people I was seeing. In the beginning I felt that I wanted to work more in sangoma mode than psychotherapy, but I was quite concerned about the whole ethical and registration framework that made it hard"*. However in other instances he suggests that, at the core, there is synergy between what a psychologist and a sangoma does and thus he attempts to rise above labels and to focus on adopting a particular state of mind in any either context:

Eventually for me whether it was throwing bones or doing therapy, it was doing the same thing, just different trappings.

Can you explain what you mean?

Well there was a different format to the ritual but the space that I was trying to be in was the same, the same psychic space.

When probed about identity conflicts in working within and across different paradigms, A signals that he is prepared to take me into his confidence to explain how he dealt with a specific situation that was potentially professionally risky:

Were there ever times when you were working with different clients that you felt conflict about which approach to use, conflict in the way you thought about diagnosis and treatment? Conflict between therapy and traditional healing?

That was more frequent in the beginning. I don't know if all therapists think like this but there were some therapies that struck me as being particularly profound and that didn't mean that I would go around swishing the animal tail, but I would certainly infuse those therapies with prayerfulness or a ritualistic quality. I mean one of the people I saw felt that she was going to be consumed by her mother and it felt like she was confronting her own death and at that moment I just created a ritual and it was just the most amazingly profound moment, and if I could choose one moment it would be that. What I had to do…

I'll tell you this but I don't really like talking about it but I'll tell it to you because I felt like I had to completely risk my professional identity as a therapist, mainstream Western therapist to do that. And I remember being afraid but I knew what I had to do and I remember thinking how can I help this woman face her own death if I can't face my own? And then we did this ceremony which I planned. I said to her you have to bring this, that. We did candles, we did the ceremony. It was astonishing and the way the ceremony carried her through the encounter with mom which was the absolute nadir of the therapy was astonishing. But that particular person knew that I was a sangoma. But I didn't bring that into the therapy…, like now I am…I mean there were times that I threw the bones for patients, I did do it once or twice.

It appears that A tends to rely on his own personal judgment when assessing whether to shift professional identity but seems a little vague about where the impetus for cross-over in modalities comes from, himself or the client:

Did they ask you to do that?

It depended. I think once or twice I probably suggested it. I can't really…I'm thinking about one particular time and I think I probably offered it as an option on the strength of something that was happening in the therapy and based on an experience I was happening in therapy I suggested it.

What made you make the offer to cross-over in a traditional therapy?

Something about the client, something about the feeling of not being afraid.

Identity conflicts also seem evident around issues of billing, where A feels he can legitimately charge as a therapist but not as a sangoma. Perhaps unconsciously he undervalues his identify as a sangoma by not charging for services and attempts to justify this by saying that his main concern is affordability for his clients:

…the issue of payment as a sangoma were completely different and if I was doing something sangoma-like in a therapeutic context, I didn't invoice. A lot of people didn't pay, generally.

Today as people leave they give you the money, in my day they didn't do that. I mean the sangoma thing, if I'm going to throw the bones for you, give me five bucks. I never charged anyone for both services because I wasn't doing it for money.

So are you saying when you threw bones or other things associated with traditional healing you rarely charged or charged very little?

No, I took it as a privilege.

And did you charge for therapy?

Oh ja, the going rate.

Another possibility is that A may feel less legitimate about his identity as a white, middle class sangoma treating predominantly black clients and that race, class and cultural factors influence the position he takes in relation to billing:

So why do you think you didn't charge as a sangoma?

Because people who came to see me as a sangoma were mostly so poor they couldn't afford it. And they were predominantly black…People charge to throw the bones but I find it difficult. I felt that the ritual exchange of something was important but it felt to me like whatever I was doing there was such a gift that it shouldn't really be charged for. And I was in the lucky position of not having to live off it.

On the same theme, A appears to deflect the discussion when implicit contradictions are highlighted around the value he attaches to different treatment approaches. He does this through topic hopping, from rules to context to trappings to meditative states. In this way he seems to produce a muddled response which may be a way of avoiding tricky terrain:

It sounds as if you are saying that the gift of healing through therapy training and the gift of healing through thwasa were very different in terms of being able to charge for using them. Did you feel different rules applied?

You know it's not that they are different, it the contexts of practice that are so different... But eventually it wasn't the trappings of how I did therapy, I did whatever. It was about the psychic space that I was in when engaging with someone… what I was trying to do was be in a quasi meditative state and be perceptive and let it in.

Another difference in treatment approaches across the different paradigms which appears to be a *hot* issue is that of touch. A responds with a strong outburst of emotion as he explains his personal epistemology on the healing nature of touch. He overtly attacks Western psychology for forbidding the use of touch in diagnosis and treatment: *"Now if I'm a therapist I can't touch you, if I'm a masseuse I can touch you but if I'm a therapist I can't. Now what the fuck does that mean?"*

My impression is that in attacking Western psychodynamic thinking, which rules out therapists touching their patients, he may also be attacking the position that he assumes the researcher holds as a psychodynamically trained therapist. In this way, A creates distance between us and draws attention to the potential differences between us. This may also explain why A defends so vigorously against any suggestion of vulnerability during the interview, perhaps because of gender differences or perhaps because of perceived philosophical differences which make exposure of weakness hard to risk.

Summary

A is an intriguing participant and one that I was very eager to interview, especially since he is now no longer practicing as either a psychologist or a sangoma. It is possible the fact that I already have a great deal of background information from reading his PhD, sensitizes me to his personal struggle regarding his professional identity. This may explain my strong feelings of concern that my interview questions may have been experienced as intrusive and unsettling. Although this does not prevent me from asking some probing and challenging question during the interview, it certainly contributes to my need to check how A is feeling at the end of the interview, something which I do not do with any of the other participants.

A's story suggests that he seems to have assumed the identity of psychologist in a more contained way compared to his induction into the world of the sangoma. His descriptions of thwasa give the impression of an uncontained experience that was exhilarating and meaningful as well as deeply challenging and disturbing. The overall effect of this identity transition from psychologist to sangoma seems to have left residues of unsettled conflict and confusion which are still evident many years after the fact. This hypothesis seems to be supported through the analysis of researcher countertransference. For instance, on a number of occasions, I find myself feeling unsettled during the interview when certain *difficult* questions appear to force A into confronting past experiences that have been buried for a long time. This evokes protective feelings in me towards A. By analyzing my response, I am able to make the interpretation that A's identity struggle seems by no means to be settled but very much alive in both the spoken and unspoken responses of the interview.

A presents a picture of himself as initially attempting to find a way of juggling his dual identity of psychologist and sangoma. His descriptions of attempting to stay true to his identity as sangoma (while working at a bank) and after-hours psychotherapist suggest that he did attempt to reconcile this dichotomous professional identity. Ultimately, however, the paradoxes become too great. What remains unclear is why A chooses to adopt the identity of consultant instead of his sangoma or therapist self, and to split off the *healing* aspect of himself which seems to lie at the core of who he is. A leaves a strong impression that this remains an unresolved issue for him which may be stirred up again by this research.

Although A presents himself as having considered the impact of agreeing to be interviewed, it appears that he cannot anticipate the effect some of the questions may have on him. The concern about potential negative effects is something that was foregrounded for both A and for me. It plays out, for instance, in A explicitly drawing attention to difficult questions posed and my own anxiety about causing harm and becoming protective in the style and nature of my questions. However, my attempt to speak openly about whether the interview has caused some discomfort, is met with denial and a subtle role reversal. When asked whether he finds the questions unsettling, A denies any discomfort and appears to assume control of the interview. He does this by replying that his own intrigue and not my research agenda has ultimately prevailed.

In saying this, he leaves the researcher wondering how he really feels about having spoken about these issues, if it has settled things for him in some way or simply stirred them up again. In examining the countertransference again, I question whether my nagging feeling that A may feel some regret about participating in this research may suggest something about hidden feelings of regret A may have about splitting off his core dual healing identity and embracing a wholly different identity.

4.5. Participant 5 Code name: The Lion

People describe me as a sangoma and as a psychologist.

While I play both roles, I wouldn't describe myself as such.

It is rather a path that I follow. I don't identify as one in particular.

L is a 50 year old white woman. She trained as a Transpersonal psychologist at an international university and completed her training in 1998. After returning to South Africa, she practiced as a psychologist and although her training was not psychodynamically orientated, L has been a member of a psychoanalytic reading group for the last seven years. She describes her participation in this group as grounding her practice. In 2002, L began the process of thwasa which took approximately two and a half years. During that time she managed to continue running her therapy practice, although on a smaller scale than previously. Since completing thwasa she has been practicing as both a psychologist and a sangoma and currently runs two separate practices at her home.

Pre-interview comments

I was referred to L by my research supervisor who initially approached L and indicated that she was potentially willing to participate in the research. However when I first made telephonic contact with her, L she seemed quite wary. Although she expressed an openness to help, she seemed unsure as to whether she could. One of the reasons she gave for her hesitation was the fact that she was not a clinical psychologist. Although I attempted to reassure her that this was not a problem, L seemed to still have some doubts and was eager to ask me a lot of questions before finally agreeing to answer mine. My impression was that she wanted to listen carefully not only to the content but to the style and tone of my responses. Although aware of her careful scrutiny, I felt it was her right as a prospective participant to check out carefully who I was and to decide whether she felt comfortable with me.

Thus my reaction to L's interrogation was not to feel uncomfortable or offended but to be aware of L as someone who was cautious and discerning about whom she would speak to about herself.

Interview setting

The first interview took place in L's *ndumba* (medicine room) at her home in a Gauteng suburb. The ndumba is private and separate from the rest of her home and looks out onto greenery and water. It is a pleasant, light, calm and interesting room. There are large black and white photographs on the wall, hung quite low so that when you sit on the floor they are at comfortable eye level. The floor is concrete and grass mats are arranged on the floor as well as large cushions for seating. There are low shelves with many different objects such as jars, wood carvings and other vessels. As far as I could see there was no electrical lighting or any other evidence of technology.

The second interview took place in a room that L did not clearly identify as such but which I assumed was her therapy room. This was an extremely spacious, light and airy space which was very different in appearance to the ndumba. The room was more minimalist in decoration with a modern, warm feel to it. It was aesthetically a very pleasant and eye catching space.

Impressions of interviews

L's first interview was in fact the first of the research interviews conducted. As I arrived at L's home I was quite nervous and had no idea what to expect. To add to my anxiety, when I arrived and asked whether I could tape the interview, L politely declined because she said that technology, which included a tape recorder, was not allowed in the ndumba. Rather than leave the ndumba to conduct the interview elsewhere, I opted to take notes and to forego taping. Taking written notes during the interview undoubtedly affected the nature and quality of the interview as it was difficult for me to track her and to pick up on issues when I felt I needed to get more detail. It also meant that I was less likely to engage her when tensions or contradictions arose because I was so eager to capture her words on paper.

In retrospect I realized that in the first interview I lost control of the interview. I found it difficult to think clearly and to be an active, alert interviewer. On reflection this could be ascribed to a number of things: 1) the fact that I had to take notes and thus could not be fully present during the interview; 2) the fact that this was my first interview and I felt very unsure of myself as a novice researcher; 3) the fact that L was a white woman, a sangoma living 'in the suburbs' all fascinated me and triggered a myriad of additional questions and associations in my mind which made me lose some focus and 4) the possibility that L was still wary of me and was being quite guarded and that on an unconscious level I may have been responding to that by not probing more. I thus left the interview feeling that I had had an extraordinary experience but was aware that I hadn't conducted a very thorough research interview.

By the time I interviewed L a second time, much time had passed and in between interviews, I had asked L, privately, to do a bone reading for me. See Appendix 1, p. 187 for an account of the bone reading. This is important to note because my impression is that this encounter did improve the level of trust and rapport between L and me. The fact that I had this kind of contact with L and not other participants is explored in more detail in the section on interview dynamics.

In the second interview a number of questions were carried over from the first interview that had not been sufficiently dealt with. Prior to the interview, I negotiated with L to tape the interview and this time she agreed but suggested the interview be conducted in an alternative space to the ndumba. I was aware that L seemed eager to help me and that she was concerned that the previous interview had not been as useful as it could have been.

Interview dynamics

In the first interview, my experience was that L seemed quite guarded in her responses and a little wary of me. The fact that I chose to consult L for a bone reading and not any of the other participants, is something that has required some reflection. One possibility is that I sensed L's caution towards me and perhaps unconsciously felt the need to prove my sincerity and genuine interest in the subject and to become more acceptable as a researcher in her mind.

Another possibility is that I felt instinctively comfortable and safe with L because of her capacity to exercise caution but also openness as reflected in our interactions both during the interviews and consultations outside of the research process. It is likely that, unconsciously, I felt that as a white woman, L would be more readily able to empathize with my interest in this subject because she herself had once been in the same position of interest and enquiry that I was presently in. Overall my sense was that there was something authentic in my encounters with L and I imagine that this is why I chose to her to do a bone reading for me.

The fact that L and I had altogether two contacts outside of the interview process obviously raises the question as to whether this contact in any way predisposed me to seeing L in a particular way. In other words: Did I attribute a more healthy identity relationship given my experience of her? There is no doubt that in some way this contact did have a positive impact on the second interview in that I experienced L as being less guarded, more open and consciously expressing a need to be helpful in her responses. How it may have affected me unconsciously is difficult to say, but this was something I held in mind during the identity position analysis.

Towards the end of the second interview, L began to give suggestions, ostensibly for future research, but her words left me with a lingering sense that there may have been a veiled criticism of the research as being too superficial or not quite penetrating to the core issues:

> What I am also thinking about is whether there is anything deeply relevant to a more psychological understanding of the sangoma world in terms of treatment, dynamics. What I am trying to say is if we were looking at Bion or Winnicott or whoever, those links are what I'm really interested in, I am deeply interested in that and that hasn't been dealt with…I think it could enrich your work a lot to sit down and say. You could sit down and say let's look at the fundamentals of say Bion, Winnicott or whomever and let's see how those could translate themselves in a traditional frame.

Another significant dynamic worth noting is that issues of race, class and culture were never openly discussed and this was something that I was mindful of but unable to address with L at the time. It is possible that L's tendency to downplay race as an issue unconsciously made me silent but has left me with some regret that we seemed to avoid it.

Identity position analysis

Process of assuming the identity of psychologist and sangoma

L portrays herself as an active agent in making a conscious choice to become a psychologist and a Transpersonal one at that: *"I chose London and I chose Transpersonal psychology. I did not want to go the clinical route and wanted an approach that acknowledged a spiritual worldview"*. This is contrasted with her experience of becoming a sangoma where she implies that she had little agency or choice in the matter: *"In 1995 I had a bone reading by a friend. I was told your grandmother is waiting for you. Nothing will work out until you accept the calling. For me it was not a choice – it was a calling. I chose London. I chose to do the Transpersonal psychology training. But it was a calling that made me become a sangoma".*

L describes having ambivalent feelings at hearing the news that she was called to become a sangoma. It appears that she treated the news cautiously, allowing some time to lapse before revisiting the prospect of becoming a sangoma. She is also prepared to entertain the possibility that there may have been some underlying resistance to shifting identity but understands her reaction more as an inability to make sense of what this calling meant:

> It didn't gel completely but obviously something must have been going on because I went back for another bone throwing a few years later, 5 or 6 years later and just thought let me clarify what this is all about…Did I resist it? I could have been resisting at some level but I think it was more a case of not knowing where to put it, I really didn't know where to put that kind of information at that time.

She describes the experience of thwasa in the following diverse terms all of which reinforce the idea of a compelling, intensely stirring, traumatic process that is beyond her control:

> Thwasa is not a question. There is no analysis, no questioning because it is not a choice…Thwasa is your own healing process…It is a process whereby you go through very deep rituals...The clearest way I can describe it is that it felt like such a powerful regression…for me it was so powerfully about going back into that early developmental stuff and completely as an adult reliving that period of the first 4 or 5 years of one's life…It could not be clearer in my mind, it was step by step by step, birthing again and then going through all those developmental stages and the issues around family…

> The actual thwasa, initiation, is all around anger, the fire, the heat, the anger, the rage, all that two year old stuff just comes back…It is something that throws you. It is not a gradual experience like therapy.

L presents the polarities of thwasa as being both taxing and nurturing. In the example below, she describes thwasa in a more positive light than the previous descriptions, as a process that deepened and enriched her sense of self:

> Nothing in life is as deep as thwasa. You come out connected but you didn't know you were so empty until you connect to the ancestors – with the natural world and with the natural world of spirits and ancestors. You become aligned with the whole universe – the big picture…Becoming a sangoma put me in touch with my ancestors and with lineage, identity, roots and origins.

Thus L's experience of shifting identity from psychologist to sangoma is presented as something which she had little control over and an intense mixture of positive and negative experiences.

Race, culture and professional identity of sangoma

L's response to the issue of race as a potential difficulty in assuming the identity of sangoma presents an interesting perspective that challenges researcher preconceptions, and encourages further exploration of this issue. Initially it appears that perhaps L avoids the issue of race but on reflection, this observation feels too simplistic and nudges me to examine my own countertransference:

What effect do you think the fact that you are a white woman had on your receptiveness to the calling?

I was living in an African context in terms of the work I was doing and being on those mountains and being on those trails with people around me who were of an African culture I think that made me a little more in touch with what was happening. I didn't think that it was so hugely strange. I was born on a farm so I was born close to nature and I always had a sense at some level that nature's spirits had been around me so I didn't really have a struggle with that.

L's answer challenges the preconception that racial differences feature in predictable ways such as creating obstacles in terms of a white person entering the world of traditional healing.

Thus, when L responds by focusing on points of synergy such as her longstanding affinity for nature which links her with the world of traditional healing, it seems feasible that race is not foregrounded for her.

In response to the same abovementioned question regarding the effect of being a white woman, it is noteworthy that L again makes reference to the cultural and not the racial identity of four significant figures who contained her during thwasa and ultimately saved her life:

> I had really important people in my life, four Tsonga women who held me together in that time. They were really the healing part of my developmental crisis. They held me together and they were at my thwasa and they were there after my thwasa and they were there when I nearly died, I nearly died a few months after my thwasa and they were there and they brought their ancestors and they saw me through that crisis. So I felt very, very…I felt incredibly contained by them and very safe. So I think I found a safer family not in my lodge that I was trained in but certainly in the community.

The absence of any reference to race gives the impression that L does not perceive her racial identity as problematic. However in her allusion to thwasa as an experience of crisis and fragmentation and ultimately her entry into "the community", there remains a question as to whether issues of race played any role in that experience. Thus the tendency to sidestep race leaves me with a nagging feeling of something unspoken which prompts me to mull over the following questions: Surely the issue of being a white woman and a sangoma has been raised in some form and at some point in her professional life? What could underlie L's hesitation in addressing the question of race openly with me? Could the fact that I am also white influence L's tendency to avoid the issue? Is it possible that my own preoccupation with being a white woman delving into the world of traditional healing mean that the issue of race is foregrounded for me and therefore I seek this out in L's narrative?

L's description of her near death experience is delivered in a calm, almost hypnotic way that appears to *smooth over* enormous turbulence and trauma. My countertransference to her delivery of this information is that I become lulled into following her narrative. As a result my questions about what exactly she means by *"nearly died"* and what she experienced are silenced.

Tensions and conflicts regarding dual identity

It appears that there may be tensions in the way L experiences her dual identity when she suggests that she tends to hide the fact that she is both a psychologist and a sangoma. L implies that she tends to rely on external context, namely her client's cue to determine whether she reveals this about herself or not. A reason for this may be that she anticipates that revealing her sangoma identity may have negative consequences and prefers to ascertain the level of receptiveness of her client before doing so:

A lot of my clients don't know I'm a traditional healer, they don't ask and assume. Some clients have seen an article and they will say but when I was going through my crisis, you were going through your crisis and we never even knew and then obviously I would address it but I don't unless somebody else brings it up.

So it sounds as if you are saying that you don't make a choice, your clients do

They make the choice.

When asked how she would describe her professional identity, L acknowledges both the labels bestowed on her by others as well as her private preference for steering clear of labels and focusing more on the work of healing. It is possible that L finds the labels uncomfortable because they feel restrictive and limiting*: "People describe me as a sangoma and as a psychologist. While I play both roles, I wouldn't describe myself as such. It is rather a path that I follow. I don't identify as one in particular. I do these things – I follow these paths but I wouldn't be identified as one or the other. I am just doing the work".* Her words imply that there is something about the way she approaches the work of healing that goes beyond the typical idiosyncrasies of one particular healing modality, something in the fibre of who she is that she brings to any encounter with someone who is suffering. Hidden beneath these words, seems to be an unconscious communication that L experiences herself as using the same aspect of herself in both modalities: her capacity to reach her patients, to speak to their inner fears and to gauge their levels of anxiety.

L's approach to managing her dual identity tends to be to keep them separate. This separation is also echoed in the physical divisions of space in her home space where different identities are assumed and where different approaches to healing take place: *"I run a therapeutic practice in the same way as I always have. I run a separate therapy practice and a separate sangoma practice. They happen in two different places or rooms within my home".*

When asked whether she would ever cross-over from one modality to another and by implication, shift identity, there is gravity in her tone: *"I don't do that. I've done it once or twice and it has not worked for me. It has been actually very very disturbing for therapy clients. I did it a couple of times and then I realized it doesn't work. So I am very clear about that, I don't move."* Reading between the lines, it is possible that there is some underlying anxiety and a covert warning about the potential dangers associated in shifting healing paradigms which influences her decision to keep the modalities separate.

However, the issue of crossing boundaries is not as clear as L presents. For instance she cites examples such as the one below where cross-over was successful, despite her internal struggle, and she was clearly pleased by this:

> For example one of my clients in my therapeutic practice had what I believed was an ancestral dream. For about 20 minutes I struggled with myself about whether I could tell her that this was an ancestral dream and whether she could cross the boundary. When I eventually did, it was a fantastic experience for her. I was very clear with her. I said there are different ways of seeing this. One way is to see it as this and another way is to see it like that. It allowed her to internalize a healthy figure of her grandfather which was critical for her. So from the dream she could take in not part-object but a whole object.

Two points to highlight with regard to the abovementioned experience are:

1. Although L manages the cross-over successfully without negative repercussions, there may be some underlying anxiety about making identity shifts. This seems to be reflected in the way in which fluctuates between adopting a position of active guide into the world of traditional healing and retreating to a more non-committal position: *"I said there are different ways of seeing this. One way is to see it as this and another way is to see it like that".*

Her comment in this instance is more suggestive of a more non-directive therapeutic intervention than a more directive mode of a sangoma.

2. What is significant about her description of this cross-over from a psychotherapeutic modality to traditional healing is L's use of psychoanalytic terms to interpret an ancestral dream. This may point to some internal conflict between L's two identities which she tries to keep separate in principle but seemingly cannot always manage in practice and may point to how she uses the skills and techniques of both modalities unconsciously. It may also be possible that L unconsciously incorporates these different positions without strategic, conscious thought.

One hypothesis is that L tends to fall back on her psychological training (in this instance psychoanalytic theory) as her overarching way of making sense of all sorts of phenomena, regardless of modality. This hypothesis is supported by her open acknowledgement that her psychological training influences her work as a sangoma in that it helps her to *think* about her client:

> I think it (psychological training) helps me in many many ways. I think that one of the things that helps a lot is that I'm thinking about things and I'm thinking about what does this mean, what happens to this person in the situation, what are the links. I think it is a way of thinking that is one of the main things that I brought with me. Because if I think if I had just gone straight into being a healer I am not sure I would have had the same way of being in that space with a client. So I would be thinking with them and thinking about what is happening when they are present and even when they are not present. You know if I do a treatment and it's got a healing component to it, but there is also a psychological way of thinking about that treatment even if I don't hear it with a client, it is in the room.

The above response raises questions about which identity L assumes in these instances. It seems that perhaps unconsciously L brings her psychological self into any healing context be it psychotherapy or traditional healing. When asked directly about this, L admits that she did initially experience it as a struggle but that she has come to accept it: *"Originally my feeling was that I didn't bring myself as a therapist into that space. The longer I work with people the more I realize that I am very much (laughs) a therapist in that space as well as working as a healer. I hear myself often and I think 'Oh L that's that therapeutic part, that's the therapist in you'".*

When asked how she feels about that, L replies: *"And I like it actually, yes, it feels more natural to me because I'm not using any major interventions but I can interpret some of the things for a client or I can make sense of something if there is a link to make or help a client to find their way to make the link. Something I wouldn't do if I wasn't a therapist".*

In this way, L seems to imply that her identity as a psychologist is an asset rather than a hindrance and that it is often employed in the service of her sangoma self. However despite these observations, L's response presented quite a challenge for me as researcher in that I had to grapple with the question of whether this was an illustration of conflict between L's identities, some form of integration or complementarity. Researcher countertransference was engaged to explore this in order to make a tentative interpretation in this regard. Evidence included my own observations and subjective impressions of the interview as a whole. In addition it involved a thorough reading of this extract for content and discourse markers such as changes in tone, stress and emphasis in order to make an interpretation.

My impression is that L presents herself as a careful, thoughtful therapist who has thought deeply about issues and is reasonably open about her difficulties or dilemmas. In reflecting on her reactions during the interview, I recall feeling a sense of excitement and well being when L used the words: "*And I like it actually, yes, it feels more natural to me…"* In unpacking my own emotional response to L, I had to bear in mind the following: Did the bone reading predispose me to attributing a more healthy identity position to L? Based on my supervisor's cautionary comments about being too invested in looking for integration, was I afraid to recognize them when they did arise?

My interpretation is that L presents herself as being at ease with the interaction of her identities and this comes across as authentic and believable. Furthermore the way in which she expresses this through her discourse seems congruent with this premise:

Originally my feeling was that I didn't bring myself as a therapist into that space.

(This suggests that there was at one stage tension or struggle in dual identity).

The longer I work with people the more I realize that I am very much (laughs) a therapist in that space as well as working as a healer. (L implies that over time she has come to move fluidly between identities)

I hear myself often and I think 'Oh L that's that therapeutic part, that's the therapist in you' (She demonstrates a self reflective quality that is not critical but helpfully observant)

And I like it actually (L's tone here is spontaneous and authentically positive)

yes, it feels more natural to me (expresses that she experiences it as comfortable) *because I'm not using any major interventions but I can interpret some of the things for a client or I can make sense of something if there is a link to make or help a client to find their way to make the link* (experiences it as helpful to her work)

Something I wouldn't do if I wasn't a therapist (suggests that her psychological self enriches her work as a sangoma and makes her more effective)

Thus, L seems to experience moments such as the one cited above where her two professional identities work together in a complementary way. She seems to convey an authentic acceptance and ease with the way in which her psychological self complements her sangoma self. Most significantly, she expresses that subjectively she experiences little internal tension or conflict when this happens and instead feels as if there is a state of peaceful co-existence between her two professional identities. What is interesting is that she does not comment on how her sangoma self impacts on her work as a therapist, although she does talk about seeing ancestral dreams in her therapy work.

Interactions, tensions or conflicts between different paradigms

One of the core differences between the two healing paradigms for L is that in Western psychology, emphasis is placed on the mind and thinking whilst in traditional healing, the focus is on bodily experience: "*Because don't forget (in traditional healing) everything is enacted. So all those rituals that we did at that time, my experience of that was not verbal it went straight through my body and not being able to make sense of anything, nothing".* Here L acknowledges again that she falls back upon her psychological training to try to make sense of what she is going through during thwasa.

In this way she moves away from bodily experience towards thinking:

How did you process this experience? Did you do it alone or with someone else?

No I think the reason I managed to do it was because I had some background

Your psychological training?

Yes, that training was very very useful because you have got something to return to that you can make a link there somewhere. Even when you forget about that link completely in those blind places and those rageful places or those vulnerable spaces…

L's reference to linking in the above example have strong echoes of Bion's concept of thinking (Bion, 1969) and suggests that her way of making sense of the experience is strongly embedded in psychoanalytic theory. In another instance, L again recognizes the usefulness of her psychological training and supervision in helping her to make sense of the experience of thwasa and other aspects of traditional healing:

> I'm just trying to think…the actual thwasa, initiation, is all around anger, the fire, the heat, the anger, the rage, all that two year old stuff just comes back. Like I felt like I could be sitting with a client in the room. Thank goodness I had the experience and supervision of all that work I did with X (psychodynamically oriented colleague and supervisor) in that early developmental stuff because it gave me a clearer understanding that at the time I behaved exactly like that two year old, all over again, no different. Raging, angry, just impossible, not finding myself in any place. Just finding the world a hostile place to be in but in that primary state, that experiential primary state.

On a different theme, L admits having conflicting feelings towards certain aspects of traditional healing. For instance, there are specific areas such as bewitchment and spirit work which trouble her. L admits that her encounters with these aspects of the world of traditional healing can at times make her doubt her place in it. However this is balanced with other more positive associations with this worldview with which she can comfortably identify. L gives the impression that she does not idealize her adopted world but still experiences some challenge in being able to tolerate the positive and negative within it:

So that is something that I struggle with probably because I struggle with it anyway internally…That's a very uncomfortable place for me

Why is that?

Uncomfortable in the sense that I don't really know how to come to terms with that. It's much easier in a therapeutic room in a therapeutic space where you know what the boundaries are of dealing with the psyche, what's happening in the psyche. And I know that my therapy clients project wildly onto the world, but it's a physical manifestation of darkness that can be very disturbing. There are times that I think do I really want to work in this world (traditional healing), you know. You have somebody come and dream like that, the dream of the woman who went through the fire and you think, oh this is amazing, I really love this work.

This is another instance, similar to the description of her near-death experience, where L and I seem to smooth over something in her narrative which relates to a troubled inner state or inner conflict regarding how she reconciles this fundamental aspect of sangoma work with her Western psychological identity. What is noteworthy is that I do not probe her or push her with my questions, perhaps because I feel I have been invited into a unproblematic *world* where things, like witchcraft, that are psychologically *tricky* tend to be smoothed over.

When asked about the similarities and differences between these two paradigms, L suggests that at the core, psychology and traditional healing are similar on a philosophical level but that the practice of each is different:

> What is similar about both worldviews is that they are both particular ways of thinking about people in an emotional, spiritual and mental sense. So while the way of thinking about people is similar, the practice is different. In traditional healing there is more freedom. The ethics of therapeutic practice don't have to be maintained. For example in traditional healing you sometimes have to continue with your work even when time is up. Sometimes you go beyond formal hours. The ancestors guide the process.

In addition, the understanding of and the interpretation of dreams is different in these two paradigms: *"Dreams in traditional healing are warnings and prophesy. Dreams are very different in a Western paradigm".* L offers an example of how she interpreted a dream while working within a traditional healing paradigm:

> I was doing a treatment for a client which is a curse removal called Sinyama and the first night of treatment which is a purification night, I could not get the water to boil, physically, it would not boil. The rocks would not heat. But now I am going to think about that psychologically. There is a part of me that is automatically going to think about that psychologically, I wonder what this means? I wonder what is happening? I wonder what is happening in her? I wonder what is happening in me? What is the transference? What is happening in the space? She comes back on the last day of Sinyama, she says…because I track dreams during the treatments that I give. She comes back and says, an African woman: 'I dreamt and I had a very strange dream. I dreamt that I was trying to light a fire and I couldn't light this fire and the fire was falling out of the bottom of this grate'. I'm going, yo is this not interesting? She said and then I went to my grandmother's house. Now you see, if I was a Westerner without any link at all to the concept of ancestry, whether it is inner or outer, wherever you put it, the concept of something other, something in another world that enters into your world, be it a dream or the unconscious, whatever way you want to label that… Now I went to my grandmother and at her house there were wet twigs and I made a big fire and I kept thinking, she said to me why are these twigs lighting? Why is there a fire here? Wait they can't light…and I was at my grandmother's house. So I mean in terms of Sinyama and the treatment, that dream gave me all of the richness of her experience and my experience and ancestral intervention in the process which we are looking for.

By contrast, L suggests that interpreting a dream in her therapeutic practice would be different in the following way: *"So coming from where I was and looking at the dream symbolically, I would interpret that in a different way, without the context of ancestors, I've done it in my practice".* In this way, L illustrates how she values her sangoma self that can bring a different lens or perspective to a dream which would otherwise be lost if it was being interpreted only through a Western psychological lens. However in order to engage these different lenses she implies that she must move fluidly between the two worldviews of psychology and traditional healing: *"In my own experience I am constantly in two worlds".*

Whilst L is able to demonstrate the complementary nature of the two paradigms within her work, she is also able to highlight some of the dilemmas she experiences in managing them at times:

> I think it is in those moments when you are sitting in a room and it happens quite often because I am holding two frames of reference and seeing how they can be integrated…Do I stay with my client in their world and which is real for them and do I bring in a frame of reference that is completely not of their culture, not of their frame of reference, not of their orientation. And how is that client able to receive that information. And it is that moment…how is this person able to take this information in a helpful, healthy way in a way that was supportive of her.

It is noteworthy that perhaps unconsciously L seems to feel some pressure to integrate these two frames of reference, perhaps because the tensions and conflicts are difficult to tolerate at times: *"Some moments that feel internally like long moments of time the question of what to do".* In instances where she confronts such dilemmas, L presents herself as a cautious, thoughtful therapist who works responsibly in ways that prioritizes the well being of her client: *"I would probably wait…I'd probably wait and see and track it and track it and see how safe the territory was, how much, how psychologically aware she was to be able to do something with it".* In this way she implies that her practice is governed by a strong ethical awareness of Nonmaleficence. This is echoed in L's confirmation of her commitment to the recognised ethical guidelines governing psychologists in South Africa. It appears that L juxtaposes her two identities continuously in the course of her work, moving between two different worlds and assuming two different identities and shifting position regularly.

Identity shifts, diagnosis and treatment

L seems to experience some conflict between separating and integrating her professional identities when she approaches treatment and diagnosis. In one example, L appears to keep her two identities separate in a therapy context even when the urge to draw on the paradigm of traditional healing is very strong. Thus when a therapy client has what L believes is an ancestral dream, she uses a traditional healing paradigm to think about her client's dream but does not divulge this. Instead she adopts a more therapeutic mode to talk about the dream:

Did you ever say anything to her about it being an ancestral dream?

No I would never use that kind of language. I don't use it (responds without hesitation)

But you think it?

I thought that kind of language but then you use normal language...and you say, you know that's interesting…

In this instance, although L keeps the paradigms and her professional identities separate, there seems to be some kind of internal conflict between saying what she thinks and monitoring what she says. This may be because she experiences some underlying anxiety about revealing her identity as a sangoma, perhaps anticipating some negative consequence both for herself and her client.

Whilst L presents a picture of herself as being able to firmly separate her professional identity as a psychologist and a sangoma, in some instances this does not appear to be so simple and she seems to move fluidly between different identity positions. In the example below L's narrative is that she takes a clear stand and defends her position as sangoma within a traditional healing paradigm, despite her client' s attempt to push her back into more of a therapist mode. However, whilst L may not be conscious of it, she seems to fall back into a more therapeutic mode with strong echoes of Bion's concepts *containing, thinking and mentalizing* (Bion, 1969). By her own admission, she refers to this particular situation as one in which she balances her two worlds because she believes this to be in the best interests of her client. What is also significant is that whilst previously L speaks quite clearly about not being in favour of cross-overs between different healing modalities, in this instance she suggests it as an option for her client:

> I'll give you an example of a client where I did exactly the opposite of what I would do in a therapeutic space. A client came in and we were working, she had come to work traditionally. We had done some very good work with treatments together, some very good work together… And about 4 or 5 months later. I had said something previously, and she came and she was furious with me, furious, she said 'I am so angry about what you said L'. And I looked at her and I said "Look the space that we are working in here is not a therapy space, I can't use the tools that I use as a therapist, I can't work in that same way here with transference and countertransference". I may not even have used that language. I said I want you to know that in this space it is very very different…in this space I would work with the anger, with medicines but mainly you are going to need to take responsibility for your own anger. I understand, I went through exactly what it was that set her off and got her angry and linked that to work she was doing around her mother and did all of that but I made it really clear that I was working in a different space and in a different way. And when we had completed that session it was a really powerful session because 1) she had to take responsibility for something for herself which she could do psychologically, she had enough of that psychological intelligence to do that and 2) that I was very clear but at the same time I did not leave her in a place where she couldn't digest or metabolize that stuff. I said okay lets see what does it really mean that you are angry with me, let's see what happened to you and then we made sense of that and then she had somewhere to put that and that was very helpful.

> But it was that balance of being in two worlds and to try to balance so that she didn't feel abandoned and that I could still do the internalizing for her and the meaning making, making meaning and feeding it back in a way that she could take it on. And in the same way, saying look if you really need to work with this, maybe you need to go back into therapy.

Whilst in principle, L advocates separating professional identities and healing modalities, in practice she gives the impression of shifting her identity, engaging different lenses and perspectives in a more fluid way in order to be of most benefit to her client.

Summary

The interview process with L begins with some hesitation and caution on L's part which raised the issue of how integral the process of developing trust and rapport is for qualitative research. What is noteworthy about the two interviews conducted is the fact that the second interview is qualitatively richer than the first. This is partly due to lack of confidence and lapses in focus and control on my part as the researcher. It is also possibly due to L's strong sense of discernment which made her seem quite defended in her responses in the first interview.

My impression is was that by the second interview, a combination of greater ease on L's part and willingness to divulge more about her experience as well as my ability to stay more focused and in control, makes for a more fruitful interview. However, what cannot be ignored is the fact that L and I did have additional contact during the bone reading which seemed to aid the process of trust and rapport building. I have also raised my own need for greater self awareness of how this contact may have influenced my perception of L and shaped my interpretations.

What is also noteworthy about the bone reading and the interviews in general is that throughout the interactions with L the issue of race was never really explored. It is possible that I may have picked up on some unconscious avoidance by L of discussing the issue of race. This may have closed down the opportunity to discuss the impact that the our shared race may have had on interview dynamics.

L describes the process of shifting identity from sangoma to psychologist with some ambivalence. She concedes that on one level she may have resisted it but prefers to think of it as a difficultly in knowing how to make sense of the 'calling'.

Her descriptions of the process of thwasa indicate that she experienced it as a compelling, intensely stirring, traumatic process that was beyond her control. She contrasts this experience with the more contained and defined process of becoming a psychologist that felt more of a choice and far more within her control. It is significant that during the course of becoming a sangoma, L reports that she was able to continue running her therapy practice and that after thwasa, she has managed to run two separate practices at her home.

When asked how she describes herself professionally, L prefers to avoid the labels of psychologist and sangoma saying that she does not identify with one in particular, perhaps because the labels limit her or restrict her freedom. Although L portrays herself as largely attempting to keep her identities separate and not advocating cross-overs between paradigms, in practice there is evidence of a fair amount lot of fluidity and shifting of identity positions and paradigms.

L identifies one of the central differences between Western psychology and African traditional healing as the emphasis on thinking in psychology contrasted with the concern with bodily expression in traditional healing. What is significant about many of L's descriptions of her approach to diagnosis and treatment, is her strong tendency to think and to mentalize in her work as both a psychologist and sangoma. She suggests that there was a time when she tried to keep her therapist self separate from her sangoma self but as a result of some kind of internal process, she has reconciled these two aspects of herself. Furthermore, she seems to view her psychologist self as complementary to and at times even in the service of her sangoma self. This seems to result in a sort of peaceful co-existence that is experienced as professionally enriching.

My impression is that L has engaged in a lively and rigorous process of thinking about her professional identity. This may have been partly facilitated by participating in this research project but is more likely due to her natural tendency to think and reflect in order to make sense of herself and the people she works with. Although not trained psychodynamically, it is noteworthy how strongly L's approach to treatment and diagnosis is infused and shaped by psychodynamic theory and her language inflected by it.

Interestingly L seems motivated to explore the potential links between psychodynamic theory and concepts in traditional healing and expresses an interest to see this explored more in future research.

5. DISCUSSION

5.1. Introduction

This research has yielded some rich, thought provoking findings which will hopefully spark further discussion and exploration in this area of interest. What follows is an attempt to synthesize some of the dominant threads of the participants' stories. In so doing I attempt to address the main areas of enquiry: How does one person manage to hold within them two or more seemingly divergent professional identities? Is it possible to reconcile two seemingly different worldviews and if so, how? How does holding in mind two different healing paradigms affect the way they work? Each of the following sub-sections combines the voices of the participants as well as my own. Throughout the research I have endeavoured to make my subjective impressions and interpretations explicit because they constitute the lens through which I see the participants. Although I am acutely aware of the limitations of my own subjectivity, my intention has been to engage it in attempting to deepen my understanding of the experiences of my interviewees.

In attempting to summarise the findings of this research project, I hope to highlight what I understand to be the solutions that each of the participants negotiate in holding dual identity of psychologist and sangoma. In so doing I attempt to track the following: the motivation or impetus for these psychologists to become sangomas; the experience and effect of this identity transition; the tensions, contradictions and conflicts they experience in holding dual identity and; how they attempt to resolve these, thereby finding some kind of solution to their identity positions. What is important to note is that in keeping with the psychoanalytic interpretive methods of this study (Frosh et al, 2003), I adopt an analytic stance in elucidating my understanding of the process of resolution that each participant engages in.

My assumption, based on my subjective experience of the participants, their interview responses and my analyses thereof, is that each psychologist-sangoma has experienced some degree of tension, contradiction or conflict in holding dual identity and attempting to reconcile two seemingly opposing paradigms of healing. In psychoanalytic terms, this experience of dissonance leads to conscious or unconscious levels of anxiety which sometimes invite defensive reactions or structures in order to manage them.

In my discussion I make certain hypotheses about the participants' underlying anxieties and the defensive reactions employed in order to find solutions to their identity positions. However in doing so I frame my understanding in hypothetical terms rather than definitive statements since any commentary on the inner workings of the psyche, particularly anxiety and defenses, is open to debate and contestation. Furthermore I accept that within the limitations of this study, I have not been able to engage in dialogue with the participants regarding these findings. I must thus bear not knowing how these interpretations are received and whether or not they accurately encapsulate their experience.

5.2. What makes psychologists become sangomas and how do they manage their dual identity?

Asking such a question raises the existential issue of what motivates people to make profound changes to their lives in altering their professional identities or sense of self. This existential aspect is not addressed in the literature reviewed on shifts in professional identity and thus the data offers some original insights in this regard. In attempting to crystallize the stories of each of the participants, it appears that there are some interesting variations in the impetus to transform identity from one healing paradigm to another. A grouping such as this, mixed on lines of gender and race, begs some exploration of these differences. Racial and gender differences amongst traditional healers are mentioned in the literature in observations that, historically, sangomas tend to be African women (Buhrmann, 1999; Hammond-Tooke, 1989).

More recently there is evidence of a relatively recent phenomenon of a growing number of white people, both men and women, becoming sangomas (Ancer, 2007; Arden, 1999; Cumes, 2004; Feni, 2005; van Binsbergen, 1991; Wreford, 2007). It is thus important to note the racial and gender composition of this group of research participants.

E and A are both white males from middle class families and academic backgrounds, whose early systemic orientation in their initial clinical training may have predisposed them towards distancing themselves from more restrictive, individualistic Western paradigms of thinking. Both seem to have a common internal motivation to make an identity transition from psychologist to sangoma.

E seems to be propelled by a sense of internal disturbance which he labels an "identity crisis" rooted in an intergenerational history of dislocation: "*I was a child to immigrants from Lithuania. I was the first born in the country and this whole generation of cousins who were first born, most of them left and that identity of crisis formed around where I belong"*. E alludes to an underlying search for meaning which may also be understood as anxiety about where and how to locate himself spiritually and culturally. He implies that he needs to discover his African ancestry: "*I think that to me being born here I felt that I needed to gain ancestors, I didn't have a history here. My family, there is no ancestral connection, I had to be given 'hala', be adopted".* E embraces the identity of sangoma because he feels welcomed by the community of traditional healers in a way that presumably feeds a deep seated need to be unconditionally accepted, acknowledged and connected to others: *"And then there's my colleagues in the sangoma fraternity: I love them, I'm so welcome and part of them".*

The choice of the word *"adopted"* is an interesting one as it can be applied both to his identity as a sangoma but also, in different ways, to his psychological self. The notion of adoption encapsulates the dialectic of acceptance and rejection, a dynamic that seems to be reflected in E's relationship to his identity as a psychologist. I suggest that E appears to be both drawn to and hostile to Western psychology. He seems drawn to the notion of psychological difficulties and the need for self healing: *"So the clinical training became the academic part of or rather an extension of my treatment. There is no other reason to do this work, I don't believe".*

However, E also draws attention to difficulties in tolerating the real and anticipated feelings of being judged, criticized or rejected by the clinical fraternity: "*Some of my immediate colleagues at university were wonderful, quite supportive but one in particular was aggressive but it has been an uneasy circumstance and still is…how should they relate, what path has the sangoma got, are they colleagues".* This is confirmed by my subjective experience, recorded in the analysis, p.p 60-63 in which E seems to position me as part of the clinical camp and thus a potential antagonist who he has to defensively keep at a distance.

E presents himself both as an insider and an outsider to the world of Western psychology. On the one hand, he retains his academic title as professor of clinical psychology but at the same time he despises white Western notions of mental health, specifically the ruthless intellectual pursuit epitomized by the "paper chase": "*So it is the most lucrative aspect but in today's paper chase it is a horrible and meaningless aspect of academia and it was like that for me. And I had to take the very difficult decision of; I am going to stop writing academically"*. It appears that the identity of sangoma gives him freedom from the constraints of clinical psychology and the space to explore experiential, spiritual and aesthetic aspects of himself: "*I began to form my expression aesthetically…I did workshops…healing for the healers I'd call them. If someone asked me to present a paper I'd do something experiential. And people accepted it…and I tried to develop the experiential as a valid way of learning and conveying and creating".* However, he also seems to use his sangoma identity to undermine that aspect of Western psychology which he despises.

My hypothesis is that E's identities serve him in allowing him to stand out as unique in both professional communities. His sangoma identity allows him to create some distance from those aspects he rejects in Western psychology, setting him apart from his colleagues. His psychological identity, on the other hand, may afford him some status in the sangoma community in that he brings an unusual offering: himself, as a representation of *white* Western psychology surrendering to the world of African traditional healing.

A's attraction to the world of traditional healing is more intellectual in nature. He seems to seek the identity of sangoma because it represents a more intuitive approach to healing, which resonates for him and forms the basis of his academic exploration.

However, reading between the lines, it seems that A may be internally driven to enter the world of the sangoma because of a search for deeper meaning which traditional healing offers: *"I felt I had something deep in my life, quite important, quite fulfilling".* A describes how through his intellectual explorations, he opens himself to some extraordinary, overwhelming and disturbing experiences described in terms of *"the flood gates opened"* and *"rapids"* that he could not negotiate on his own. However, he seems uncomfortable with the notion that these experiences may constitute what in Western psychological terms may be described as a disturbance*: "You know it wasn't like a disturbance or symptoms. You read about how people have symptoms and then people tell them they are going to become a sangoma or thwasa symptoms".* A implies that the stigmatizing of thwasa symptoms by Western psychology as 'psychosis' is unacceptable. It is possible that this may be one reason why he is drawn to traditional healing - because it offers alternative ways to make sense of disturbance of this kind. While the process of thwasa is well documented in the literature as a potentially fragmenting, disturbing, uncontaining experience (Booi, 2004; Buhrmann, 1986; Cumes; 2004; Hammond-Tooke, 1989; Louw and Pretorius, 1995), for A it offers: *"containment during which a sort of structure started to emerge in the midst of the chaos. And that structure gave me a form so that the chaos did not overwhelm anymore".* In this way A offers a different and interesting perspective of thwasa.

However, the experience of containment through thwasa stands in stark contrast to making the transition from psychologist to sangoma. A's experience of alienation, as a result of his identity shift, resembles some of the examples cited in the literature (Chessick, 1980; Kottler & Swartz, 2004; Mrdjenovich & Moore, 2004), but stands out as the most marked of all the participants. As a sangoma, he experiences a sense of division and dislocation which seems to generate a great deal of anxiety: "*I used to wear my skin bits under my shirt to the bank and things like that…I kept thinking what the hell am I doing working in a bank, it felt so weird".* The tensions and conflicts began to intensify and the difficulties in trying to reconcile different worldviews escalated and may explain the symptoms of anxiety A began to experience: *"I started getting panic attacks and I think I never really got to* a *'ah ha' moment; somehow the paradoxes had become too great".*

It would appear that this acute dissonance ultimately prompted A to give up both identities in a way that to this day still feels somewhat unresolved for him: *"I am kind of surprised that I left it all behind".*

I would hypothesize that he does not retain the identity of sangoma because it is not culturally and socially syntonic for him. For instance, A does not describe a clear ancestral calling from his lineage, which is described in the literature (Bodibe, 1992; Buhrmann, 1999; Hammond-Tooke, 1989) as a core criterion for determining whether someone is being summonsed by the ancestors to take up the mantle of sangoma. Instead he refers to: *"a formless spirit or amthonga, ancient ancestors or nature spirits",* thereby laying claim to the identity of sangoma in a more distant or culturally removed way.

I imagine that this sense of cultural distance from the world of the sangoma, combined with the experience of extreme dissonance between the worldviews of Western Psychology and African traditional healing, as well as his panic attacks, made him relinquish both identities. This move may have been an unconscious attempt to relieve the intense anxiety generated by the external and internal divisions that these identities created: "*a very strange dichotomous existence, like day and night versions of me*". Furthermore, in grappling with the question of why A feels the need to drop the identity of sangoma, I wonder whether the *process* (thwasa), of acquiring this identity served as a way of managing the emotional turbulence he was experiencing and offered him a way of making sense of it. However, it is possible that on a deeper level A may have doubted whether he was really a sangoma in the true African sense. It is possible that becoming both a sangoma and a psychologist were healing journeys for A. Thus his decision to distance himself from his therapist self may be a result of having completed a journey that had served its original healing purpose.

In continuing to make comparisons, it is interesting to examine the family histories of S and G, the two African women in the group. What these women share in common is that they both come from lineages where there appear to have been significant historical shifts in cultural and spiritual identity.

It can be inferred that, given the context of this research, there were significant socio-political or other contextual pressures at play (Louw and Pretorius, 1995) that resulted in African cultural heritage being exchanged for, or supplanted by, Christianity. It is significant that of all the participants, these two experience the greatest resistance to their calling, reflected in the words of S: *"I fought, I fought",* and in G's description of herself as a biblical 'Thomas' who denied the summons. Although neither woman acknowledges it in her narrative, it is possible the resistance both experience may be rooted in an unconscious identification with their families in distancing themselves from their cultural heritage, as well as an unconscious anxiety about the ramifications of this intergenerational denial.

In describing her experience of making the transition from psychologist to sangoma, S draws attention to a fundamental division or conflict between her Western and African psyche. This division is strikingly depicted in her choice of clothing for our interviews: Western clothing for the first and full sangoma regalia for the second. It is likely that in S's 'Western psychological mind', the symptoms she experiences of regression, visions, and intense sensitivity to others' psychic pain, would be labelled psychotic and thus extremely frightening: "*Fear. I was afraid. I was so afraid. Every time I felt something or saw something I would try to shut it out or just not see it or scream…I thought I was going crazy".* From an African cultural perspective, her symptoms would be viewed differently in that they would be respected and given meaning within a broader cultural context: *"It was those kind of things that helped me understand my experiences and even the things that I experienced when I was alone; I could go back to these other sangomas and say 'You know yesterday this and this happened or I had a vision of this and this'. The sangomas said 'Oh, what you saw is this' and they would teach me, explain to me".* In this way her experience was validated, not defiled, but S nevertheless seems to be caught between two worlds and between two ways of making meaning.

It is possible that S may have unconsciously construed the act of submitting to thwasa as an attack on, or a surrender of, her valued Western identity, which she had worked hard to attain: *"I just did not want to be like that. I loved myself as who I was before".* Her words also allude to a sense of loss of her old sense of self, which resembles the notion of a *symbolic death* of her previous identity, described by Kottler and Swartz (2004).

Thus the anticipation of loss of her identity, albeit an adopted Western identity, appears to have been anxiety provoking and perhaps makes her fight the calling to become a sangoma. What is noteworthy is that the identity she resists is the very identity that serves to manage her anxiety and distress by helping her make sense of, rather than, pathologize her experience: *"I could say 'Okay, now I am a sangoma', instead of me thinking I am a freak because before I could accept a label for myself, then it was difficult to deal with".* Her words suggest that this had a profoundly containing effect on her.

What is significant is that, despite the threat that a return to her African *roots* seems to unconsciously represent, S ultimately appears to experience sangomahood as culturally and socially syntonic. For instance, she is able to acknowledge the ancestral influences through her lineage despite the generational repression of this tradition: *"Even my father never saw his mother being a sangoma. But we later learned that she was a sangoma".* Thus by uncovering and integrating this split off aspect of herself, S is able to embrace her dislocated African heritage. Interestingly, it appears that this identity shift is positive and transformative at the point where S extends her thwasa in order to align with Xhosa tradition.

My subjective impression, reflected in the identity position analysis, pp. 75-77, of S confidently exuding her sangoma identity during the second interview, seems to resemble what Kottler and Swartz (2004) describe as *reintegration.* This leads me to hypothesize that the visible transformation and rapprochement with her family is brought about by the restoration of cultural links - an internal psychic resolution that enables S to heal the divisions within herself.

G's story is that she already had a pre-existing professional identity as a nun before she became a psychologist and subsequently a sangoma. I would imagine that G would agree that the identity as Sister (nun) is not only her first but her *core* identity. This notion of a core identity is not mentioned in the literature, but seems pertinent to G's narrative. It appears that G needs to engage in some form of negotiation with God in assuming the identities of psychologist and sangoma. For instance, it may be an underlying fear of challenging her religious beliefs that makes her so deeply ambivalent towards Western psychology:

"I have always had some reservations about pure Western therapy, that it wasn't addressing the issues that were important to us". Her relationship to psychology speaks of both hostility to authority: "*So that is why I said to one particular psychologist, I said 'I am going to be a psychologist but I am not going to be like you!'* and a deep desire to help others: "*I am going to do everything in my power to help you"*. In this way she is similar to E in that she desires the professional Western title but is hostile to conforming to mainstream Western psychology.

G's response to becoming a sangoma is different to becoming a psychologist, but equally ambivalent. Despite acknowledging the strong presence of maternal and paternal traditional healers in her lineage, communicated through her rich dream world, G resists undergoing thwasa. She attempts to negotiate with the ancestors to postpone it; contests the accepted criteria for sangomahood and in this way tends to lay claim to her sangoma identity in a more distant way. Although there are suggestions in the literature that identity transformation can be a tormenting experience (Chessick, 1980), this does not adequately capture G's experience in contemplating her identity transition. G is faced with not only being alienated but also ostracized by her religious community if she assumes the identity of sangoma. She struggles with an internal conflict because she must contemplate defying religious authorities who condemn traditional healing, or face turning her back on her cultural roots.

A possible interpretation is that the enormity of this moral dilemma is extremely anxiety provoking and results in an emotional paralysis that leads her to postpone thwasa until she feels able to undertake it. I hypothesize that, despite denying this in her interviews, she struggles on a deep psychic level with her multiple identities. As a woman of God, she leaves me with the impression of having to engage in some form of difficult internal negotiation regarding her multiple identities. It is possible that G unconsciously tries to appease the God of Christianity; the rational god of psychology and the god of the African forbearers, which is a profoundly challenging mission.

L is the only one of the participants who was already a fully-fledged psychologist when she made the identity transition to become a sangoma. She describes her calling as something that happened coincidentally during a friend's bone reading, but what stands out in her narrative, as a white woman, is the way in which she seems to receive this information as not being culturally dystonic in any way. This is interesting to examine further because in the literature (Ancer, 2007; Feni 2005), the issue of race in relation to identity is a controversial one. I would imagine that L would concur with the sentiments of many white sangomas that race should not be an issue or an obstacle to their calling and, furthermore, that the occurrence of white sangomas is not a new phenomenon. What is noteworthy is that her particular response to her calling challenges my own preconceptions of race. For instance, in the absence of any discussion of issues of race, class and culture in the research focus, I interrogate whether my own tendency to foreground racial difficulties unconsciously makes me search for evidence of these in L's narrative, pp. 129-131.

What is significant about L's presentation of her identity shift from psychologist to sangoma as being culturally syntonic, is that she appears to engage in a process which allows her to *digest or metabolize* the notion of a calling: She identifies points of synergy between herself and the world of traditional healing in her longstanding affinity for nature and "nature spirits". She recognises signs of recurrent childhood illness as signs of her calling*: "All my life I had bufara - the sickness which deludes doctors. So that can mean that someone is thwasa sick".* Furthermore, she links her own calling with a tradition of healing passed down the lineage through her grandmother: *"My grandmother was a hands-on healer".*

While L engages in a process of making sense of her calling, what stands out is that she does not draw any attention to inner conflicts, doubts or resistance she may have experienced. For instance, she presents an image of being unfazed by a sangoma's message: "*Your grandmother has been waiting for you for a very long time and nothing will work in your life until you follow her path".* In this way L smoothes over any tricky or troubling areas such as race, class, and culture. The same applies to her description of a profound inner struggle with bewitchment, which in psychoanalytic terms (Ivey and Meyers, 2008) may be considered a paranoid state of mind involving projection and the disavowal of personal responsibility.

L seems conflicted as to how to relate this aspect of sangoma identity: *"Now if you are looking at bewitchment and spirit work there is such a huge projection of darkness onto the environment. So that is something that I struggle with, probably because I struggle with it anyway internally. You know, what belongs to the client and what belongs to the world?"* In instances like these there is something in her way of communicating (a portrayal of sophisticated self-understanding) that lulls me into overlooking the potential conflicted aspects of L's narrative and not probing her on controversial issues of race, class, culture and witchcraft.

My countertransference response, however, is that there is that there is something quite resolved about L's dual identity positioning, despite feeling uncertain as to how she has managed to arrive at this position and why she does not directly address this with me. I hypothesize that her interview presentation suggests that she has an internal capacity to tolerate ambivalence and difference and to bear the uncertainty of conflict. The fact that she does not explicitly address how she manages this may be due to the fact that she does this unconsciously and thus may not even be aware of it.

The fact that L appears to have a clear grounding in her original professional identity as a transpersonal psychologist (albeit an ideological deviation from traditional western psychology) before becoming a sangoma, raises questions as to what extent she continues to identify with her pre-existing professional identity (Kenkel, DeLeon, Mantel and Steep, 2005). In L's narrative, what stands out most strikingly is how strongly her therapeutic training infuses and shapes her practice as a sangoma: *"I think it (psychological training) helps me in many, many ways…The longer I work with people the more I realize that I am very much (laughs) a therapist in that space as well as working as a healer".* In this way L demonstrates what is suggested in the literature (Berry, 1980; Berry and Sam, 1997) as a successful cultural transition. L manages to retain critical aspects of her former therapeutic training but adopts aspects of traditional healing so that she experiences an expanded professional identity (Kenkel et al, 2005) which is professional satisfying: "*And I like it actually, yes, it feels more natural to me because I'm not using any major interventions but I can interpret some of the things for a client or I can make sense of something if there is a link to make or help a client to find their way to make the link. Something I wouldn't do if I wasn't a therapist*".

It appears that L achieves a degree of healthy resolution in engaging her therapist and sangoma selves in co-operative ways and clearly seems to feel the benefits of this.

In summary, there are interesting variations in this mixed race and gender grouping with respect to impetus for shifting identity and taking on the dual identity of psychologist and sangoma. What is important to highlight is that all five participants seem to experience some level of unconscious anxiety regarding dual identity, but manage these anxieties in different ways. E's anxieties seem to be related to a need to locate himself culturally and spiritually and to feel connected to and accepted by others. It appears that his identity shift from psychologist to sangoma generates fear of rejection and this anxiety seems to takes the form of a tension between acceptance and rejection of Western psychology and plays out in a defensive and hostile relation to those associated with the fraternity. His dual identity serves him in different ways: his identity as Western psychologist gives him status in the sangoma world and his sangoma identity serves to set him apart from mainstream psychology.

A seems drawn to the sangoma world because it allows him to make sense of the internal disturbance he experiences. The world of traditional healing offers him a less stigmatizing way of understanding his experience and thwasa offers much needed containment. However, A struggles to retain the identity of sangoma and to remain in the traditional world because it stirs unconscious anxieties: doubt about whether he is a sangoma in the true African sense and an acute experience of dissonance between his different professional identities and the contrasting paradigms of healing he must straddle. These anxieties manifest in panic attacks which spur him to defensively split off both identities and dissociate himself from them.

S and G, to some extent, share similar anxieties in that they experience a high level of unconscious anxiety about their own and their family's denial and dissociation from their cultural, spiritual and social roots. However the way in which they manage their anxiety differs. While S vigorously resists her sangoma identity, it ultimately helps her makes sense of the intense internal disturbance or thwasa symptoms in a culturally syntonic way. She is able to manage the high level of anxiety that her divided Western and African psyches generate by integrating her split off sangoma self.

For G, her multiple identities appear to generate anxiety that is hard for her to acknowledge. She appears to manage them through appeasement of her internal and external objects of authority. However she must ultimately maintain some degree of hierarchy so that her psychologist and sangoma self do not threaten but remain sub-ordinate to her core religious identity.

L presents a narrative which suggests that her calling to become a sangoma is culturally syntonic. While she openly acknowledges the need to metabolize her identity transition, there is something about the way in which L tends to smooth over the difficulties of her dual identity that prompt me to seek out inner conflicts. However, I hypothesize, based on my countertransference response and the identity position analysis, that L has internal capacity to deal with tensions, contradiction and conflicts which she cannot explicitly acknowledge because it is something she does unconsciously. Furthermore, she appears to deal with her dual identity in such as way that she retains critical aspects of her psychological self but incorporates new aspects of her sangoma self thereby experiencing an expanded sense of professional identity. Finally, L appears to manage her dual identity in such a way that her psychological self complements her sangoma self in a way that is professionally satisfying for her.

5.3. How do psychologist-sangomas see themselves? How do I see them?

All five participants hold dual or multiple identities and offer professional self descriptions that can be interpreted as reflecting conscious or unconscious professional identity splits. In carefully examining the self descriptions that they offer, I hold in mind the notion that it is not enough to assert an identity, it has to be *validated* by those we interact with (Jenkins, 1996): I therefore use my subjective impressions and countertransference to assess whether the participants present themselves to me in ways that I can validate or not.

G's description of professional identity is framed in positive terms and appears to be clear and assertive: *"I am a psychologist, I'm a sangoma, I'm a Catholic nun. I'm three in one".*

This self description is interesting from a number of different angles: 1) it is consistent with her need, throughout the research process, to present an image of being able to seamlessly integrate her different professional identities; 2) it has undertones of the *trinity*[3] and perhaps serves to generate a sense of mystery about the way in which she manages to reconcile her multiple identities; and 3) it seems to demonstrate a push-pull dynamic in which G desires her professional identity titles but at the same time resists complete conformity to any one of them. G's self description can thus be seen as reflecting her inner conflict as well as alluding to the defences she uses to manage it.

My countertransference reactions, p. 101, raise doubts about G's seemingly unequivocal self description. This makes me hypothesize that by presenting this image, G defends firmly against explicitly acknowledging any conflict between her identities because it may disturb a precarious equilibrium or truce between them. In this way there is inconsistency in the way in which G perceives herself and the way in which I perceive her.

L's self description conveys a level of clarity similar to G's, yet my countertransference is quite different. L speaks about herself in the following way: "*People describe me as a sangoma and as a psychologist. While I play both roles, I wouldn't describe myself as such. It is rather a path that I follow. I don't identify as one in particular".* Through these words, L presents a clear sense of self which is echoed through subjective impressions gained through pre-interview and interview interactions: 1) L displays a strong sense of discrimination by interviewing me before agreeing to be interviewed herself; 2) She is unequivocal about not allowing the taping of a session because it compromises the ndumba (traditional place of healing) ; 3) She communicates a clear position on her boundaries in her two different practices in terms of what she will and won't do; and 4) she exudes an aura of strength and poise that allows her to take control of the first interview in the face of me losing my bearings. Thus, throughout the research process, L consistently presents as someone who sees herself with a healthy degree of clarity.

[3] The Holy Trinity refers to the union of the Father and Son and Holy Ghost into one Godhead. In Catholic doctrine this is a profound mystery that human beings are not supposed to understand: how God can be one yet three, how the Trinity can be separate but the same.

She is able to communicate her self perceptions assertively, in unambiguous language that leaves me feeling convinced by both her words and the impression she makes.

My countertransference suggests that L appears to have *arrived* at point of development of professional identity that could be understood as a *firming* of an identity position which differs somewhat from Harre and Langehove's (1991) descriptions. However there is something about the way in which L takes up her position that suggests some degree of resolution.

E appears to describe himself primarily through the eyes of others: *"I think people call me by different names clinical psychologist, psychotherapist, sangoma and healer. And I really like healer the best"*. This professional self description speaks of his deep unconscious need to be known and recognised by others in ways that gain him acknowledgment and acceptance:

> And how I call myself and how people call me is very important, very central. And how that happened emerged out of this struggle of identity that I went through when I was working in the townships. And nobody had heard of a clinical psychologist or a psychotherapist. And to understand my place and also myself, the word healing connected me to a community of people. They knew me, they knew me. And I didn't really know myself and my identity until I called myself a healer.

In this way E's experience demonstrates the dialectical nature of professional identity formation that occurs through validation by others (Jenkins, 1996). However, in accepting the title of healer and finding it congruent, E appears to also use the title to set himself apart from the constrictions that the identities of psychologist and sangoma place upon him. In a sense E's experience resembles what Kaiser (2000) describes as the problems inherent in professional identity labels, namely that they can become too rigid and fixed and thus suffocate creativity. Through the label of healer, E is able to give expression to a part of himself that is fiercely independent, defiant, rebellious and a law unto himself.

He uses the label to defend the right to explore and experiment as a healer. I hypothesize that while E enjoys the sense of liberation that the healer title offers, the psychologist part of him still feels the need for some form of recognition, from the fraternity he wishes to distance himself from.

It appears from his response to questions of ethics, p. 199, that E does not choose to be accountable to the clinical fraternity but to the healing community in which he works. My subjective impression is that around issues such as accountability and ethics, I become an anxiety provoking presence for E, as I represent a type of *clinical superego* that he must keep at arm's length. This is confirmed by my own pre-interview impressions and interview dynamics where E's defensiveness is evident and where he creates distance between us through implicit strategies or tactics of power and control.

A offers two self descriptions, the first framed in the negative: "*I never call myself a psychologist and I never call myself a sangoma*". The second one, framed in the positive, contradicts the first: "*I mean I still think I am a sangoma, I am sangoma. I just don't wear funny clothes or throw the bones*". In many ways the fact that A offers contradictory identity positions – 'I am but I'm not' - is particularly apt because it is in keeping with other descriptive phrases that reflect his contradictory professional self representations: "*a very strange dichotomous existence"; "like day and night versions of me"*. These descriptions ring true for A because throughout the interview he is open and explicit about the fact that he feels unable to tolerate the level of anxiety generated by the identity dissonance he experiences. Although the literature seems to suggests that the experience of torment (Chessick, 1980) and alienation (Bernard, 1992) as a result of identity shifts may be great, there is no suggestion that this may lead to such an extreme response such as leaving the profession altogether.

What is noteworthy about A's response, which offers a different insight into more extreme defensive reactions to identity dissonance, is that he dissociates himself from both his psychological and sangoma identity. In doing so, A appears to deny or repress the healing aspect of himself. The lasting impression that I have from my interaction with A is that there is something very honest, real and raw in his responses that enable me to understand and feel his struggle and the way in which he ultimately surrenders his identities, perhaps as a healthy defence, an act of self protection.

Despite numerous attempts to scour the transcripts, S does not offer a succinct description which easily captures her perception of professional self. The lack of a definitive statement seems to corroborate subject impressions of S's divided identity and thus her ambivalence about how to present herself professionally in our first interview.

It appears that S relies on mirroring from her social context and those she interacts with to help her to decide which professional self she reveals: *"It depends who is asking and for what".* My impression is that prior to the first interview S may have experienced some anxiety at not being able to clearly locate my own professional identity and my position in relation to the research: Was I friend or foe to psychologist-sangomas? These subjective impressions, pp.81-82, as well as indications recorded in the identity position analysis, pp.78-88, lead me to hypothesize that there is a great deal of underlying anxiety for S regarding her professional identity. It is possible that this anxiety may be due to the fact that S's professional identity is still in flux and has not yet settled in her mind, which is suggested by her words: "*I'm still new"*. However, another comment that S makes: *"I wouldn't be surprised if five years down the line I will not be practicing as a psychologist anymore"* appears to suggest that she has already made up her mind about which identity she will choose but struggles to accept it. S thus leaves me with the impression that she is not yet ready to consciously commit to a professional identity position to herself, or to me.

In adopting a more analytic stance regarding the participants' descriptions of professional identity, I bear in mind the distinction made by Harre and Langehove (1991) who write on the subject of identity positions. The authors suggest that a distinction can be made between the static concept of *role* and the dynamic alternative of *position.*

Thus what G, A and E's professional self descriptions seem to have in common is that all three describe themselves in terms of professional roles: sangoma, psychologist and nun. By contrast, L describes herself in a way that suggests that people may define themselves both through role and identity position, which brings into question whether in reality it is possible to make such a clear distinction.

In her self description, L acknowledges the dialectical nature of identity positioning (Frosh, Phoenix & Pattman, 2003) in the way in which others position her: "people describe me as…" and the way in which she positions herself: "It is a path I follow". Implicit in her words is some recognition of the constriction of being defined through role as opposed to claiming the right to define her profession as a path traversed that has connotations of greater freedom and flexibility consistent with positioning.

In attempting to interrogate Harre and Langehove's (1991) distinction more closely, I use an example offered by E to illustrate the usefulness of this distinction in developing a deeper understanding of the participants' subjective experiences of professional identity.

The vignette of E arriving in full sangoma regalia for an MA Clin lecture at his university, offering to do a bone reading, p. 70, could be interpreted as some form of acting out when feelings of role constriction drive him to act provocatively. It is noteworthy that E hints at the need to diffuse this conflict by trying to integrate his two roles: *"I was also struggling and full of conflict and ambivalence and wanting to integrate it".* However, his attempt at integration appears to fall flat, is never openly discussed, and seems to remain lodged uncomfortably within him. Furthermore, by his own admission, in acting in this way he confirms the rejection he anticipates: *"My own ambivalence, my own expectations to be rejected, my own style of doing things, I mean I do things in such a way that people will certainly reject me"*. In this way he illustrates very clearly his personal struggle with the restrictions that professional roles place on him. The vignette can also be seen as an example of how boundary interactions (Wenger, 1998) in which E attempts to import something new from the world of sangoma into the domain of training psychologists are likely to fail when they are fuelled by underlying anxiety and conflict.

In summary, all the participants describe themselves in different ways but each description reveals some degree of identity conflict. In further exploring these descriptions, it is interesting to note that Harre and Langehove's (1991) distinction of role as more static and restrictive and position as more flexible, is both limiting and helpful in describing the participants' experience of professional identity. One limitation is that the experiences of participants suggest that there may not be such a clear cut distinction between role and position, in that people such as L seem to describe themselves through the concepts of both role and position and move fluidly between them. Another limitation is that it is possible to imagine that an identity position may become firm or harden, as in the case of L, and thus the distinction between stasis and flexibility can blur.

Alongside these limitations, there also appears evidence to support the notion of role as being more restrictive than identity position. E is an example in point. He appears to struggle with role constriction as a psychologist and instead prefers to adopt a variety of different identity positions. The label of healer seems to offer him a great sense of freedom and professional satisfaction and allows him to adopt different identity positions in his healing work. By contrast, G appears to define herself predominantly through role and remains steadfast in her narrative that she experiences very little conflict between her professional roles. Although this is questioned, I must ultimately accept that G and I differ in our perceptions of her experience.

A offers an interesting perspective on the question of role versus position in that his clashing self descriptions suggest that although he takes on both identities for some time, he ultimately does not choose to secure a role or position as either psychologist or sangoma. This may be because of the intense dissonance that these identities generate for him. Although his response is extreme, in that he dissociates himself from both identities, this may ultimately be a healthy defence against an unavoidably (for him) destructive level of internal conflict.

Of all the participants, S appears to have the greatest difficulty in presenting a coherent sense of her professional identity. Nevertheless, like G she also offers an interesting perspective on the concepts of role and identity. It would seem this S's internal identity conflicts prevent her from clearly taking up a position in relation to her dual identity as psychologist-sangoma – she remains unsure as to whether she can carry this duality. Instead she foresees having to choose one identity over the other and hints that she has may have already made a choice. Thus the process of identity formation appears to still be in flux for S and it is feasible that she may move from role to position many times before committing to either or rejecting both.

5.4. Are the interactions between paradigms like mixing water and paraffin?

This research is enriched by the fact that the five participants can be seen to represent a microcosm of the interaction of Western and African healing paradigms. Although the literature yields some very useful information about the interaction between these different healing systems (Bodibe, 1992; Louw and Pretorius, 1995; Rudnick, 2003), there is still a great deal to learn in this regard. The direct experiences of the research participants thus offer insights into the experiences of people who live that interaction on a daily basis - in their perceptions of professional identity and practice.

In the literature, the differences between paradigms are clearly outlined and it is obvious that the basic tenets of these systems of healing differ (Awanbor, 1982; Bodibe, 1992; Eagle, 2004) and are potentially irreconcilable (Thornton, 2002). Whilst the very real differences are not in dispute, it is still important to try to understand more clearly the interactions: Are there any possibilities for complementarity, integration (Louw and Pretorius, 1995), co-operation, collaboration or incorporation (Thornton, 2003; Wreford, 2005) between these different systems? And if so, how do participants manage these?

Overall, it is possible to make some general remarks about the way in which participants view the interaction between paradigms before offering more participant-specific examples. All five participants have been schooled within a Western paradigm of healing and are aware of the ethical guidelines and professional regulations that govern their practice as clinical psychologists. All five, in one way or another, acknowledge the differences that exist between Western psychology and African traditional healing (Awanbor, 1982; Bodibe, 1992; Eagle, 2004; Thornton, 2002). However, this does not deter them from actively exploring or sometimes allowing for these distinctions to play out in ways that feel appropriate to them. Furthermore, all have at some time in their professional lives, confronted a situation of competing paradigms and have had to grapple with how to manage this.

In looking more closely at the specific participants, it is important to note that in the literature reviewed, there is no mention of psychologists attempting to work within or across Western and African healing paradigms. The experiences of these participants thus offer original insights in this regard.

A and E, the two males, seem the least inhibited of all the participants in allowing for some kind of interaction between paradigms. A acknowledges that it is he who is likely to suggest a cross-over in paradigm, based on *"Something about the client, something about the feeling of not being afraid".* Although he attempts some form of incorporation of traditional practice into a therapeutic context, the overall effect appears to be anxiety inducing: *"I had to completely risk my professional identity".* Although he is relieved at the outcome, reading between the lines, moments of negotiation like these are charged with intensity and risk and are difficult to tolerate. It is possible that this is one reason why he chooses a *safer,* less anxiety-provoking route which leads him away from the practice of healing altogether.

E seems to operate in the least encumbered way of all the participants, by consciously freeing himself from paradigmatic constraints: *"I don't function in either of those domains in what is called a traditional way, I don't".* Although he does not ignore these paradigms and acknowledges that on some level Western and African healing paradigms are diametrically opposed, he understands them as both being responses to human crises. E attempts to reconcile the perceived differences and chooses the healing community he establishes in an urban township as his site of struggle. However he is not specific about whether he aims to incorporate, integrate or use these healing paradigms in complementary ways. Instead he sees himself as forging and developing a unique approach that is more congruent and personally meaningful for him. However, in doing so he seems to struggle with the issue of whether he is ultimately accountable to Western psychology or African traditional healing.

It appears that all three women (S, G and L) share an underlying anxiety about engaging their sangoma identities in a therapeutic healing context. This anxiety is reflected in the ways in which each one exercises extreme caution and care when they contemplate revealing themselves as sangomas to therapy clients.

For S, G and L, identity conflicts seem to play out in situations where they feel that a specific problem they are confronted with would be better viewed through the lens of a traditional healing paradigm.

S, for example, explores, probes and seeks verification of her client's receptiveness before revealing her sangoma self. Her investigative tendencies manifest very clearly in the relationship with me as researcher. S uses the first interview to assess and gather evidence about my own identity before revealing herself in full sangoma regalia on my return for the follow up interview. Although she sees the interaction between paradigms as *"a beautiful thing"* and expresses a wish to see how the two systems of healing may be integrated, she hints at some anxiety that this may not be an easily achievable process: *"I hope and I wish that I will continue to combine the two because I feel that people need that. In fact I am seeing lately a lot of coming together of knowledge systems and I hope that is going to happen with me as well".*

G exercises similar care in evaluating her clients, but concedes that her ability to discern her client's receptiveness is not always accurate*: "So that is why sometimes I will tell myself, I won't go into that because that is not where they are at. But usually I am wrong. Sometimes, actually let me say every time I am wrong".* She offers an example where her own prejudices sometimes get in the way when confronted with a white female client whose son had died: *"And I wanted to talk to her about the ancestors and I decided no I am not going to because I thought she is white, she won't understand and I left it".* Her words hint at some underlying fear that Western and African healing paradigms are incompatible. In instances like this, it may be a combination of false assumptions as well as inner doubts that hold G back from revealing herself as a sangoma. I hypothesize that there may be an element of self censure driven by a fear of offending her internal and external authority *objects* that prevents her from assuming her preferred professional identity of sangoma. In this way she tends to foreclose on the possibility that something from one paradigm may be helpfully incorporated into another.

L encapsulates how she feels about working within two different paradigms in the words *"I am constantly in two worlds".* She refers to the challenge of *"holding two frames of reference and seeing how they can be integrated"*. Her words raise the question of how exactly this integration may play out.

In the literature, Thornton (2002) contests the notion that integration is possible or desirable. He suggests that while it is common practice for South African traditional healers to *incorporate* modern or Western ideas in their practice, it does not necessarily follow that Western healers reciprocate by incorporating traditional practices. However, according to Wreford (2005) this mutual incorporation would arguably be very beneficial. Louw and Pretorius (1995) and Thornton (2003) nevertheless argue that integration or blending of these two healing systems is not possible because of the stark epistemological differences between Western and African paradigms. It is thus of great interest that someone like L entertains the possibility of integration and intriguing as to how she attempts it.

It is interesting to note how L carefully weighs up whether introducing something that may be out of her client's frame of reference, or even culturally alien, will be enabling or counterproductive to the healing process. In confronting these dilemmas, L chooses to exercise caution and prioritize the well being of her clients by assessing their receptiveness to a different worldview. Although she is not an advocate of cross-over between paradigms, there have been times, in her experience, when crossing over has been beneficial to the client and she had derived a great deal of satisfaction in witnessing possible ways in which the two paradigms can work together. What remains unclear is whether in these moments L would describe herself as seeking to incorporate something from one paradigm to another, integrating paradigms or aiming for complementarity.

In summary, there are interesting variations as to how participants perceive and manage interactions between paradigms. A and E tend to be less cautious about attempting to incorporate, integrate, find complementary ways of working, or adopt completely unique forms of practice. G, S and L, on the other hand, exercise more caution and tend to carefully assess their client's receptiveness to being introduced to something outside of a familiar healing paradigm and weighing up would be in the client's best interests. Similarly they also have very different styles of managing interactions between paradigms. Lastly, two point scan be made that apply to all participants: 1) all five have, at some point as psychologist-sangomas, experienced difficulties in working within or across two different healing paradigms of healing and have tried to find some kind of solution to these difficulties and;

2) in attempting to engage two different paradigms there seems to be some trouble in identifying exactly how to describe these interactions as the distinctions between incorporation, integration and complementarity are often blurred in practice.

5.5. What is the psychologist-sangoma's *vocabulary* of treatment?

E describes the process of developing a healing style in the following way: "*The healer becomes a crystal and it takes time, the formation and that is what happens I think. It's like a rock artist, you form your style, your way and it is informed by many things…"* His words create a picture of a dynamic and constantly evolving approach to diagnosis and treatment: *"You develop a vocabulary over time…you form your vision… Each person is unique, each therapist will work uniquely".* The phrase *"each therapist will work uniquely"* certainly rings true for each one of the participants.

In discussing styles of practice, I aim to do the following: 1) describe how each of the participants practice. At the risk of being labelled reductionist, I attempt to record something of their styles of practice in order to begin to document a fledgling new phenomenon of healing practice in South Africa; 2) pick out examples in the data where participants appear to move out of defined roles and appear to take up identity positions (Harre and Langehove 1991; Frosh, Phoenix & Pattman, 2003) when approaching treatment and diagnosis.

Healing vocabularies

In attempting to explore the diagnostic and treatment approaches of this small group of psychologist-sangomas, I am fully cognizant that what I present is by no means definitive or comprehensive. Instead it offers a glimpse, through my eyes, of the ways in which the participants choose and use their healing tools. What stands out is the fact that none of these tools are novel in themselves, they can be clearly associated with either Western psychology or traditional healing. What is unique, however, is the way in which they are chosen, combined and applied by each of the participants.

E's practice is portrayed as being 'diverse' in style and it is possible to appreciate the interesting mix of tools he has at his disposal, drawn from both healing paradigms. He perceives his practice as being somewhat consistent for all clients across the board: "*I don't have a way of working with black people and with white people. Sometimes I use rituals with white people because it fits and it is appropriate and most often I use similar words. I talk about ancestors who are present or lost connections".*

E describes a preferred session as *"an extended conversation"* that can last up to two hours. Healing can take place in various places: a conventional therapy room, a township environment as well as his home. Although rituals are often used, the throwing of bones is not a standard practice. While E makes use of mphepho (herbs burnt to summons the ancestors at the start of traditional rituals), he qualifies this by saying that he does not regard himself as a herbalist. E reports that he struggles with the notion of diagnosis but concedes that although it is *core* to a healer's practice; diagnosis does not have to be pathologizing but can rather be used in the service of understanding and describing in order to formulate. E also includes artistic expression in his treatment approach: *"Sometimes, like a few people come to me to sculpt because they are sick. But I often use art, I get a person to draw, paint, write…to open places of expression that are often in art form".* In this way, E appears to have a palette of possibilities in the form of diagnostic and treatment tools.

S's style of practice is more difficult to categorize because she does not provide a list of her tools. However, there are two hallmark phrases that can be used in an attempt to reflect her distinctive style: 'therapeutic bone readings' and 'multi-axial diagnosis-in-an-instant'. S explains that when she does her bone readings, she does them 'therapeutically': *"Like I know that as a traditional healer we are supposed to do readings and say look this is what is happening and if you don't do this, this will happen and a person leaves with pressure. I don't do that, I explain, I would go into it, explore it. I don't do that, I explain. I contain them".* In this way S seems to combine aspects of traditional healing and Western psychology; in her opinion, to greater effect. S suggests that she relies on the Western psychiatric concept of multi-axial diagnosis but puts her own mark on it by suggesting that her diagnostic approach is instantaneous*: "I joke about it and I say we are using the multi-axial approach in an instant and, interestingly, it is not the patient that tells you, it is you that is telling the patient.*

All levels from the clinical level to the emotional level". Furthermore, her approach means: "*We go deeper faster. What can take 12 sessions in psychodynamic psychotherapy, here it happens instantly".* S thus seems to mix traditional therapeutic tools with traditional healing tools in her own unique way.

G implies that she has an *arsenal* of tools derived from a collective pool of healing resources from all three paradigms (psychology, religion and traditional healing). She uses this to reassure he client when she says: *"I am going to do everything in my power to help you. We might do it Western way, religious way and African way but I will do everything to help you".* Her arsenal includes prayer; referral to biblical texts for guidance: *"I was given Psalm 139"* as well as reliance on psychiatric and psychotherapeutic tools such as the DSM and the clinical interview. Bone readings are not a standard part of G's practice*: "…it is not my particular way because I haven't trained".* What seems to be one of G's most utilized and relied upon tools is dreams – her own and those of others - which provide a rich source of information and guidance in her ability to diagnose. Furthermore, dreams often precede a visit or a consultation and G tends to interpret them literally rather than symbolically.

A does not offer many examples of the tools constituting his particular style but suggests that, at the core, there is synergy between what a psychologist and a sangoma does: *"Eventually for me whether it was throwing bones or doing therapy, it was doing the same thing, just different trappings".* What can be extrapolated from his descriptions of style of practice is that his emphasis is on adopting a healing stance regardless of paradigm over specific tools: *"the space that I was trying to be in was the same, the same psychic space".*

Finally, L attempts to keep healing modalities and associated tools separate. In other words she appears to use in her therapeutic practice predominantly psychodynamically oriented therapeutic tools such as *containing, thinking and mentalizing*.

In her sangoma practice she will perform traditional rituals such as *pahla*[4]; bone readings; *sinyama*[5] and *femba*[6]. She also makes use of healing herbs which she refers to as "medicines".

What seems to be a distinguishing feature in L's style of practice is her use of her psychotherapeutic training as an overarching way of making sense of all sorts of phenomena, regardless of modality.

Taking roles, switching positions

Despite how participants consciously describe their practice, all appear to unconsciously alternate between taking more strictly defined roles of psychologist or sangoma to adopting more flexible and dynamic positions (Harre and Langehove 1991; Frosh, Phoenix & Pattman, 2003) in their approach to diagnosis and treatment. What is noteworthy is that none of the participants' identity positions fall into existing categories as proposed by Harre and Langehove, (1991). Instead what the examples emerging from this research seem to indicate is that there are numerous possibilities for the identity positions that individuals may take up.

G offers an example, p. 198, where as a psychologist she is called upon to give trauma counselling. Later, however, she seems to switch position a number of times. In the first instance she allows herself to be guided by the ancestors and thus positions herself as intermediary between her client and the ancestors: *"But something said to me to have survived the way she did, there is something special about her. This experience was not meant to harm her but was meant to be a wake up call for her…I think it is from my ancestors, they inspire me about that. That it is not just me".* In a second shift of position, G positions herself as invitee and participant in her client's church community: "*We were supposed to go outside for the ritual where they were going to burn a chicken, the minister asked me to go with the other ladies of the church. He actually involved me so much. He would ask me to talk, he would ask me to do things".*

[4] Pahla – a ritual to acknowledge the ancestors

[5] Sinyama – purification ritual

[6] Femba – a form of exorcism

Thirdly, she becomes the messenger of the ancestors: *"I told them, the gift of this woman is more from her mother's side, the mother's ancestors are the strongest".* This example illustrates how G is able to move out of the role of psychologist into a number of identity positions that allows her a sense of flexibility and, more importantly, a great deal of professional satisfaction in being able to help her client in this multifaceted way.

E alludes to strong feelings of constriction in his professional life when he is expected to conform to certain clearly defined roles: academic, psychologist or sangoma. By adopting the label of healer, he claims to have freed himself from the limits of definition and practices in a freer and more liberated way. In this way he can position himself in any number of ways, for instance he can shift from therapeutic expert to more of an equal conversant: "*I try and have an extended conversation".* He can take on the position of artistic facilitator: *"I often use art, I get a person to draw, paint, write."* He can also position himself as defiant rebel with a cause when he criticizes the application of Western psychological ethical regulations in a South Africa context. Through these examples E is someone who is best described by the positions he moves through rather than the roles he takes. He appears to be someone who defies stasis and consistency and would most likely defend his right to take up a variety of positions.

A presents only one example, p. 200, of how he was challenged to the core in terms of his ability to diagnose and treat a client. In this example, A steps out of his professional role as psychologist and appears to adopt the position of co-participant on a journey of self discovery: "*And I remember being afraid but I knew what I had to do and I remember thinking how can I help this woman face her own death if I can't face my own".* In this instant, he shifts position again to being something akin to an inspired spiritual guide: *"At that moment I just created a ritual and it was just the most amazingly profound moment, and if I could choose one moment it would be that".* However, in A's case, the moment of taking a position is hampered by the shadow of his professional role as psychologist and the sense of having to make a choice: "*I felt like I had to completely risk my professional identity as a therapist, mainstream Western therapist to do that".* In this way his psychological self acts as a kind of 'professional superego', recalling him to role responsibilities. It is perhaps this experience that reminds him of the deep splits in his professional identity that he cannot reconcile that also contributes to his leaving the healing profession.

S offers an example, p. 201, of a therapy client presenting with psychotic features who she intuitively feels can best be understood through the lens of traditional healing. S describes her approach to dealing with this diagnostic and treatment dilemma in the following way*: "How I deal with it is that I find out from the client about their belief systems. I find out how they understand their own experience".*

In this way, S seems to adopt the role of psychologist who investigates her client's beliefs; her history; past actions; values and attitudes in order to shape her ideas and choose appropriate words to help them make sense of what is happening to them. After careful examination of evidence, she feels sufficiently fortified to reveal her sangoma identity to her client and to prompt her to consider taking a particular route for treatment. It appears, however, that S's own propensity for internal censure makes it difficult for her to adopt a different position with her client. Instead she decides to refer her client to another traditional healer instead of treating her traditionally herself. What is interesting about this example is that ultimately S sticks to the role of psychologist by invoking ethical guidelines thereby forsaking a position of greater freedom and flexibility which she could have adopted.

L's style of practice contrasts with that of the other participants in that it can be argued that she does not appear to shift position as much as she appears to have a baseline position that she gravitates towards. This baseline position is strongly driven by a well developed thinking capacity which is engaged regardless of healing modality. Thus L seems to have an overarching psychotherapeutic approach, strongly influenced by psychodynamic theory, to diagnosis and treatment. This has been previously described in terms of her therapeutic self acting in the service of her sangoma self and is clearly illustrated in one of the examples, p. 203, of how she works in a traditional healing setting. What is interesting to note is that L seems to have secured this position in her own mind and seems at ease with this: *"The longer I work with people the more I realize that I am very much (laughs) a therapist in that space as well as working as a healer".*

5.6. Summary

In South Africa today there exists a small group of psychologist-sangomas who constitute a new and fascinating phenomenon which may grow in time. These five individuals have crossed professional boundaries and have adopted the identities of both psychologist and sangoma. Their stories offer valuable insights into what motivates them, how they perceive their professional identities and how they reconcile working within and across Western and African healing paradigms.

As a researcher I feel privileged to have been allowed a glimpse into the worlds of these five individuals who have generously described their journey to become this particular kind of healer. Their stories suggest that the process of identity transition from psychologist and sangoma to adopting a dual identity is essentially a journey of self healing. They describe their journeys as attempts to heal *wounds* of historical cultural and social dislocation, psychic divisions, disturbance and possibly other wounds that are too deep or difficult to name.

What is striking about their stories is that they illustrate what a profoundly challenging experience it is to make the transition to psychologist-sangoma. I am aware that in the course of conducting research, there has been an enormous amount of deconstruction of these participants and their experiences. For this reason I would like to acknowledge each participant as a person whose distinctive journey to become psychologist-sangoma has not only been enormously informative but has earned my deep respect.

In reflecting on the stories of these five individuals and attempting to extract what I understand to be the solutions each one reaches, I am stuck by the fact there is no single solution but rather different degrees of resolution:

A moves me by the openness and honestly with which he describes his tumultuous identity struggle and evokes my protectiveness towards him. He leaves me with the impression that his choice to distance himself from both his psychologist and sangoma selves was probably a healthy resolution in the face of intolerable conflict and anxiety. However, I sense that he still carries some regret about the loss of the healing aspect of himself.

S's story leaves me with a lasting impression that by becoming a sangoma she has managed to heal an intergenerational wound of cultural and social dislocation. Through the painful and disturbing process of shifting identity she bravely manages to integrate split-off parts of herself. S's story feels unfinished and I have deep respect for her ability to tolerate the uncertainly of how she will resolve the question of professional identity as her healing journey continues.

There is no doubt in my mind that E has grappled vigorously with the issue of his identity. He strikes me as someone who has found some degree of resolution both through his healer identity and his unconventional and unique style of practice. I am moved by his honestly in describing the difficulty of bearing the negative reactions of others to the way in which chooses to present himself. I am left feeling that behind E's apparent defensiveness there is a sensitive human being who believes in the healing power of human connection and this is what he seeks to achieve both personally and professionally.

While G and I differ in our perceptions with regard to identity conflicts, I respect the courageous way in which she has approached all three healing modalities. I admire the fact that she has at times courted disapproval and yet has also tried very hard to obtain support and permission to be who she is. I imagine that for G the process of resolution of holding multiple identities is an ongoing one for her that she will face in her own inimitable way.

L remains in my mind as someone who seems to have a firm inner resolve about being both a psychologist and a sangoma. I admire her internal capacity to tolerate ambivalence and conflict that identity struggles inevitably generate. I feel there is much to learn about the way in which she approaches dissonance, by engaging it in way that it becomes a positive and not a negative force in shaping professional identity.

Finally, what can be gleaned from the examples of how these five psychologist-sangomas see themselves, how they diagnose and treat, is that they appear to move unconsciously between roles and positions (Harre and Langehove, 1992; Frosh, et al, 2003). Furthermore, that the experience of taking up different positions affords them a greater degree of flexibility and freedom and ultimately greater professional satisfaction.

It appears that it may be helpful to begin to look at different was of constructing our professional selves and perhaps seeing professional identity as a continuum of resolution. It is possible that there are moments when people move fluidly between different positions, when identity positions are firmed or harden and when it is more useful to see someone as taking up a more static role. Perhaps for psychologist-sangomas, the notion of moving between roles and being able to take up different positions is one way of dealing with role conflicts that they inevitably must confront.

6. CONCLUSION

6.1 Limitations

A limitation of this research is that it was not possible within the scope of this project to enter into a dialogue with each of the participants about the identity position analyses made. Ideally each one should have had the opportunity to engage with my interpretation of their identity position; to confirm, dispute or even offer their own personal perspectives. This would have been particularly appropriate given the psychoanalytic stance of the method used. However, the fact that this was not possible is a reminder that this was a research exercise, not an analytic encounter, and I was the researcher, attempting to adopt an analytic stance and not an analyst. Nevertheless, it is my hope that there will be an opportunity to engage in this dialogue in some way at some point in future, should participants so wish.

6.2 Possibilities

This research project yielded extremely rich data. Unfortunately it was not possible to explore it exhaustively. There thus remains a menu of possibilities for future research topics, amongst these:

- Dreams – a comparison of the role of dreams in Western psychology and African traditional healing paradigms and a comparison of approaches to interpretation.

- Using case studies to identify dreams which can then be interpreted from a psychodynamic perspective and from a traditional healing perspective and comparisons made.

- Exploring whether there are links between specific psychodynamic concepts, for instance from theories of Bion or Winnicott, and concepts in traditional healing and if so, what the nature and implications of these links are.

- Using the differences and similarities between Western psychology and African traditional healing as a starting point to explore what effect the registration of traditional healers would have on their self perceptions and their practice.

- Comparing the experiences of a client presenting with certain symptoms for therapy with the experiences of a client presenting with similar symptoms to a traditional healer. The study would focus on approaches to diagnosis and treatment.

- Bringing all five participants together for one or more focus group discussions on specific issues and documenting what emerges – both in content and process.

- Exploring how psychologist-sangomas deal with the question of witchcraft: how they understand this phenomenon, how they identify it and whether or not they choose to work with it.

- Investigating ways to broaden the training of clinical psychologists to create an understanding of core aspects of the traditional healing paradigm, specifically the role and practice of traditional healers.

The above are but a few suggestions and hopefully there may be some fresh perspectives forthcoming regarding ways to extend this research. I look forward to seeing whether others will take up these research opportunities and, if so, what form their explorations will take.

6.3 Reflection

Finally, I wish to reflect briefly on the process of writing this research report. When my supervisor and I formulated this research topic I had no idea how stimulating an area of research it would become. It put me into contact with fascinating individuals who I felt great respect for and enjoyed interacting with.

My choice to adopt a psychoanalytic method for my analysis was at first a little daunting in its unfamiliarity and complexity but also exciting in the possibilities it held. What I could not anticipate is how deeply this method would challenge me. While I was aware of some internal conflict in conducting the identity position analyses, my anxiety was heightened when I began to draft the discussion section of the study and experienced an intellectual blockage which was alarming. During a self reflexive exercise with my supervisor, it became clear that this study, which intended to highlight the division in professional identities of my participants also brought to light my own identity cleavages. It seems crystal clear now that I resisted exploring the divisions, the conflicts, anxieties and defences in others because they uncomfortably stirred my own. In hindsight, I realize that while I am deeply drawn to psychoanalysis I also resist it. My greatest resistance relates to aspects of the notion of *unconscious communication.* Despite a rigorous training in psychoanalytic psychotherapy I still struggle to accept that what we say may not be what we really mean. On the other hand I do accept that there is a hidden dimension to the self that we and others may not always be aware of. I am therefore my own contradiction in that I can both acknowledge and question that what lies beneath our words are hidden conflicts and anxieties. Furthermore, that these anxieties can be identified through discourse and that people can use words defensively to manage their anxiety.

Ironically, in acknowledging this to myself, the words of one of the participants who appeared most hostile to psychoanalytic thinking come back to me*: "My words are very defended. They are the most defended part of my being. I can use words to disguise…You know how words can create reality".* His words could not be more psychoanalytically attuned and serve to demonstrate how professional identity conflicts are often present but deeply unconscious. Nevertheless, they are there when those of us who seek them are ready to see them.

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APPENDIX 1 – BONE READING ACCOUNT

An encounter with 'the bones'

When I first began to research the area of traditional healing and the role of sangomas, it became clear to me that the role of the throwing of bones was very central. I understood "bones" to be a term for a collection of diagnostic tools used by a sangoma which included bones of animals as well as objects such as coins, dominos, shells and even dice. I had read about the way in which bones are collected or given to the sangoma. I had seen pictures in books and had also seen collections of sangoma bones at an exhibition (Dungamanzi). However, I had never actually touched them or seen them used. Although I had met a sangoma, I had never consulted one before this research.

During the course of my first research interview with a psychologist and sangoma, L, I became interested in having a bone reading myself, but didn't say anything. At the end of the interview, I was struck by the fact that L asked me whether I had ever considered having a bone reading and I replied that throughout the interview with her I had been thinking about doing just that. I asked whether she would be prepared to do one and she said she would. However at that point we simply left the possibility hanging and parted ways.

After the interview, I raised the possibility of going for a bone reading with my supervisor. His response was that it this was fine but that it should remain a personal choice and preferably kept out of the research. At the time this seemed like a good decision because my motives for having a bone reading were not clear in my own mind: Was my motivation mainly research driven and academic in nature? Or was I motivated out of a genuine personal need to explore and experience this aspect of traditional healing, independent of my research? This to me was an important distinction because I believe that unconscious motives can influence how we choose, enter and are affected by experiences. I thus decided to let the idea of a bone reading float for a while.

A year passed and partly prompted by personal issues in my life and partly as a way of reconnecting with my research, I decided to call L to make an appointment for a bone reading. After some discussion about appointment time, L offered me an appointment on a Sunday morning at 10.00. An immediate noticeable difference between psychotherapy and traditional healing was the appointed time for a consultation. As far as I knew, psychotherapists didn't traditionally work on Sundays. Then came the question of payment. My assumption was that even though this was not a therapy session, it was a consultation and thus I asked L about the fee. I was told it would cost R300. In the research interview conducted prior to the bone reading, I remembered L telling me that the ancestors worked in cash only because they didn't know about internet transfers. In addition, she had mentioned the money paid to the sangoma had to be rolled up in a grass mat for 24 hours before it could be used. So, with three crisp R100 notes in my purse I went for my reading. I didn't know how long the bone reading would take but had cleared the morning and so felt no time pressure myself. I decided not to ask about time but to leave it up to L.

When I arrived for my bone reading L led me to her medicine room or ndumba. She was dressed in red, white and black patterned cloths. I recognized these as the cloths that sangomas traditionally wear. She wore beads around her neck.

As I looked at her, a white woman in sangoma's cloth, in my mind there seemed to be no dissonance between who she was and what she looked like. The cloths fitted and rested comfortably on her body. Her overall visual presentation was quite strikingly beautiful. She greeted me warmly despite the fact that we had not been in contact for a year and had only met one another once before. I remember that whilst she looked quite at ease, at that moment I felt quite nervous because I really had no idea what to expect.

The bone reading was to take place in L's medicine room or ndumba which is a pleasant, calm and interesting space. It is quite private and separate from the rest of her home and looks out onto greenery and water. It is cool with comfortable light coming in through the glass doors. There are large black and white photographs on the wall that are hung quite low so that when you sit on the floor they are at comfortable eye level. The floor is concrete and there are low shelves with many different objects such as jars and wood carvings. As my eye ran over the different objects I was quite surprised to see two bottles of alcohol standing in a corner - a bottle of Cane and a bottle of Vodka. Later I learned that alcohol is used when you did pahla (a way of clearing lines of communication and dealing with any problems of misunderstanding with the ancestors). Seeing the bottle of Vodka there, I was reminded that in my own Polish heritage, Vodka punctuates many important cultural events. I was amused by the fact that it seemed that both African and Polish ancestors had a predilection for Smirnoff. Little did I know that after my bone reading, I would be thinking of doing pahla with my own ancestors.

Before we began the bone reading, L explained that in the reading moved from broad to specific. Thus the first throw of bones was general in scope and could relate to issues of work, health, home, relationships or ancestors. The subsequent throwing of bones could be more specific and the bones can be thrown in response to specific questions. L explained that there are bones to outline just about every aspect or polarity of a person's psycho-social-spiritual state. When I asked about polarity, she replied that this was another aspect of traditional thinking and gave me examples such as open and closed; active or passive; in alignment or out of alignment. I was to understand this more clearly as the bone reading progressed.

L and I sat in on cushions facing one another in her medicine room. She pointed to a cloth that she had placed on my cushion and said I could choose to wrap myself in the cloth but that it was optional. The cloth was green black and white and I felt quite comfortable draping it over my shoulders. L then began burning mphepo (herbs which are burnt to open up a spiritual space and to summon the ancestors). She then sprinkled some snuff from a small calabash onto the mat in front on her and asked me to do the same. L asked me my full name and the names of my parents and at the time I was not sure of the significance of these family names. My Polish surname and my mother's maiden name made her raise her eyebrows and instead of trying to remember and repeat these foreign names, she said I should say them when she asked me to. It then became clearer to me why she was asking me about family names because L began to invoke her ancestors and as she went through her lineage she called out her own different family names. When it came to invoking mine, I assisted by pronouncing the tongue twisters myself.

L then opened a leather pouch which contained her bone collection. She offered them to me and asked me to blow into the pouch and to say my name. She then emptied the bones into her hands.

There seemed to be so many and I wondered how she would ever be able to hold them all, but she did. L then threw the bones onto the mat with what seemed to be the right kind of energy and skill. I looked down at them and wondered what they would tell me about my life. As I looked, I was struck by the varying colours and textures of the bones that were scattered in front of me but what intrigued me most was the mysterious configuration of the bones and what L would be able to read from it. L then began, in a very general way, to pick out certain bones and to comment on them. She said it would be up to me to guide her in this process and to say whether certain things made sense and if so to try and make the links between things that she was saying and what I was thinking and feeling.

The first area L spoke about was about me in relation to my ancestors. And what she told me was in some ways new and surprising and in other ways brought up things that I had already thought about. For instance, she identified that there was a line of healers from my father's side. This was a fact that I was aware of but what surprised me was that she identified my paternal grandfather as being very close to me spiritually. I was taken aback by this because I hadn't been particularly close to my grandfather when he was alive. He died when I was about 10 years old and my recollection of him was of quite a distant figure. The other ancestor that was pointed out to me was my paternal grandmother. She was identified as having a strong gift for healing. Now this was not as much of a surprise. I knew that my grandmother had been a nurse and had heard my father, whose family had been refugees, repeat many stories of how his mother had saved his life through her quick and timeous medical interventions. What I did not immediately remember, but which seemed to arise from the recesses of my memory later on in the bone reading, was a story related to me by my late paternal aunt.

One night after a glass of sherry that loosened her tongue, my devoutly Catholic aunt told me about her mother's grandmother, my great, great grandmother. The story is set in rural Poland and this part of my oral history was passed down to me in this way. My grandmother's own mother had abandoned her and she was raised by her grandmother. My aunt described my great great grandmother in terms that made her sound to me like a traditional healer and herbalist. She apparently was drawn to the practice of healing through her own illness. She apparently developed a terrible growth, wart or tumor of sorts and was in a lot of pain and seriously ill. The story goes that she had a dream and in this dream it was revealed to her what she needed to do to heal herself. She was shown where she would find a specific herb to treat her growth and restore her health. She apparently dragged herself to this place and found the herb, returned home, brewed this herb and was indeed cured. From that time onwards she became a healer and a herbalist and subsequently treated many people.

What astonished me was how this story emerged from the deep well of memory when it was triggered by what L told me about healers from the paternal side of my family. I had been told this story about 15 years previously. L smiled as I told her this and I marveled at how I was able to link what was indicated in the bones with something from my past that I was not consciously aware of when we began the bone reading.

What I have come to think about subsequently is the uncanny parallel between my great grandmother's call to healing through a vision or revelation and stories of the calling that African healers or sangomas have experienced. When L referred to my grandmother as an ancestor, I corrected her because my grandmother was still alive. L looked again at the bones and said "she's here but her spirit is gone". This was felt like a more accurate interpretation because my grandmother is indeed alive at the age of 94 but is no longer present in this world because of senile dementia/ Alzheimer's.

L looked again at the configuration of bones and commented that my ancestors were close by and seemed to surround me. In a strange way that I did not fully understand instead of feeling the strength of ancestral links, I became aware of how much disconnection I experience from my origins because of my family's traumatic past. Both my parents' families were Polish refugees who were displaced from their country of birth and spent years moving to different countries experiencing dislocation, discrimination and incredible disturbance and distress. In that moment I felt acutely aware of the enormous fragmentation that has reverberated through generations of my family.

When I spoke of this, L said that it would be important for me to pahla with my ancestors to feel more in touch and in alignment with them and most importantly to acknowledge their presence in my life. Pursuing the theme of lack of alignment and disconnection, L looked over the bones again and commented that it seemed that there was a need for greater alignment in relation to my new profession, that of healing. When I asked her to say more she replied that it seemed that it was not yet clear how exactly I would use my newly acquired training as a psychologist. In saying this, she managed to allude to my own personal struggle to reconcile seemingly different worldviews: that of a strong alignment to psychoanalysis with an interest and respect for spiritual aspects of healing. It suddenly struck me that my interest in the identity of psychologists who seemed to straddle different worldviews was also my search for identity and direction as a newly trained psychologist. It also made me realize more generally how many polarities, contradictions and parallel worlds I hold within my own life and perhaps my interest in the lives of others who share a similar experience is part of my own search for greater understanding.

L's reading of the bones also included identifying whether the bone that represented me was upright or face down to signify whether I was active or passive in the world. It was a relief to hear, after a rigorous psychological training process, that I was active. However the shell, which represented my voice, was face down. L interpreted this as my struggle to express my self. This resonated very powerfully for me. On the one hand I was able to console myself by saying that as a trainee psychologist this was to be expected as I was still going through a process of finding my voice. However what I couldn't easily dismiss was that this was a recurring message, one which I had very recently received from one of my internship supervisors who had commented in her inimitably direct way "I can see you have ideas but you seem to sit on them". She was encouraging me to express my thoughts and to speak out more. Here was an interesting link between what was being show in the bones and what seemed to be a persistent pattern which needed to be addressed.

The focus then changed to look at me in relation to family dynamics. L looked down at the bones and in a focused way she read the bones and commented on a dynamic and the role I play. What she said hit very deeply and very quickly and took my breath away.

In that moment I felt so much emotional pain that my ears filled with tears and all I could do was shake my head. The next moment L began to repeat a Zulu praise song:

Many blind flashes,
The one eyed sheep comes from the south
It's Shepard is also one-eyed
Don't follow the sheep
It's child will butt you.

When I heard the words it felt as if they penetrated directly to the heart of my experience. These relationships indeed left me feeling butted and battered. I was so taken aback by how perfectly this praise song encapsulated my experience that I asked L to repeat it because I couldn't quite believe what I had heard. Hearing this saying released my words and I was able to tell L how incredibly accurate she was.

During the course of the reading L picked up on a very painful past experience that in my mind and also in my own therapy, had felt resolved. However when she touched on it, I realized that it was still alive for me and was in fact one of the issues causing difficulties in one of my primary relationships. This was something new and surprising and the fact that the bone reading had pierced a veil of resolution and confronted me with the fact that this issue had not entirely been laid to rest, really unsettled me. Without knowing any of this, L's comment was that this issue still needed to be dealt with and gave me a concrete way in which to do this. Concrete solutions are rarely the preferred route of psychodynamic therapy. However in this context it felt appropriate. L suggested that I pahla with my ancestors to find out what ritual I needed to perform to lay this difficulty to rest. In this sense then it felt as if there was a marked difference in approach between a traditional healing and western psychotherapy.

At some stage, L must have assessed the situation and suggested that it was enough for the time being. We had spent over an hour and a half together, much longer than a 50 minute psychotherapy session. In some ways I began to see the value of the 50 minute session because it defined the time and to some extent the intensity of the encounter. When L stopped our session I was relieved because it had been a very emotionally intense experience in which I felt that I was starting to get lost. I was thus unable to regulate the length or depth of the experience myself. Interestingly L and I made no follow up appointment for another bone reading or for the pahla with my ancestors. In fact her words were "I don't see a time right now". However we did have a vague arrangement that we would see one another after she returned to Johannesburg after a trip towards the end of January. I felt a little left out on a limb, a little insecure. I felt I had been dropped into the deep end of an alien experience and now I was being left to swim.

After the bone reading I went home. I felt very stirred up by what had happened during the bone reading and felt the need to share it with someone. In retrospect this was not the right thing to do because I had no had time to process it and so what came out was raw and distressed content and emotion. Interestingly the next morning L sms'd me to ask how I had been after the bone reading and I replied that it had been helpful but very hard. I didn't hear from her again. I wondered about that sms and appreciated the contact which in a strange way was quite containing. However it made me wonder: Was she concerned about me? What she was really asking about? Was she checking whether I had become sick? Was she interested if I had dreamed after the reading?

Was she asking if I exhibited signs of bodily discomfort or pain that may be an indicator of something? I was left with a host of unanswered questions.

What has been helpful for me was the knowledge that I could take some of the issues that were raised in the bones reading to my own therapy. There, in a contained space, in the presence of my therapist I have been able to explore some of the thoughts and feelings evoked by the bones. Psychotherapy has thus provided some of the much needed containment at times when I have needed it. In strange ways the bone reading also helped to confirm some of the things that I have explored and dealt with in therapy. It helped to provide the much needed final word or resolution on an issue that continues to float in psychotherapy.

I also began to reflect on the bone reading experience. My first thought was that the bone reading had been very intense and very penetrating. It had also felt very accurate in terms of providing a reasonably accurate picture of what was going on in my life at that time. It highlighted some core issues and difficulties that I faced. I liked that, I found it helpful to have an immediate and quite concrete, visual representation of the state of my psyche presented to me through the bones. It helped to focus me on the state of my life at present.

As I thought back on what had happened I began to think about some of the similarities and differences between what was happening in my interaction with L, the sangoma compared with what happens in therapy. What was also very interesting for me was that whilst L seemed to sift through the bones and comment on different things, it was up to me to decide what to pursue and what to leave alone. I was very aware of the areas that I wanted to avoid and wondered whether this was a sign of health self regulation or whether this was perhaps a form of resistance, similar to what happens in therapy. I was also aware that during the bone reading it was up to me to make the links and this felt different to therapy where often the therapist makes those links for the client.

APPENDIX 2 – INTERVIEW SCHEDULE

When did you become a psychologist?

How did you experience the process of training as a psychologist?

How long did you practice as a psychologist before becoming a sangoma? In what setting did you work?

Please describe how and why you became a sangoma. How did you experience this process?

What personal and professional events influenced your decision to become a sangoma after training as a clinical psychologist?

Has your choice to train as a sangoma in any way been influenced by the socio-political and historical context of South Africa? If so, how?

Please describe the clients you see and the problems they present to you as a sangoma.

How do you view the interaction between clinical psychology and African traditional healing?

How would you describe your professional identity now?

Do you think the professional identity of a clinical psychologist has anything in common with the identity of a sangoma? If yes, what are the common aspects? If no, please explain.

As a sangoma, do you subscribe to an association, ethical code or professional guidelines?

How do you reconcile the ethical codes or professional guidelines of clinical psychology and traditional healing?

How do you reconcile issues of advertising of services and billing of clients?

What do you think people like you would do if you faced an ethical dilemma?

As a sangoma, how does your approach to diagnosis and treatment compare with those when you were a psychologist?

As a sangoma, do you continue to identify with the values and philosophical assumptions of clinical psychology?

Does your psychological training in any way influence your work as a sangoma? If so, how?

How do other clinical psychologists relate to you since your training as a sangoma?

Do you still practice as a psychologist?

Are you still registered as a clinical psychologist?

APPENDIX 3 – RESEARCH FORMS

SUBJECT INFORMATION SHEET



School of Human and Community Development
Private Bag, 3 Wits 2050,
Johannesburg, South Africa
Tel: (011) 717-4500 Fax: (011) 717-4559
Email: 018lucy@muse.wits.ac.za

My name is Annette Wozniak, and I am conducting research for the purposes of obtaining a Clinical Psychology Masters degree at the University of the Witwatersrand. My research aims to find out how people who are both clinical psychologists and sangomas perceive their professional identity. I would like to invite you to participate in this study.Participation will entail being interviewed twice by the researcher. The interview will last for approximately 60 minutes. Participation is voluntary and you may choose to withdraw from the study at any point. You will not be advantaged or disadvantaged in any way for choosing to participate or for refusing to participate.
All of your responses will be kept confidential, and unless you give express permission, no information that could identify you will be included in the research report. You may refuse to answer any questions you would prefer not to. The interviews will be recorded and transcribed. A summary of end results will be available for you to read if you are interested to do so. Only with your permission will portions of the transcripts be included in the research report which will be lodged in the University of Witwatersrand Library.

If you choose to participate in the study I can be contacted at Cel: 0824509733 or email: wozjohn@mweb.co.za. I will contact you within two weeks after hearing from you to arrange an interview with you at a convenient time and place.

CONSENT FORM (RECORDING)



School of Human and Community Development

Private Bag, 3 Wits 2050,
Johannesburg, South Africa
Tel: (011) 717-4500 Fax: (011) 717-4559
Email: 018lucy@muse.wits.ac.za

I _____ consent to my interview with

Annette Wozniak for her study on The Professional Identity of South African Clinical Psychologists who are also sangomas, being tape-recorded.

I understand that:

The tapes will be transcribed by the researcher and the data will be analysed
All tape recordings and transcripts will be stored safely at the University of the Witwatersrand. Once the research report has been evaluated and there is no further need for the tapes, they will be destroyed.
Significant quotes from the interview material may be included in the research report.

Signed _____

CONSENT FORM (INTERVIEW)



School of Human and Community Development
Private Bag, 3 Wits 2050,
Johannesburg, South Africa
Tel: (011) 717-4500 Fax: (011) 717-4559
Email: 018lucy@muse.wits.ac.za

I _____ consent to being interviewed by

Annette Wozniak for her study: The Professional Identity of South African Clinical Psychologists who are also sangomas.

I understand that:

Participation in this interview is voluntary.
That I may refuse to answer any questions I would prefer not to.
I may withdraw from the study at any time without negative consequences for me.
No information that may identify me will be included in the research report, and my responses will remain confidential. However, I understand that given the small sample that I represent, I may be identified in some way.
There are no personal benefits associated with my participation in this research.

Signed _____

APPENDIX 4 - EXTRACTS

G

What I find, like I had one client and eventually because of what I said the minister of her church got very interested in meeting with me. I had suggested she has a ritual and I was invited to the church because they were thinking in the same way. She had told the minister and he said yes it is true we need to do this. So she had it last year September.

Did she come to you as a sangoma or as a psychologist?

No she came to me as a psychologist because she was traumatized. She was almost raped. She was taken hostage and left in the middle of the night far away from home. So I was asked to see her. I did a trauma debriefing. And sometimes after a while you see what is going on here but I will never say that in the first session but later as we go on then there will be a time when I bring it in.

Can you explain how will you bring it in?

I will say you don't have to answer me but are you aware of certain things. Or I will ask certain questions. But the fact that she was in this situation showed me that there was something special about what happened to her, that they didn't touch her. But she was a young person and I didn't know what church she was going to whether she was born again or what. But something said to me to have survived the way she did, there is something special about her. This experience was not meant to harm her but was meant to be a wake up call for her.

Where do you think that knowledge came from?

I think it is from my ancestors, they inspire me about that. That it is not just me.

And then what happened?

We went to her church, I was invited. We had a whole night vigil. One of the interesting things was that I wanted to take imphepho to burn there but I forgot it here. So I realized that her ancestors don't need the imphepho and it was confirmed to me because when we were supposed to go outside for the ritual where they were going to burn a chicken, the minister asked me to go with the other ladies of the church. He actually involved me so much. He would ask me to talk, he would ask me to do things. So I went with these two ladies and I had already lit the candles of her father and her mother's ancestors. The woman had asked me to do the ritual before all the other people arrived because she said she trusted me. So I did the ritual before we all went into the big tent for the church service. And I told them, the gift of this woman is more from her mother's side, the mother's ancestors are the strongest. And when the candles started burning, the candles of the father's side went out soonest and even in the morning the candles of the mother's side were still burning.

E

What do you imagine, someone like you who is both sangoma and psychologist would do if they had an ethical dilemma?

Like what?

What about something like confidentiality? Perhaps wanting to do engage in a ritual that you know your clinical colleagues may frown upon because it went against the ethical guidelines of the HPCSA?

I've been doing that for 22 years.

Is it an issue for you?

Well of course it is an issue! Because people would frown at it. But you have got to choose. One of the things is about confidentiality. So now there are ethical rules about confidentiality so basically you don't tell anyone. So very often what happens in therapy is a secret and that is what the ethic is. The secrecy, they call it confidentiality. Now in some ways I like that because I mean I am not just going to go to court and give my records but at the same time when I started X which is in the township I had to form a different idea of confidentiality when I started realizing that confession in the group is a healing modality, so here the people are hearing what the problem is. In some way I am breaching, I'm between these ideas and you have to choose and context and where you are because part of ethics should be that you are sensitive to the changing context in which you work. These ethics which we have which are the rules assumes a certain standard of practice, it assumes a certain way of thinking, it assumes that peoples are in a relatedness which needs to be defensive. The only reason you do things this way is so that someone doesn't take a lawsuit against you and you have to protect yourself with millions of indemnity. This defensiveness and in some way, ja I've got to choose and that was part of the struggle of attempting, I'm not saying I've done it but attempting to form a relevant psychology, psychological practice within this context in South Africa. I mean I worked in a way that people said why is he working there?

A

That was more frequent in the beginning. I don't know if all therapists think like this but there were some therapies that struck me as being particularly profound and that didn't mean that I would go around swishing the animal tail, but I would certainly infuse those therapies with prayerfulness or a ritualistic quality. I mean one of the people I saw felt that she was going to be consumed by her mother and it felt like she was confronting her own death and at that moment I just created a ritual and it was just the most amazingly profound moment, and if I could choose one moment it would be that. What I had to do…I'll tell you this but I don't really like talking about it but I'll tell it to you, because I felt like I had to completely risk my professional identity as a therapist, mainstream western therapist to do that. And I remember being afraid but I knew what I had to do and I remember thinking how can I help this woman face her own death if I can't face my own. And then we did this ceremony which I planned. I said to her you have to bring this, that. We did candles, we did the ceremony. It was astonishing and the way the ceremony carried her through the encounter with mom which was the absolute nadir of the therapy was astonishing.

S

I remember you once said there were times when you were with a patient and you had to make a decision about which route to take, about whether to bring in your knowledge as a sangoma or whether to keep it in the therapy fame. That point at which you grapple with it is something I want to ask you a bit more about. What happens when you grapple with it, when you are facing that decision on how to proceed?

How I deal with it is that I find out from the client about their belief systems. I find out how they understand their own experience. I find that that is very helpful because I find that there are people who consult traditional healers and then it comes up. They will say I went to see a sangoma and I say well what did they say, then we explore that. That gives them the freedom to continue. And I also explore how they feel about what we are doing. And they have a choice. A few weeks ago I got a client in one of the clinics. From the minute she walked through that door, I knew, I could sense what was happening. But I am a psychologist, in a clinic. So she came and she spoke and described what can be understood as psychotic symptoms and she was expelled from work because she was seen laughing inappropriately and talking to herself and she was very irritable with other people. She basically presented like somebody who was depressed and with psychotic features. Then I explored her beliefs and she told me she is a born again Christian. So okay she is a born again Christian and she is not going to go to a traditional healer and I asked her how she thinks we can help her so she said maybe she needs medication because she thinks maybe she is going mad. So I said okay fine then I contained her as a psychologist and I referred her to a psychiatrist and I was hoping that the psychiatrist would give her medication to help her cope and alleviate her distress because she was stressed because of other experiences and other life circumstances, something that would help her sleep at least and calm her down. Now I meet her the next week and I asked that I would like to meet the psychiatrist. The psychiatrist did a thorough interview and he also asked her about her beliefs, I read the notes and the psychiatrist didn't give her medication, but recommended psychotherapy (laughs). So at that point I thought, okay, okay (hysteria in her voice)

What did you do?

I took the notes because I couldn't believe it when she said that the psychiatrist did not give her medication and I felt okay perhaps on that day, because she'd seen me and then went to see the psychiatrist the next day. I thought perhaps she felt much better because she had seen me already, perhaps her presentation that day, she didn't look depressed at all because she was not actively hallucinating. She had experienced this (the symptoms) about a month ago. Maybe the psychiatrist had said there is no need for medication now. But now she is back and sometimes the psychiatrist gives sleeping pills and people are okay with that. This psychiatrist did not even give her sleeping pills (laughs). I was angry at first…

It seems that in that situation you wore you psychologist's cap, you labeled it psychosis or depression with psychotic features and referred her to the psychiatrist but as a sangoma, how would you make sense of her illness?

Because when she walked in, that is the difference between a psychologist and a sangoma, when she walked in I could sense. And as I was talking to her I could see that this was a person who is also spiritual

You recognized thwasa?

Ja, ja. I did and I could feel it. I could feel it in me, I knew, I had no doubt. But again, it is not within her belief system and if she is a born again Christian there would be a way of dealing with this, the pastor would pray for her and we explored that and she said she has been to the pastor and all those things and demons and this is her reality, this is her life. Then she came back the 2nd session and there was no medication and I did my assessment and if she is okay, then she must go back to work. I wrote my notes, okay, I did the MSE, she's fine. So I wrote my notes and wrote a letter to the employer that she can work because she was not expelled but she was advised to go and seek psychological help. So I wrote a letter to the employer and I was hoping that she would be fine but that next week she was back again. Third session now, I can't get rid of her and I know that as a psychologist I can help alleviate her distress and stuff but that is all I can offer her. So she came back and we discussed what the employer said and other things, I couldn't because it is our last session and I am finishing in March, then I explored her beliefs again. Now she told me, she disclosed that she had gone to see a prophet, like the Zionist people who then told her that it is her ancestors and she is suffering because she has stopped doing rituals that were important. Sow e explored that when did she stop and she only stopped a few years ago. All along she was raised in a very traditional family and a few years ago she converted to Born Again. And before, her family they go to Methodist Church if I'm not mistaken or Anglican Church where African ways of living or religion are accommodated. But then this time I took a risk. I told her that I am a sangoma, this is who I am. I said I am going to tell you something you may not be comfortable with hearing it but I said to her look we have explored these things from a psychological point of view, I even sent you to a psychiatrist and the psychiatrist sent you back to me and this is what I can offer you as a psychologist. How ever there is this other and then I gave it to her. And she said ja, it was at that point that she said actually last month I went to see this persona and that is what he told me and I said and what have you done about this and she said no I haven't done anything about it. And it is not something that needs medication, herbs or anything, it is just frame of mind. It is acknowledging certain things about yourself. Now that is something that a psychologist can do. Now working with a client like that, now I am comfortable doing that because I can say from a psychological point of view, I am assisting a client to understand her own reality.

Understanding her own reality is one thing, but ethically as a psychologist would you…Let's rather say hypothetically someone who is both a psychologist and a sangoma, what do you think about the role of that person in helping or assisting that client to go through thwasa if they were open to it?

Right now, I think I wouldn't.

Would you refer them?

You know we have got our regulations, it says something about dual practices and my argument is, would it be ethical for me to watch somebody suffer when I know this person can be assisted. But at this point in time I would not refer somebody but I would sit with them and make them comfortable with seeking that kind of help

Are you saying strengthening them to make a choice?

Yes.

That is the point you would go to at this stage?

At this stage

It is an interesting question you raise about watching somebody suffer…

When I have answers to her questions!

L

You spoke a bit about your psychological training and the way it influences your work. You said it helps you to do things like interpret, it helps you to think about containment. Do you have any other concrete examples of how that psychological training helps you in your sangoma practice?

(Very clear, quick response)
I think it helps me in many many ways. I think that one of the things that helps a lot is that I'm thinking about things and I'm thinking about what does this mean, what happens to this person in the situation, what are the links. I think it is way of thinking that is one of the main things that I brought with me. Because if I think if I had just gone straight into being a healer I am not sure I would have had the same way of being in that space with a client. So I would be thinking with them and thinking about what is happening when they are present and even when they are not present. You know if I do a treatment and it's got a healing component to it, but there is also a psychological way of thinking about that treatment even if I don't hear it with a client, it is in the room. I'll give you an example of a client where I did exactly the opposite of what I would do in a therapeutic space. A client came in and we were working, she had come to work traditionally. We had done some very good work with treatments together, some very good work together and she said look I'd like to come to you weekly because this is what I really need. And about 4 or 5 months later I had said something previously and she came in she was furious with me, furious, she said I am so angry about what you said M. And I looked at her and I said look the space that we are working in here is not a therapy space, I can't use the tools that I use as a therapist, I can't work in that same way here with transference and countertransference. I may not even have used that language. I said I want you to know that in this space it is very very different. You have been in therapy so in this space I would work with the anger, with medicines but mainly you are going to need to take responsibility for your own anger. I understand, I went through exactly what it was that set her off and got her angry and linked that to work she was doing around her mother and did all of that but I made it really clear that I was working in a different space and in a different way. And when we had completed that session it was a really powerful session because 1) she had to take responsibility for something for herself which she could do psychologically, she had enough of that psychological intelligence to do that and 2) that I was very clear but at the same time I did not leave her in a place where she couldn't digest or metabolize that stuff. I said okay lets see what does it really mean that you are angry with me, let's see what happened to you and then we made sense of that and then she had somewhere to put that and that was very helpful. But it was that balance of being in two worlds and to try to balance so that she didn't feel abandoned and that I could still do the internalizing for her and the meaning making, making meaning and feeding it back in a way that she could take it on. And in the same way, saying look if you really need to work with this, maybe you need to go back into therapy. But it was good, she stayed with me a long time. Now she is still with me and she is fine. Now I make psychological interpretations without any of the complexity because the field is there for it now.

Just to clarify, was she angry about a psychological interpretation you had made?

No, she was angry about a comment I'd made that I knew she was angry with her mother when I had been thinking about her for months in my head and I thought she is furious with her mother. Now we have 2 problems here. One, is that I am not her therapist in this space and yet I can still contain her therapeutically, that's what happened.