

# Re-imagining our careers in post-apartheid public psychology: A collaborative autoethnography

## Abstract

*This article is the product of many conversations, debates and reflections amongst three colleagues, as we contemplated our careers as clinical psychologists in the public service in South Africa. Having trained at roughly five year intervals since 1995, our paths intersected in 2013 when we found ourselves working together in a public hospital in KwaZulu-Natal. Using a collaborative autoethnographic approach, we interrogate the politics of post-apartheid psychology training and practice. We engaged in three cycles of personal, critical and collaborative reflective strategies. Our shared insights suggest that our careers are meaning-making journeys of anger at, but inspiration from, the public health care system. Inhabiting the roles of psychotherapist, activist, and philosopher, our methodological intention is to lose objective dispassion and use radical subjectivity, both in form and content of this article. We unearth, probe and question our personal, often unspoken, thoughts about our professional identities and argue that psychology in South Africa is not doing justice to the historical injustices it ought to be helping alleviate. We hope that this article inspires and emboldens psychologists to use the transformative power of their own voice to write the personal into the political, as a necessary disruption to current academia.*

*“The hope of a secure and liveable world lies with disciplined nonconformists ... The trailblazers in human, academic, scientific and religious freedom have always been nonconformists. In any cause that concerns the progress of mankind, put your faith in the nonconformist!” – Martin Luther King, Jr, 1963*

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## Introduction

Debates on South African psychology's relevance, training, research agendas, clinical orientations and critical praxis, have been widely addressed (de la Rey & Ipser, 2004; Hook, 2004; Lund, Kagee & Wood, 2010; Seedat & Lazarus, 2011; Pretorius, 2012; Long, 2013; Pillay, Ahmed & Bawa, 2013; Kagee, 2014). However, the scholarly detachment seen in mainstream academic writing potentially disables those arguments by removing the transformative power of personal voice. Clandinin and Connelly (2000) argued that the absence of a researcher's personal voice neither mobilizes theory nor practice. This argument is not without merit, given the contrite quest for relevance in South African clinical psychology training, spanning decades (Long, 2016).

Autoethnography, however, is grounded in postmodern philosophy and linked to growing debates about reflexivity and voice in social research (Spry, 2001). As a method, autoethnography enables the author "to write in a highly personalized style, drawing on his or her experience to extend understanding about a societal phenomenon" (Wall, 2006: 1) and "lets you use yourself to get to culture" (Pelias, 2003: 372). According to Richardson (2000: 11) the personal narratives of an autoethnography are "revealing texts in which authors tell stories about their own lived experience, relating the personal to the cultural ... asking the reader to emotionally 'relive' the events with the writer".

Upon realizing that our careers as clinical psychologists spanned our democracy in roughly five-year intervals from 1994-2014, this sparked many cycles of debating, writing, and reflecting as we attempted to make sense of how our own personal career narratives reflected the state of post-apartheid clinical psychology in general. Our desire to construct "post-apartheid psychology" into a lived experience, and not an abstract concept, meant fusing literary and scientific genres. This enabled us to be evocative *and* scholarly, thus linking the personal to the political. We therefore make no claim to objectivity and assert that our position is deliberately subjective. We therefore decided to present our career narratives in prose as illustrations of our performance of psychology in practice, and then use successive reflective strategies (Gardner, 2009) to connect this practice to the socio-political context.

## Revitalising psychology through autoethnography

Reflecting on post-apartheid psychology, Hayes (2003: 2) lamented that it is "still struggling to assert its own local and regional character, and in many ways mimics the theory and practice of psychology in the Western heartlands" by pretending to be a value-free science when in fact it is a social science constituted by the voices of social groups with social power. Mainstream psychology is critiqued for promoting "a rather narrow conception of the social", and we suggest that this "form of abstract

individualism” (Hayes, 2003: 2), is (re)produced even in local journal articles, given the dearth of autoethnographic articles.

Autoethnography is therefore a more radical experiment in alternative forms of knowledge (re)presentation. As a postmodern, emerging qualitative research method, it dismantles the pretence of positivist objectivity wherein the writer/researcher/participant is constructed as invisible and his/her identity is denied. This “alternative knowledge production process” creates a space for the sharing of “unique, subjective and evocative stories of experience ... that holds wonderful, symbolic, emancipatory promise” (Wall, 2006: 3).

This may come with anxieties and uncertainties about acceptability and respectability, caused by disobedience towards conventional writing formats. Wall (2006: 4), for example, reflects on her own experiences of writing her first autoethnography and asking her supervisor if she was “allowed” to write “that kind of article”. The permissibility of this mode of inquiry, both as method and product, has been well promoted and become a popular and evolving field (Clarke, 1992; Ellis & Bochner, 1999, 2000; Clough, 2000; Frank, 2000; Sparkes, 2000; Pelias, 2003; Duncan, 2004; Muncey, 2005; Spieldenner, 2014). Autoethnography also goes beyond the token reflexivity of a paragraph at the end of an article. That is not enough, and merely acknowledging one’s prejudices and positionality still largely validates the hegemony of normative textual presentation.

Denzin (2003: 250) has noted that “within the spaces of this new performative cultural politics a radical democratic imagination redefines the concept of civic participation and public citizenship”. As a subjective, personalised, situated, and contextual view, this method has “metaphoric generalizability” unique to qualitative research that allows for data to resonate with the spirit of human experience and an engaged audience (Furman et al, 2006; Ellis et al, 2010). We render our contexts visible through rich personal narratives, because interpretive acts of meaning-making do not occur in a vacuum (Clarke et al, 2005).

Against this background, the publication of this article in its current, non-traditional form, situates itself within this post-apartheid “process of disciplinary renewal [and] revitalisation” (Hayes, 2003: 2) wherein new epistemologies can link between the personal and political.

## **Methods: Reflective processes**

Following an initial discussion on how we wanted to approach this contribution we agreed that our unique perspective was a chronology of practicing as public service

psychologists in post-apartheid South Africa, having trained in 1995 (TN – Thirusha Naidu), 2003 (CG – Catherine Geils) and 2008 (SP – Suntosh Pillay) respectively. All three of us have worked mostly in the public hospital contexts within the KwaZulu-Natal Department of Health, but TN spent her initial years in the military's health services. We then engaged in three reflective phases (Gardner, 2009) to construct meaning from our collective experiences.

In this method we were simultaneously participants and researchers. We used these reflective strategies to achieve depth of understanding via cycles and processes of personal, critical and collaborative reflection (Arvay, 2002; Finlay, 2008; Diab et al, 2013). This is a process which has come to be known as collaborative autoethnography (Chang et al, 2013; Root et al, 2013; McMillan & Ramirez, 2016). We agreed that the foregrounding of our personal voices was critical to our unique contribution.

During personal reflections we each wrote an individual reflective essay about our unique career paths, highlighting what stood out as meaningful. During critical reflection, a deeper form of reflection, we imagined social change beginning at the individual level (Fook et al, 2006). The focus of critical reflection is to connect individual identity and social context (Fook & Askeland, 2007). Once individuals become aware of the hidden power of the ideas they have absorbed unwittingly from their social contexts, they are potentially freed to make choices on their own terms (Finlay, 2008; Thompson & Pascal, 2012). During collaborative reflection we explored the ideas that emerged from the two previous processes through dialogue. Generative dialogue prompts new perspectives and multiple levels of discussion (Arvay, 2002; Diab et al, 2013). We agreed that the new material generated should make practical and intuitive sense to us in our roles as scientist-practitioners.

There are numerous ways to perform and present an autoethnography, but this process allowed us to adhere to a qualitative research process that would support credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). A gestational metaphor of pregnancy, labour and birth emerged as we discussed and described our experiences within the parallel development of a post-apartheid psychology and democracy. Metaphor allows for meticulous examination of the concept it maps (Naidu, 2011). In keeping with a collaborative autoethnography perspective of inviting varied voices into emerging discussions we chose to present our career narratives in raw form to offer the reader the opportunity to hear our unadulterated voices and engage as contemporaries with our ideas before we present any interpretations. We see this journal as an appropriate vehicle to engage a critical questioning of taken for granted practices and use a counter-intuitive form of research representation to convey in form, content and purpose our intention to question the teaching and practice of psychology

in public service settings. Here, autoethnography is both method and message (Denzin, 2003). Our personal voices, verbatim, follow in the next section.

## **Reflections on a career as post-apartheid psychologists in public service**

### ***TN (1995): Pregnant possibilities***

I registered as a psychologist during my three-month, compulsory officers' training after joining the newly integrated South African National Defence Force (SANDF) to practice as a psychologist in the South African Military Health service. During the tense two years (1994-1995) of labour that resulted in the birth of democracy, I was immersed and preoccupied with my training to become a psychologist. I emerged at the end of these years, literally into a new country, having swum under the turbulent waves of change as they crashed onto new shores. This seclusion was to remain short-lived. As I entered into the professional role of a military psychologist, amongst my first tasks was to conduct "integration workshops" with former apartheid soldiers and resistance soldiers from *Umkhonto we Sizwe* and other "non-statutory forces".

My training rooted in Western positivist principles was no preparation for what I encountered in my first years of practice. Few theories and principles that I had spent so much time slaving and marvelling over had meaning for the context I found myself in. For the most part, I blamed myself for not being able to apply what had been presented as unquestionably sound ideas and practices to my work. The identity that I had spent years moulding, took a severe beating from the extensive adjustments I had to make in applying my training to practice. Curiously, it never occurred to me, at that stage, to be critical of the training that I was provided with. I was only critical of myself.

Even as I became more comfortable with applying what I had learned to the real-life context, new challenges emerged. As the dust churned up in the integration process and I began to slowly settle within the military, the scourge of HIV and AIDS began a slow and insidious appearance. More and more soldiers began to realize that they had contracted HIV during exile as young persons in foreign countries.

Yet again I felt helpless as a psychologist to help clients manage the effects of dramatic social changes on their lives. There seemed to be no time to make sense of how I could help people cope with surviving the worst ravages of apartheid only to be confronted with HIV and AIDS. People who had been displaced, rejected and persecuted had contracted a deadly disease that no one even knew existed as they struggled to survive. Most had no idea if they would ever return home. When I reflect on this now I wonder if there is any way adequate training could have been provided for what I encountered in the early post-apartheid years. One-on-one conversations, interminable psychotherapy sessions and probing personal and nuclear family histories seemed fundamentally inadequate

and incongruous. Reflecting on the skills I used to navigate those early years it seems that I was improvising. Later on, I began to realize that it was the non-clinical aspects of training that really prepared me for my career.

Training at the University of Durban-Westville (UDW) allowed me some insight into an alternative view to mainstream psychology in South Africa. The university's long-standing position as one of the few to train black psychologists meant that more black psychologists were lecturers than in any other institution in the country. Academics like Cheryl De la Rey, Simangele Magwaza, Angina Parekh, Arvin Bhana, Yogin Pillay and Anil Bhagwanjee introduced broader critical perspectives. It was a transformational experience when compared to my undergraduate years at the "white" University of Natal. Many of these black psychologists went on to become influential figures in the landscape of South African psychology defining the parameters of community psychology, mental health policy, higher education and in the Truth and Reconciliation Commission. They taught about the political, social and historical influence on human psyche and their communal implications. Whilst training in intervention practices at UDW was dominated by a Western perspective, other aspects of training in community psychology and policy provided a resource which I would later come to rely on in practice. Most importantly, I absorbed the skill of critical reflection which allowed me to recognise unjust and archaic practices and the knowledge and confidence to question them.

In the past 10 years I have had the opportunity to work as a researcher-clinician and internship supervisor. This position has offered a vantage point from which to reflect on how professional psychology training prepares students of psychology practice. My view is a bleak one.

I feel that little has changed in how young psychologists are trained to work with local people and their challenges. There continues to be a general tendency for community and social psychology to be taught as an addendum to mainstream Western therapeutic ideology and models of practice. The dominant discourse in therapeutic training espouses a view of people as independent entities who are able to influence the trajectory of their lives provided that they possess an appropriate set of skills. Consequently, we try to help people develop, fix or create these skills. Perhaps this represents a jaded, cynical and pessimistic view; nevertheless, as a clinical supervisor I have seen too many intern psychologists struggle with adapting psychological theories to help patients. Applying their understanding of contextual factors would give a more realistic picture.

Current training does not give adequate consideration to local context and relevant theoretical perspectives choosing to rely on foreign frames of reference. The result is that, like me 20 years ago, psychologists today still emerge from training unprepared

for the context they will work in and are likely to spend their initial years questioning their identity and training or ineffectually trying to apply their skills to a context for which they have not been trained for. As I try to challenge interns to have confidence and use contextual cues and knowledge about their own lives, the question I ask myself is, "How did this happen?" The other concerning questions are: When will those that have claimed a voice in South African psychology use that voice to speak about throwing off the shackles of Western dominated perspectives on therapeutic psychology? When will we start to claim a South African psychology that works for our country and train psychologists who do not have to question the relevance of their practice or their identity as South African psychologists?

### ***CG (2003): Labour pains***

I recently celebrated my 10-year anniversary working in public health. I marked this occasion by announcing this to friends. On reflection, this seemed related to some kind of need for recognition and acknowledgment. This is significant because part of my journey providing psychological services in public hospitals has been an experience of an absence of recognition of the toll that this work takes, and the sacrifice involved in making oneself available to others in order to process their pain. And pain there is plenty of.

I spent my internship in tears. My community service was beset by vicarious trauma, anxiety and a feeling of helplessness resulting from a felt sense of my inability to save others from what they communicated to me to be a life of intolerable pain and suffering. My training in cognitive behavioural therapy and psychodynamic therapy inadequately prepared me for the problems that patients brought to the therapeutic encounter: abuse where financial dependency prevented escape; abuse where leaving the relationship would almost certainly result in death; seemingly intractable poverty and related social problems, where Freud's mandate to assist in resolving neurotic misery in order to cope better with ordinary misery seemed almost ridiculous.

Not that I believe psychodynamic theory and psychotherapy has nothing to offer. Far from it! My journey as a psychodynamic psychotherapist has continued, nonetheless. However, working specifically in the public sector, I believe, has forced me to ask more questions, and to seek and draw from more spiritual traditions, explanations and practices. I am also humbled in the face of processes far larger than my ego's need to achieve and obtain value through helping others. I do not know if I would have found my way here eventually, but perhaps had I felt the illusion of success and validation in treating people with resources and money, I might not have been faced so obviously with my inability to relieve someone of their pain and suffering. Nor would I have sought alternative explanations and meaning systems to contain this, process it, and also to transcend it.

And in this I feel I am making progress. I work differently using some transpersonal methods (e.g. Family constellations, hypnotherapy and ritual) and experiment with finding ways to make the most impact in few sessions. I have come to recognise the limitations of CBT and psycho-educational approaches without the felt sense of “resonance” with the patient and other skills such as a “therapeutic presence” (Geller et al, 2010). I work at developing an inner stillness within a busy and chaotic working environment.

What I haven’t yet managed to develop, and this might ultimately be the end of me in public service, is the ability to protect my space and regulate the needs of others. So, while I believe I have relinquished the fantasy of rescuing others from their difficult fate, and no longer believe that I am the only possible source of help, the nature of the public health system is one in which I battle to work without giving up a part of myself.

I continue to recognise the importance and value of a therapeutic process and while I have long-since given up goals of time-unlimited therapy, I do see the value in seeing the process through. This ideally means several months, which in a busy public hospital setting soon results in an accumulation of patients and back-to-back bookings. Surviving the public hospital while providing a compassionate service means caring for and valuing the patients who come, but my journey has brought me to the simple and possibly obvious realisation that better self-care is required, and that valuing and protecting self is important in order to be of better service to the public.

Ultimately my journey has been transformational as any personal and psychological journey should be. Every day I try to make a more conscious intention to approach my work with greater lightness of being; less personal responsibility for the fate and suffering of others and need to personally absorb and carry their pain; greater ability to respect the power and capacity of the patients who come to manage, tolerate and transcend their own difficulties; and less ego and more humility where calling (silently) for spiritual assistance has been at times included in my therapeutic approach. Increasingly, my approach is to stay quietly and compassionately attendant and resonant with a deeper process. I still don’t always get this right, but I say to myself that every day, in every way, I am getting better and better ...

### ***SP (2008): Born free?***

The word of 2013 was “selfie”, according to Oxford Dictionaries (CNN, 2013). Selfie: a photo taken of yourself by yourself and usually posted onto a social networking forum, like Facebook. When I began these conversations with my colleagues, I almost immediately dismissed the possibility that I will have anything valuable to write that hasn’t been written before. After all, I was “just” a young clinical psychologist with five



years of experience (at the time) working in various public hospitals. But, I wondered, whether a series of personal reflections are like a collection of selfies, each person hoping that their posting will get noticed and “liked”, because that extra pout, or nostalgic edit, or razzmatazz, will make their selfie stand out. So why not? Here’s my “selfie”. Maybe someone will “like” what I have to show?

Reflecting on being a psychologist proved to be rather difficult, or perhaps quite revealing. My critical psychology leanings, adopted after a short job in academia teaching from Hook (2004), imbues me with a bad attitude towards the whole enterprise of psychology as it exists. When I began writing this, it was initially prompted by a call for submissions to the **South African Journal of Psychology** (SAJP) “special” edition reflecting on 20 years of post-apartheid psychology. On the one hand, I critically dismissed it as a discursive masquerade of a naked emperor – yet, I also wanted to contribute (but was subsequently rejected).

Govinden (2008: 14) talks about an “autobiographical impulse” that our country is enjoying: a process of conscious reflexivity, imaginatively – and finally – uncovering the past through numerous storytelling processes, so that we, citizens, can restore and preserve lost identities and suppressed histories. That edition of **SAJP** invoked in me a similar impulse; a need to want to tell my story too, not because there is anything remarkable, or even interesting, about what I have to say, but for the opposite actually.

This is an ordinary, even banal, reflection on being a psychologist working for government. Ordinary, because I have no lengthy portfolio of research publications to lend legitimacy to my opinions; no ivory tower from which I’ve theorized the complexity of the masses; no clinic which I’ve headed for years; no squad of interns I’ve long supervised; no rugged history of being a black clinician in the dark days; and certainly no niche which my name has become synonymous with. Quite the contrary, I’m writing precisely because when I read literary spaces that have the potential to shape the national conversation on where psychology is/should be heading, I sense an absence of young voices. I’m optimistic and work in the public sector by choice, but I am far from being bright-eyed and bushy tailed, and carry a sceptical rumbling that all is not right, or a suspicion that things could be radically different. After Masters, emerging from theory saturation, holding desperately the shaky rails of the creaky bridges that were supposed to transit me into practice, the centre didn’t seem to hold.

This free association is symbolic of my current position in the profession – pouncing from therapeutic stances, theoretical vantage points, and clinical/assessment skills, but not quite finding where I (want to) belong just yet, not too sure how “expert” I am in anything. Behavioural, emotional and personality change are such slippery

constructs to work with every day. My training was rather generalist, my own interests are rather broad – politics, race, sexuality, the media, leadership – and my work in a public hospital means I must be ready for anything. I'm most comfortable doing group psychotherapy, playing with mindfulness concepts, and philosophizing about life with my psychologically-minded patients. I'm most uncomfortable with psychometric assessments because our psychometric tools seem culturally odd and deficit-oriented. I was surprised to discover how widespread the use of outdated, culturally biased norms were! The red tape of state human resource and supply chain systems can induce learned helplessness, as we fail to update test libraries, clinical tools, basic infrastructure and space, and fight for more staff. But I remain an optimist and witness many positive changes.

Although psychology as a social science is my lens to make sense of the world and a springboard for critical, often endless, debate, when I am faced daily with real people and their bio-psycho-social maladies, looking at me desperately for answers, I am left feeling disabled by exciting theories. Yalom, Beck or Klein did not treat battered women in squatter camps, and fancy Fanonian or Marxist formulations will not help her. The medical dominance in hospital settings also leaves me feeling like an imposter, a philosopher who somehow got an office, and is expected to actually help people (not just theorise about helping them!).

If I could imagine a new critical-clinical psychology for the next generation of trainees, I hope there will be less mystery, uncertainty, and bizarre idiosyncrasy in 1) how Masters students are selected and what the learning content will be; 2) how psychology clinics and hospital departments are run and how their therapies and assessments take place/are supervised; and 3) how mental health services are conceptualised and structured in general. The lack of uniformity around the discipline's identity and role in public health, while exciting because it can foster new potentialities, makes me wonder whether a post-apartheid psychology is really doing justice to the historical injustices we should be helping alleviate. But who will take responsibility for catalysing new practices, and who will provide the supportive, enabling conditions for us to reinvent psychological practice so that it stimulates healthy, soulful communities? I want to be part of a new generation of social scientists who can help with a paradigm shift that actually results in changes in practice on the ground, where it matters, and for the people who need it the most.

### **Discussion: Collaborative upshots**

This was, foremost, a cathartic learning experience. Our individual, critical and collaborative reflections have, unsurprisingly, seeded more questions than provided neat answers. Our career experiences revealed fractures in the foundation of our

identity as psychologists because what we have been trained to do is not what we do in practice. The “system” seemed short-sighted at best and denialist at worst. This is counterproductive to building a confident professional identity. Some have addressed this (for example, Hook, 2004; Pretorius, 2012), and Pillay et al (2013: 47) decry the “uneven and slow rate of progress in transforming clinical psychology training”. Here, we layer a theoretical framework on our introspective narratives to discuss the wider discursive patterns they reflect about a career in public service psychology.

### ***Our careers as meaning-making journeys***

Kottler and Swartz (2004: 56) described a marginal, but necessarily useful, psychological state that accompanies early periods of training for clinical psychologists:

*“entry into professional psychology training impacts upon definitions of self, causing emotional and cognitive turbulence, at least for the period of the training, and sometimes longer. Tensions arise from conflicts between a continuous sense of selfhood, a position in a social order in terms of class, gender, sexuality, race and culture, and the demands and prohibitions of a profession that has rigorous rules about how relationships should be conducted.”*

However, their analysis focused more intensely on the intra-psychic level of personal and social identity flux. Eagle, Haynes and Long (2007) also explore issues of career identity formation but focus specifically on student therapists’ experiences with the unfamiliar.

The plot of our individual narratives is more suggestive of a process that Conroy and O’Leary-Kelly (2014) describe in their model of work-related identity loss and recovering. They describe three stages, namely: (1) a *separation phase* triggered by trauma or events in which the worker must dissociate from the self and create a new identity; (2) a *transition phase* during which individuals create identity narratives and provisional selves that must be socially tested and validated against internal and external criteria, then eliminated or revised as they navigate career transitions; and (3) a *reincorporation phase* that is a (temporary) end state when a new identity is created that resonates with current social and personal demands.

Our journeys represent different stages of development resonant with the above theory: a metaphorical pregnancy, labour and birth of a new psychology that occurred parallel to the conception and evolution of our new country.

TN’s experiences represent a period pregnant with potential during which the idyllic expectations of a new lifecycle clashed with the startling reality of coping with the unexpected and often unpleasant challenges of that new stage (not unlike the euphoric

rhetoric clashing with the rough reality of our imagined rainbow nation at the time). The sense of unpreparedness despite endless hours of reading, training and practicing induced a loss of a “cherished sense of self” when faced with experiences that rendered her ideals about psychology questioned and questionable (Conroy & O’Leary-Kelly, 2014: 67). CG’s story holds the connotations of a difficult labour during which the senses are blurred by intense pain and the whole being is concentrated on releasing new potential while simultaneously battling with its aching emergence. In this turbulent, indeterminate state between new existence and complete destruction, one is so distracted by the business of immanent survival that there is no space for making sense of what is happening. Her inevitable questioning of, and subsequent changes, in the self, finds resonance with suffering as a catalyst for a search for meaning (Frankl, 1959), as well as Jung’s theory of individuation as a painful journey of self-realisation and integration of Shadow (Jung, 1964). SP expected to be “born free” into the profession when he trained five years after CG. Instead, all was not as he imagined. His “selfie” portrays a somewhat antagonistic picture of one who is standing on the precipice of that new lifecycle but has an itinerant approach to the discipline he has adopted as he seeks answers. His experience is particularly disconcerting as it resembles the experience of his colleagues five and ten years earlier suggesting that no movement towards the envisioned progress has been made.

Our attempts to “transition then reincorporate” vary and are indicative of the time spent in the transition phase and the years spent engaging with a transitional identity on the road to reincorporation (Conroy & O’Leary-Kelly, 2014: 67). TN advocates new models of discourse and fights a battle of what she perceives to be a gap between what academic psychologists are discussing in post-modernism, and again the practice of an American/European, individualistic psychology. She does this in her role as supervisor to intern clinical psychologists. SP opts for social activism via regular media work, including radio, newspaper and online writing, to open up conversational bridges for a more a democratic psychology that engages the public. CG, incubating her own therapist identity, has come to find herself at a resting point in a tumultuous journey. She increasingly turns to transpersonal and spiritual models and explanations. She has become a voice for individual psychotherapy, but feels that as a white psychologist from a Western cultural background, her voice does not have validity within the current discourse. Yet, we all continue to value the place of psychotherapy in the healing journey. We witness some of the successes of mainstream training and have seen how intrapsychic work has helped people shift internalised representations of themselves, context and their social challenges. Rather than being wholly confining, existing theories (albeit incomplete and often inappropriate) can offer a step-up towards envisioning possibilities for new, non-conformist practice if used critically and with cognisance to context. This interplay, of anger at- and inspiration from- the system we work in, and co-create every day, is part of the reason why the freshness of being a state psychologist persists. It is our general sense

of unpreparedness for South African realities that leaves us with an intuitive “principled outrage” (Collins, 2004: 20) that mobilises us to question and transform orthodoxy.

### ***Disciplined non-conformity***

What is to be done? Labouring in the context described above and emerging with new praxis, this post-apartheid “baby”, as troublesome and demanding as it may be, is ours to nurture. Critiques cannot stop at anger or rhetoric with minimum regard for a realisation in action. Pillay et al (2013) have called for a “clinical community psychology”. However, a community psychology praxis (for example, Duncan et al, 2007) is still difficult to operationalise in public hospitals, where we necessarily must assess *individuals* every day. We straddle mainstream psychology and non-conformist practice in a disciplined manner, since our public service environment compels us to do what needs to be done within systemic, historical structural, and biomedical constraints. Additionally, South Africa remains one of the most unequal countries in the world (World Bank, 2018) and the “helping professions” are bound to fall short in theory and praxis to solve the dilemmas of a young democracy emerging from a very troubled apartheid-era past.

That our dilemmas mirror a more national crisis around the identity of the profession, reflected in current debates (Pretorius, 2012), reinforces autoethnography’s usefulness as a tool for broader analysis. While others have written about the wider training and socio-political aspects of this before (Dawes, 1985; de la Rey & Ipser, 2004; Macloed, 2004; Pretorius, 2012; Macloed & Howell, 2013, Painter, Kiguwa & Böhmke, 2013; Pillay et al, 2013; Pillay & Kramers-Olen, 2014), there is little on personal-, identity- and work-related concerns of clinicians – from a subjective position using personal narratives. An odd omission indeed for psychologists to make! We have attempted to address this via a novel approach to doing and presenting research. We have tried using ourselves “to get to culture” (Pelias, 2003: 327). Our struggle for meaning as individual practitioners may indicate an absence of support, validation and resonance in the wider discursive practices of psychology in the public service. This brings us back to Denzin’s (2003) proposal that autoethnography serves as a powerful political tool to reflect the omissions and mistreatments of wider discursive practices. This article thus reveals the stagnancy amongst TN training 20 years ago, CP 15 years ago, and SP 10 years ago. Many aspects remain untouched, such as issues of class, race and gender; and exploring these intersectionalities are important for future work.

We conclude by envisioning a South African psychology within which we will always have the time, space and courage to give voice to our personal thoughts and to revel, rebel and relive through the voices of our collaborators and detractors. Using novel methods of inquiry and analysis has hopefully engendered greater innovation and insight than conforming to traditional methods (Arvay, 2002; Richardson & Adams St Pierre, 2008).

Autoethnographers argue that self-reflexive critique upon one's positionality inspires one to reflect critically upon their own life experience, their constructions of self, and their interactions with others within socio-historical contexts (Ellis & Bochner, 1999). Our work together on this article together supports this. We hope that this inspires future reflections from our colleagues, who feel emboldened to use the transformative power of one's own voice to write the personal into the political.

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