

PREFACE

My interest in psychology, and in personality research, came about through the effects of stress in my own life plus a fascination with the people around me. In terms of stressful life events, I had my fair share at a young age. Not much more than an infant myself, I witnessed tremendous grief when my parents lost a baby through a cot-death. Some years later (just before my tenth birthday) a dog bit my left eye severely. He first tried to bite my throat, and if he had succeeded I may not have been here today. Survival instinct somehow manoeuvred my body so that as he bit, it was into my eye instead of my throat.

For some time, no-one knew if I would recover the use of the eye, or how bad the scars would be. Far worse than the physical damage, however, was the psychological impact. My self-image, my childish assumptions about the goodness of life, and my confidence had all been shattered. My self-image issues were to be intensified in the coming decade by my sporting a mouthful of metal as I underwent extensive orthodontic treatment.

In addition, a social fiasco unfolded as a result of the dog-bite, with my classmates taking sides in debating whether the accident had been my fault or not. This was at least as distressing as the injury itself. Then the dog bit a baby, and had to be put down. The owner of the dog, who had taught me ballet and whom I had admired enormously, committed suicide. I assumed it was my fault, and only found out when I was thirty that she had suffered from alcoholism and that this had been her fifth suicide attempt.

Two years after my dog-bite, in 1977, my father was banned for his anti-apartheid publishing activities. My family entered a four-year period of anxiety, uncertainty and complicated social relations. I am genetically wired towards insomnia and it kicked in around this time, and I didn't sleep much for some years around puberty. In the midst of this, my paternal grandmother, who was living with us at the time, died.

The primary school I had attended was a private girls' school, where everyone knew everyone else and the classes were small and very stable. My best friend and I had thought nothing, at age eleven, of discussing the similarity between the structure of an atom and that of a human life. With the individual situated in the centre like a nucleus, the electrons and their orbits represented other people and things like family, school, and girl guides (and, of course, the security police). In my psychology Honours year I was amused to find a diagram of the ecosystemic approach which looked much the same.

When I got to high school, which was a large government school, I was overwhelmed by the sheer number and turnover of my classmates, and the realisation that I would never get to know even half of them. I desperately missed the philosophical chats with my best friend, who had been sent to a private school. The school curriculum seemed to deepen the boredom and depression which increasingly dominated my inner world, and by the age of fourteen I had found welcome distraction in furiously drawing pie charts of my classmate's personalities. I plotted three dimensions: overt presence of attribute (how big the slice of the pie was), enduring nature of attribute (how long the slice of the pie was), and intensity of attribute (the colour or shading of the slice). Soon I realised that this process was itself at least as fascinating as the personalities I was trying to depict. But I sensed that if one was to do this sort of thing seriously, mathematical calculations would be necessary. Not having access to a university library, eventually I gave the hobby up as

bad joke. A couple of years later I was sent to a weekly afternoon class for under-achieving gifted children, but all they did was give us extra literary networks.

By the time I was in my mid-teens, I was suffering from clinical depression and post-traumatic stress disorder (PTSD). I was the only one who realised that I was depressed, and the awareness came from reading about psychology in a general reference book from my parents' bookshelves. The insight that PTSD had been a major contributor to my adolescent woes came much later, in my Honours year. By then I had begun a slow and intermittent relationship with the study of psychology (and some intermittent therapy, too). Some of the lapses between my periods of study were due to the uneven development of my intellect and emotions, while others were purely due to my life circumstances and lack of finance.

At the age of eighteen I gained my first experience with disabled people when I did some voluntary work at Forest Town Nursery School. I was impressed when the headmistress reminded everyone in her end-of-year speech that "we all have disabilities, only some of them are more visible". For a year at around the same time, I studied creative writing with the late Lionel Abrahams, who was a cerebral-palsied wheelchair-user. He, too, helped me to perceive people in their totality, and often in remarkable and inspiring new ways. Subsequent voluntary work at a centre for head-injured young adults, at Camphill Community (a therapeutic community for people with intellectual handicaps), and with people with Aids helped to solidify my respect for people with disabilities and chronic or terminal conditions. These experiences also helped me to appreciate the essential goodness of people.

In terms of my own physical health, as a child I had suffered from frequent ear infections and other viral-type symptoms, and had my tonsils and adenoids removed (the latter, twice). I also suffered a bad bout of tick-bite fever when I was about seventeen, after a glorious hike in the mountains. Around 1996, when I completed my Honours degree in psychology through UNISA, I suffered from persistent pain at the base of my spine. This went on for more than a year, and no doctor seemed able to make a diagnosis. By the time the problem was diagnosed and the need for an operation was declared, matters had become urgent and my immune system had probably been compromised by the infection which had apparently been there all along.

In 1997 I was diagnosed with Epstein-Barr virus. The doctor could give me no advice regarding this condition, so I started exercising rigorously and frequently to try and build up some fitness. I now know that this was one of the worst things I could have done.

At that time I was in a quandary about my life. My work was becoming increasingly important to me, especially since I was busy ending a nine-year relationship. Like hundreds of other hapless psychology graduates, I dreamed and hoped I might be accepted into a clinical psychology course. But at the same time, I knew that this option wasn't for me. Clinical psychology is about pathology and pathologising, and that didn't suit my personal orientation. Besides, my phobia about statistics had been cured, leaving me to realise that the subject was, in fact, one of my strongest, and that if I should pursue anything, it was that. I was confused. At that point, I didn't know that such a thing as the "salutogenic paradigm" existed. Luckily, I was only ever short-listed for clinical psychology, and was never offered a place.

Ruth Benjamin suggested that I might consider a research-based Master's degree. I will be forever grateful to her for this guidance. In 1998 I began a psychometric internship and was in the process of registering for an MSc degree through the Department of

Psychiatry at Wits Medical School, but personal circumstances prevented me from completing either. The resultant unhappiness and frustration were the catalyst for my developing, within the next year or so, myalgic encephalomyelitis (ME). With my background in psychology, I had always—like numerous others still do—assumed that ME was a primarily psychological affliction. I now know otherwise. I had a very viral experience, which was exacerbated by a whiplash injury sustained when a drunken driver crashed his car into mine in January 2001, as I was preparing to leave for Taiwan to teach English.

I returned home from Taiwan after only three months, having lost every cent and every remnant of my health and dignity. For a long time I was largely bedbound, and was surrounded by people who thought I was malingering or depressed. But having suffered from true depression as a young adult, I knew that was not the case. But I was sick with all kinds of infections. I was teaching English on a part-time basis and editing academic papers, and had been reduced to partial dependency on my long-suffering family.

In late 2002, as I was slowly regaining a modicum of stamina, I saw an advertisement in the local newspaper for openings in the Research Master's degree programme at Wits. I begged my old friend from primary school (who was by now a surgeon) for money for the fees, and registered. I wondered whether my sick body would manage the demands of part-time study in addition to part-time income work. It didn't. I completed only one course during that first year, and was nearly always too sick to get to the lectures. The frustration was immense, as were the pain and fatigue. Towards the end of the year I negotiated to do the degree by dissertation only.

I had known about the Hindu *chakra* system since my early twenties. Although I used it as the basis for a technique which I presented to two art therapy classes after completing my Honours degree, I doubted that the *chakras* could have much relevance to Western psychology. In late 2003, as I was beginning the research reported in this thesis, I moved to a Buddhist retreat centre. While living here I have been exposed to fundamentally different ideas about what it means to be human. It came as a bit of a shock to find out that most “self-respecting” Buddhists are not that at all. Personality is not a cherished concept for Buddhists.

The synchronicity between my immersion in this kind of culture and my embarking on a degree in personality research posed a challenge I could not ignore. What would the implications of such a radical viewpoint regarding the self be for personality research? And what about the African culture of *ubuntu*? If one defines and values oneself primarily according to one's relationships with others, how might this affect one's personality and the measurement thereof? In attempting to answer these questions, I have inflicted on the academic world a lengthy literature review. I do, however, believe that these questions are important.

I still live with ME. But over the years I've met too many inspiring and lovely people with disabilities—and again during the course of this research—to feel ashamed of having a disability myself. Instead, my condition influenced the choice of my research topic. As for my plans for the immediate future, I will continue to learn about life, and to write. It probably just won't take an academic format.

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